

## Psychology in SureStart – What is the service?

7 of the 8 SureStart programmes in Sandwell have a psychologist on the team. As a first step toward evaluating the impact of the psychology team, this report details the type of activity undertaken by the psychologists & how their time is spent.

The aim is to simply record what is being done, rather than to reflect on what is/ is not working, how and why. This will be the next stage of the evaluation.

### Contents:

The team .....	2
The purpose of the service .....	3
<i>What is the service offered?</i> .....	3
<i>Why is the service offered?</i> .....	3
<i>What mainstream service is available to meet the need?</i> .....	4
<i>The vision of the future</i> .....	4
<i>How the service should benefit children</i> .....	5
<i>How the service should benefit carers</i> .....	5
<i>How the service should benefit other practitioners</i> .....	6
What has shaped the service?.....	6
The activities undertaken by SureStart Psychologists .....	7
<i>Individual support for families</i> .....	7
<i>Group activities</i> .....	8
<i>Training/ support for professionals</i> .....	9
The referral process .....	10
How do Psychologists spend their time? .....	15
What next (to evaluate the service)? .....	17

## The team

As at the start of September 2004, the Sandwell SureStart Psychology Team comprises 4 psychologists and 2 assistant psychologists. Their time is currently split across the programmes as follows:

<i>(Input per week)</i>	Psychologist	Assistant Psychologist	Under 4s in area
Cross programme resource	1 day		---
Burnt Tree	2 days		591
Cradley Heath	$\frac{1}{2}$ day	3 days	256
Friar Park	2.5 days		544
Rood End	2.5 days		545
Smethwick	2.5 days		784
Tipton	2.5 days	2.5 days	959
Uplands & Londonderry	2 days		785

The team aims to work as a SureStart psychology service rather than as separate services for each programme as they see this as a more efficient approach, one that enables experiences to be shared and one that should facilitate mainstreaming at a future date.

*Emma manages the team, which is why there is a 1 day/ week cross programme resource. She is also the Psychologist for Smethwick & has been in post since August 2002.*

*Tracey is the psychologist for Friar Park and Tipton and has been in post since October 2003.*

*Sabina is the psychologist for Uplands and Burnt Tree & has been in post since August 2003. From August 2003 to December 2003 she also worked 1 day a week for Cradley Heath.*

*Laxmi is the psychologist for Rood End and Cradley Heath and has been in post since May 2004.*

*Abbey is the assistant psychologist for Tipton, she has been in post since October 2004. However the post has existed since December 2002. She is currently undertaking some additional cross programme work - primarily monitoring and evaluation.*

*Claire is the assistant psychologist for Cradley Heath and has been in post since June 2004.*

**Psychologists** have a first degree in Psychology and a Postgraduate Psychology degree (a Masters or a Doctorate). They are qualified to carry their own caseload and to assess families/ manage interventions.

**Assistant Psychologists** have a first degree in Psychology and are generally in the process of building up the level of work experience required to undertake a postgraduate psychology degree. They can work with families, under the supervision of a Psychologist, who has clinical responsibility for the work they do. They can undertake simple assessment and intervention work, but need to refer to/ work with a Psychologist for more complex cases.

### The purpose of the service:

In January 2004 a focussed group discussion was held with the psychology team to articulate the purpose of the service. The output of the discussion is summarised below:

### What is the service offered?

The application of psychology to provide brief, preventative interventions delivered directly to families and indirectly by building the capacity of other professionals.

The direct service is available to any member of a family living in the SureStart area which includes at least 1 child under 4 and anyone living in the area who cares for an under 4.

The indirect service is available to SureStart staff and health practitioners working with SureStart families.

### Why is the service offered?

To help address the objective of SureStart local programmes to improve social & emotional development in families with children under 4. It will do this by promoting healthy attachment in children and raising awareness of/ helping to effectively address mental health issues in the under 5 age group - areas in which psychologists have specialist knowledge and skills.

