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# Maternity Services in Sure Start Local Programmes

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## Introduction

Sure Start Local Programmes (SSLPs) support children under 4 and their families by integrating early education, childcare, healthcare and family support services in disadvantaged areas. This study examined the services offered to women in pregnancy and during childbirth, and to mothers and babies afterwards, in SSLP areas.

## Key findings

- ▶ Sure Start Local Programmes have improved access to maternity services by delivering them in new places and ways. They have also created special services to meet the needs of particular groups of people.
- ▶ The extra investment Sure Start has made in maternity services has enabled staff to spend more time with women, especially those who need the most support.
- ▶ Delivering maternity services on a neighbourhood basis has increased the ability of practitioners to build relationships with individuals and communities and to create services that support families.
- ▶ Clear referral links have been made between maternity services in SSLP areas and other Sure Start services, and also with mainstream services, and this has improved women's access to a range of appropriate help and support, particularly for marginalized families.
- ▶ Team-working between midwives and health visitors, especially when they are working from the same building, assists the smooth handover of women between the antenatal and postnatal periods. Co-location of maternity practitioners with other health and social care staff has enabled effective multi-disciplinary working.
- ▶ Trained paraprofessionals and volunteers can make a valuable contribution both in supporting families individually and in delivering specific maternity services, such as breastfeeding support. But time must be invested to create, develop, manage and sustain such services.
- ▶ SSLPs have provided scope for professional development through formal and informal training. This has benefited both Sure Start and mainstream staff and has allowed for the sharing of best practice.
- ▶ Shortages both of midwives and health visitors have created tensions between SSLPs and mainstream agencies where there has been competition for staff. These shortages will affect the sustainability of enhanced maternity services, however much they are valued and are effective.
- ▶ Many SSLPs recognise that they have not reached some of the most vulnerable families and this is connected in some cases with an unwillingness to share information about pregnant women by mainstream services. However, some SSLPs have made contact with women previously unknown to mainstream services.
- ▶ SSLPs have provided opportunities for 'joined-up' working on maternity issues at both strategic and operational levels. Successful joined-up working is underpinned by strong leadership, good relationships between individuals, commitment to a shared vision and adequate resources.

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## Background

Sure Start local programmes are community based and support on average 400 to 800 children under four. There are 524 programmes which have been rolled out in six stages or 'Rounds'. The National Evaluation of Sure Start (NESS) is assessing the impact, implementation, community characteristics and cost effectiveness of SSLPs by examining the first 260 programmes: the first four Rounds.

Evidence on the effectiveness of SSLP maternity services will emerge from the Impact module of NESS, which is measuring a random sample of children from 150 Sure Start areas using a range of indicators. The Implementation module of NESS has been looking at the way services are provided by SSLPs, how these are organised locally and how far existing services have been re-shaped by Sure Start.

Maternity services are available to everyone under the NHS. They offer women support and advice and help to ensure the health of the expected baby and to prepare for parenthood. They also offer emotional and social support so that parents can care for themselves and their children and aim to identify any potential risks early so that extra support can be offered when risks are found.

Research has shown that disadvantage and poverty may be detrimental to the health of mother and baby, especially where other factors occur like poor diet