To offer a preventative service, by addressing concerns before they become problems - one of the principles of SureStart. The aim of preventative service is to improve the lives of children & reduce future costs to society. Mainstream child mental health services tend to focus on intervention rather than prevention.

To ensure that the specific needs of 0-5's are recognised and managed as effectively as possible. The mainstream service for under 5's is part of the general children's service, which covers children from birth to 18. This general approach could mean that the specific needs of 0-5's are not catered for as effectively as they could be.

To respond to needs in a timely manner. Mainstream services are oversubscribed, leading to long waiting lists. This is a particular issue for young children as a six-month wait for a 3 year old is 1/6 of their life.

To give people access to psychological support on a self-referral basis. This should enable a wider pool of people to benefit for psychological support. It could also help reduce the stigma that can be attached to being referred to a psychologist.

To provide a local service & improve access for Minority Ethnic families by bringing the service to people, rather than require them to come to the service.

To increase the knowledge and confidence of practitioners who work with under 4's in relation to psychological issues, equipping them with additional resources to meet the needs of young families.

### What mainstream services are available to meet these needs?

- ▶ The Child & Adolescent Mental Health Service (CAMHS) & Adult Mental Health Workers, although they work with individuals with recognised issues, rather than in a preventative way & children cannot be referred to CAMHS until they have received 'tier 1' intervention, such as a behavioural management course run by Health Visitors or the NCH.
- ▶ Health Visitors offer some behavioural management support, as time/ resources permit.
- ▶ Education look at pre-school inclusion issues, mainly focusing on SEN children

### The vision of the future

The psychology team would like to see the following things in place:

- ▶ A range of training/ support groups available to parents that run to a regular cycle
- ▶ Greater understanding of psychology amongst practitioners working with under 5's
- ▶ A clear referral process/ understanding of what the SureStart psychology service offers
- ▶ Families being referred before an issue becomes a problem - in particular, for issues to be identified in the ante/ postnatal period, rather than only when babies become toddlers and start to display behavioural issues
- ▶ Parents knowing of and feeling able to use the service
- ▶ Increased understanding of psychology in the community & reduced stigma
- ▶ The application of evidence based practice

#### How the service should benefit children

- ▶ Enable them to develop a secure attachment to their carers
- ▶ Ensure they have experience of being cared for by adults who are in tune with them and understand what they communicate
- ▶ Help them experience a smooth transition to nursery
- ▶ Allow them to have 'space to be children', not inhibited by unnecessary concern about what constitutes 'normal' behaviour

#### How the service should benefit carers

- ▶ Help them to have realistic expectations about how their children should behave
- ▶ Reassure them that many behaviours that may seem problematic are in fact 'normal'
- ▶ Reducing the stress of parenting
- ▶ Helping them to be more attuned to their children, and have a healthy bond
- ▶ Help them to acknowledge issues in their past that influence the way they parent

- ▶ Enable them to recognise when they need help & the type of help needed
- ▶ Equip them with tools and strategies to help manage their child's behaviour
- ▶ Enable them to understand what their child is trying to communicate to them

### How the service should benefit other practitioners

- ▶ Increased knowledge of psychological issues & how psychology can be used to support children and families
- ▶ Increased confidence in applying psychological knowledge
- ▶ Easy access to professional support
- ▶ Clear understanding of the referral process

### What has shaped the service?

The need for psychology input was identified in the consultations undertaken to prepare delivery plans for the programmes. This combined statistical information with the views of parents and practitioners about what was needed in each of the areas.

The following consultations have also helped to shape the service:

- ▶ A piece of research undertaken by an independent research organisation about the role of psychology in other SureStart programmes (October 2002)
- ▶ Interviews with other staff members of SureStart Smethwick (the first SureStart programme to have a psychologist on the team) about the role they felt psychology should fulfil and the mental health needs of families in the area (late 2002)
- ▶ Discussion with local health visitors about the needs of families in the area (late 2002)
- ▶ A focus group with representatives of CAMHS to understand what they felt the SureStart psychology service should focus on (April 2003)
- ▶ The knowledge and experience of team members

## The activities undertaken by SureStart Psychologists

### Individual support for families

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.

Programmes have been asked to provide data on the number of families in contact with the psychology service this year, but this data is not currently available.

Activity monitoring data shows that in March 2004 19% of the psychology teams time was spent providing individual support. See the section on how psychologists spend their time for more information. This is broadly in line with what the team would expect.

To help evaluate this aspect of their service, the psychology team have introduced a 'Discharge Satisfaction Questionnaire'. The aim is that this will be given to parents/carers after completing a series of sessions with a psychologist. The process is in its infancy and currently data has only been collected from 5 individuals across programmes. A summary of their feedback is given below.

#### Feedback from 5 families who received 1:1 support:

All were satisfied with the amount of time they had to wait for an appointment, but 4/5 felt that they did not receive enough information about the psychology service prior to the first appointment. Respondents suggested that additional information; particularly leaflets about what the service offers, would be useful.

One individual was seen at a SureStart play session and whilst the individual was satisfied with this venue, he/she was concerned about what other people might think.

2/5 said their situation improved after seeing the psychologist, 1 said there was little change in the situation but that they were now coping better, 1 said he/she was still 'fed up and stressed' and the other found the problem had now transferred from day time to night time. However all said that they were satisfied with the service and felt the service had helped them cope.

Given the very small sample size, it is not wise to draw hard conclusions from this data, but it is good that there is a method in place to assess user satisfaction on an ongoing basis. This information should be reviewed on a regular basis.

The psychology team have also identified a number of measures (such as a Parenting Stress Index & Child Behaviour Checklist) that could be used to assess the impact of

their work, by assessing families before and after contact with the psychology team. Given that SureStart aims to work in a less formal way than mainstream psychology services, the team have not yet used these measures and are in the process of considering how they could be introduced without causing undue concern to families - they are considering developing their own, simple measure that could be used pre & post intervention to assess the impact of their work.

## Group Activities

All programmes run courses for parents/ carers. To date groups have been run in relation to the following issues:

***Behaviour management*** (coping with kids) - a 7 session course covering the determinants of a child's behaviour and techniques parents can use to encourage the behaviours they want to see and discourage those they don't. The course draws upon the NCH behaviour management course used by local health visitors and on the Solihull Approach (and hence incorporates aspects of mental health).

***Sleep*** - a 3 session course introduce parents to techniques they can use to help their children settle at night and get a good nights sleep. The course is based on principles from the Solihull Approach.

***Exploring motherhood*** - a series of sessions for moms experiencing emotional adjustment issues when making the transition to parenthood. This may include, but is not restricted to, moms with postnatal depression. The aim is to help the moms deal more effectively with their emotions and help them bond and communicate with their babies.

The driving factor behind the courses is the SureStart targets and feedback from local health visitors about the issues they are commonly asked about/ the key issues they have observed in the families they work with.

Programmes have been asked to provide data about the number of groups run & attendance at each, but this data is not currently available.

**Activity monitoring data shows that in March 2004 5% of the psychology teams time was spent preparing for and running group activities.** See the section on how psychologists spend their time for more information. They feel that this is about right, although would expect the % to vary month to month, depending on the programme of groups being run.

### Evaluation of a behaviour management course:

In March 2004, an evaluation of a Coping with Kids group at SureStart Friar Park was undertaken. Pre & Post group assessment, using the child behaviour checklist, was undertaken in relation to 6 of the 7 children whose mothers completed the course. This showed that:

- 4 of the 6 children showed a marked improvement in behaviour,
- 1 showed no improvement, although was displaying behaviour within the normal range at the start and end of the course, and
- 1 showed no improvement, displaying clinically significant behaviour at the start and end of the course - this family was subsequently engaged in one to one therapeutic work with a SureStart Psychologist

Comments from participants about the course included such things as "My child now goes to bed when asked", "The quality of time with my partner has improved as I'm less stressed". They feel the main benefit of the course lies in being able to share experience with others and swap tips and to learn what it is realistic to expect of children and tools they can use to manage their child's behaviour.

### Training/ support for professionals

The psychology team offer training & support to other SureStart staff and to mainstream health professionals working in the area. This encompasses the following activities:

- ▶ Providing support to individuals in relation to specific queries or cases
- ▶ Planned consultation exercises with a group of people, the content of which is driven by the needs of the group in question
- ▶ Training groups in particular issues or techniques

One of the most significant training events held by the psychology team is training in the **Solihull Approach**. This is an approach to working with under 5's, developed by Psychologists in Solihull, based on a model of how infant mental health develops in relation to their interactions with caregivers. It identifies common issues that can occur & how practitioners can work with families to ensure the issues do not grow into problems. It is based on theories from a number of schools of thought, namely

psychodynamic ideas, child development and interaction theories and behavioural management and has recently been commended by the Commission for Health Improvement.

#### **Feedback on Solihull approach training delivered by the psychology team:**

Feedback from 39 SureStart and Health workers who undertook Solihull Approach training in May-July 2004 was very positive and delegates noted that they will apply their learning in their work. A full summary of the feedback is available from the psychology team.

Another important area of training undertaken by the team is '**Psychological Awareness Training**' provided to SureStart staff to help them understand the kind of issues psychology can contribute to, when to refer to a psychologist and how to talk to a family about the possibility of referring them to a psychologist. 4 such courses have been run, one as part of the induction of Maternity Support Workers (cross programme) and one each to staff at Tipton, Smethwick and Uplands.

#### **Feedback on Psychological Awareness Training delivered by the psychology team:**

With the exception of the course at Uplands, feedback was sought after all of the psychological awareness training courses. This showed favourable reactions to the training. The role-play aspect, which gave workers an opportunity to practice suggesting to a family that they see a psychologist, appears to have been particularly valuable. A full summary of the feedback is available from the psychology team.

Feedback has also been collected from health visitors, about the consultation sessions run by the psychology team.

#### **Feedback on Health Visitor consultation exercises**

Health visitors report finding the consultation sessions helpful and feel they have benefited quite a lot from attending. One commented that the sessions are valuable because they enable psychologists to pass information on to health visitors and nurses who have contact with a large number of people, therefore the information is spread quickly and effectively to local families.

**Activity monitoring data shows that in March 2004 2% of the psychology teams time is spent providing training & support to professionals. See the section on how psychologists spend their time for more information. -The team feel this is a much**

lower figure than they would expect of a typical month, as they see this as a key aspect of their work.

## The referral process

As mentioned, the psychology team accept self referrals and referrals from SureStart staff/ mainstream health professionals.

When a referral is received from outside of the SureStart programme, a psychologist will send out an 'opt in' letter (with a prepaid return envelope) asking the parent/ carer to confirm that they would like to receive a visit/ support from a psychologist. When a positive response is received, via post or telephone, an initial appointment is arranged. The reason for this is that the SureStart Psychology Service should be something that parents want to make use of, rather than something they feel they should because their GP/ Health Visitor has told them to.

In some programmes the opt in letter is sent out upon receipt of a referral, whilst in others it is only sent when the psychologist knows they have the capacity to offer the individual an appointment. The team is currently reviewing this to determine the relative merits of each approach & determine whether or not they should adopt a single approach in all programmes. The opt in letter process isn't used with self referrals or when a referral is made by another member of the SureStart team given that it is fair to assume that in these circumstances the parent has been able to make an informed choice about whether or not they wish to see a psychologist. The opt in letter process is also circumvented if there are known language or literacy issues that would mean written contact is unlikely to be effective.

The team have implemented a monitoring system to enable them to track referrals and understand:

- ▶ The number/ nature of referrals being made
- ▶ Where referrals are coming from
- ▶ The time between referral and first appointment

According to the data available, there have been 90 referrals between January and mid August 2004. The team acknowledge that they might not have recorded all of the referrals made on the monitoring system, and that therefore this is likely to be an underestimate of the number of referrals. As a result, the data that follows, based on the 90 referrals recorded, should be interpreted with caution, but is presented to give a flavour of the work of the team.

*Table 1: referrals by month by programme*

	Cradley						Grand Total
	Burnt Tree	Heath	Smethwick	Tipton	Uplands	Friar Park	
Jan 04	5	1	2	6	3		17
Feb 04		1	3	10	1	1	16
March 04	1			8		5	14
April 04	2		2	4	1	6	15
May 04			4	2	2		8
June 04			1		1	1	3
July 04	1				2		3
Aug 04	1				6	1	8
unknown			2	2		2	6
<b>Grand Total</b>	<b>10</b>	<b>2</b>	<b>14</b>	<b>32</b>	<b>16</b>	<b>16</b>	<b>90</b>

*n.b. this data includes referrals for group work and individual support.*

It is important to note that it not a simple case of the more referrals the better. Given that one of the aims of the team is to empower other workers to provide an element of psychological support, a low referral level could be viewed as positively as a high one. As a result, programmes should consider their individual circumstances when reviewing this information and make a subjective judgement as to whether or not the number of referrals is in line with their expectations.

With the exception of Tipton & Cradley Heath, the number of referrals/ programme area is fairly consistent. However it is important to note that Tipton has the largest area (approximately 1000 under 4's) and more psychologist input than other programmes. In contrast Cradley Heath is a 'mini' SureStart programme with just 250 under 4's in the area.

The data shows that the number of referrals were higher in the first 3 months of the year... The team report that this is a pattern typically seen in mental health services - they expect the number of referrals to increase again as children return to school and the winter sets in.

**If this is a pattern that can be expected every year, it should be used to inform service planning - for example, it might be best to plan group activities for quieter months, leaving more scope for individual work when the referral load is likely to be higher.**

*Table 2: The nature of referrals made*

	Cradley						Grand Total
	Burnt Tree	Heath	Smethwick	Tipton	Uplands	Friar Park	
anxiety				4	1		5
bereavement				1			1
child behaviour	5	2	7	3	7	14	38
depression	1		3	1	3	2	10
developmental delay					2		2
emotional support				2			2
feeding	1		1		1		3
PND	1			1			2
PTSD					1		1
relationship issues			2				2
sleep			1	20			21
Self-esteem	1						1
Child protection issues					1		1
Psych. Report requested	1						1
<b>Grand Total</b>	<b>10</b>	<b>2</b>	<b>14</b>	<b>32</b>	<b>16</b>	<b>16</b>	<b>90</b>

The data shows that referrals are being made for a variety of issues. The most common are child behaviour and sleep issues. This is at least partly due to the fact that the psychology team had planned to run group sessions relating to these things making it possible that people were referred because there was a session due to run.

The team are currently in the process of reviewing how referral data is recording to make future data clearer cut.

*Table 3: Who is making referrals?*

	Cradley						Grand Total
	Burnt Tree	Heath	Smethwick	Tipton	Uplands	Friar Park	
CAB worker					1		1
Community Development Worker	4						4
early years worker				3	1		4
Family support worker						3	3
Maternity support worker	1	1			2		4
Outreach worker	2		5	18	4		29
self			1	6	2	8	17
Assistant Psychologist				1			1
Health Visitor	2	1	7	3	5	4	22
Programme manager	1						1
SS Psychologist					1		1
no record			1	1			2
social services						1	1
<b>Grand Total</b>	<b>10</b>	<b>2</b>	<b>14</b>	<b>32</b>	<b>16</b>	<b>16</b>	<b>90</b>

The data shows that referrals are coming from a range of sources. It is not surprising to see that many come from SureStart Outreach workers and it is encouraging to see the number of self-referrals. It is also good to see that Health Visitors are referring in to the team, particularly in the Uplands area who do not have a Health Visitor on the staff team.

*Table 4: Appointments Made*

SS programme	(All)
Year	2004
open case?	yes

  

Count of client ID Month of referral	appt made?		Grand Total
	no	yes	
Jan 04	7	7	14
Feb 04	6	7	13
March 04	6	7	13
April 04	3	11	14
May 04	1	6	7
June 04	2	1	3
July 04	3		3
Aug 04	6	2	8
unknown	3	3	6
<b>Grand Total</b>	<b>37</b>	<b>44</b>	<b>81</b>

According to the data available, of the 90 referrals made, 81 are still 'open cases' - i.e. the family has not yet been discharged. Of these 81, 46% have not yet had a first appointment:

- ▶ 11/37 have not been sent an opt in letter
- ▶ 21/26 have not returned their opt in letter
- ▶ 5/26 have returned their opt in letter and are waiting for an appointment

The team have identified that the data is not completely up to date and arrangements have been made to tighten up the monitoring process. However **this is something to track. In particular to ensure that the opt in letter process, designed to make the service more family focussed doesn't in fact act as a barrier to accessing the service.**

*Table 5: Waiting time - time between referral and first appointment (in days)*

	Cradley						Grand
	Burnt Tree	Heath	Smethwick	Tipton	Uplands	Friar Park	Total
Jan 04	35	7	42	54	27		34
Feb 04		12	22	21		11	17
March 04	59			23		50	47
April 04	20		75	32	14	25	34
May 04			26	35	6		22
June 04						11	11
July 04							
Aug 04					1	9	5
unknown							
<b>Grand Total</b>	<b>37</b>	<b>10</b>	<b>41</b>	<b>36</b>	<b>15</b>	<b>31</b>	<b>31</b>

*Nb: this data is based on the 50 referrals where a first appointment has been logged.*

The data shows that the average waiting time to see a SureStart Psychologist is 31 days (approximately 1 calendar month).

There are 3 stages in the process:

- ▶ the time between receiving a referral and sending out an opt in letter (on average 14 days)
- ▶ the time for a response (on average 10 days)
- ▶ the time between response and first appointment (on average 17 days)

*n.b. Given that in some instances appointments have been arranged without using the opt in letter process, this data looks a little strange - the sum of the 3 stages would suggest an average time of 41 days, however 31 days is the correct figure.*

It is understood that the time between referral and first appointment in the mainstream psychology service tends to be approximately 6 months, which indicates that SureStart is making psychology support more accessible to parents.

### How do Psychologists spend their time?

In order that they and the SureStart Programmes can understand how psychologists spend their time, the team complete weekly 'timesheets'. The intention is not to do this indefinitely but it was felt that this would be useful in the early stages of the service to give a reflection of activity, particularly given that monitoring contact with families would only reflect part of their work.

There is data available from January to August 2004, although this data is not complete. As a result, the analysis below is based upon data for March, a month for which there is a full set of data available.

*Table 6: How psychologists spent their time (March 2004)*

	burnt						Total
	friar park	smethwick	tipton	tree	uplands	ss	
administration	8%	31%	17%	15%	18%	7%	18%
Training attended	38%	5%	5%	19%	13%	32%	15%
meeting other	10%	4%	11%	4%	3%	23%	9%
Face to Face with family	4%	13%	8%	7%	3%	2%	8%
Face to Face with parent	2%	5%	6%	7%	13%		6%
supervision	0%	11%	4%	4%	3%	5%	5%
other	5%		12%		8%		5%
Service Development	0%	1%	2%	7%	15%	0%	4%
evaluation	4%	1%	4%	2%	5%	6%	3%
SureStart team meeting	4%	3%	3%	5%	3%	0%	3%
Strategic Meeting	2%	4%				14%	3%
ss activities	5%	5%	2%	0%	3%	0%	3%
Preparation for Group	2%	4%	4%			3%	3%
consultation to individual	2%	0%	3%	15%	0%	0%	2%
Group	2%		7%				2%
Telephone contact with professional	3%	2%	2%	6%	3%	0%	2%
research	3%		6%				2%
CPD	0%	0%	0%	6%	5%	0%	1%
SureStart psychology meeting	2%	2%	0%			4%	1%
Face to Face with child	0%	2%	1%	0%	2%	0%	1%
Telephone contact with family	2%	1%	1%	2%	1%		1%
Child Psychology meeting	0%	2%	0%	0%	0%	4%	1%
Psychology Department meeting		1%	1%				1%
Consultation to group of Health Visitors	0%	1%	0%	0%	0%	0%	0%
Consultation to group of SureStart staff	2%						0%
Training organised	0%	1%	0%	0%	0%	0%	0%
Preparation for training		1%					0%
<b>Total hours</b>	<b>56</b>	<b>109</b>	<b>120</b>	<b>41</b>	<b>59</b>	<b>50</b>	<b>436</b>
<b>% of contacted hours accounted for</b>	<b>67%</b>	<b>131%</b>	<b>72%</b>	<b>65%</b>	<b>94%</b>	<b>43%</b>	<b>76%</b>

The table shows the total number of hours accounted for on timesheets and what this equates to as a percentage of the hours the psychology team is contracted to work for each programme. It is important to note that annual leave/ sickness and travel time is not recorded and so we wouldn't expect for 100% of time to be accounted for.

It should also be noted that team supervision undertaken by Emma has been counted under Smethwick, rather than as cross programme time, although the time is costed across all programmes. This is why Smethwick appears to have an excess number of

hours accounted for and it appears that less cross programme work has been undertaken than would be expected.

The key things to note are:

- ▶ That **administration** takes up a large part of the teams time (18%). This includes activities such as writing up case notes, liaising with professionals who refer into the service, keeping clients GP up to date with support provided to individuals, referring individuals on to other services and implementing the opt in letter process. **This is a significant proportion of time, which suggests it would be sensible to review systems to see if there is any way of reducing/ simplifying the amount of administration and by SureStart administrators providing additional support to the psychology team.**
- ▶ In March, a significant amount of time (15%) was spent **attending training**, this wouldn't be expected every month, however the British Psychological Society (BPS) does specify that all psychologists must undertake a minimum of 10 days training per year to contribute to Continuing Professional Development.
- ▶ 19% of the teams time was spent undertaking **1:1 work with families** (counted under face to face work with parents, children & families and telephone contact with families). It will be interesting to interpret this in relation to the number of families supported, when this information is available from programmes.
- ▶ 5% of their time was spent **running or preparing for group activities**
- ▶ 3% of their time was spent **attending SureStart activities** such as stay & play sessions and trips
- ▶ 2% of their time was spent **consulting with/ training other professionals**
- ▶ 9% of their time was spent in **'other' meetings** - most of this time relates to SureStart Away Day's, which wouldn't be expected every month

## What next?

Hopefully this report has given an indication of the work being undertaken by the psychology team and the systems in place to monitor and evaluate the work. It also raises some questions that need to be answered through ongoing monitoring.

The next stage is to take an objective look at what the data in this report suggests for service development & to explore the interaction between SureStart and the psychology service. Working within the community represents a new way of working for Psychologists. In addition, Psychology is not such a widespread profession as

professions such as Health Visiting, Social Work or Midwifery and it is likely that others who work in early years and community development have a more limited understanding of what it has to offer than they have of the more widespread professions. As a result, the SureStart research officer is in the process of interviewing programme managers and psychologists to understand what it means for the two to work in partnership. The next stage of the evaluation will be completed by the end of the year.

Sue Balu

Research Officer for Sure Start programmes in Sandwell

Susan\_Balu@sandwell.gov.uk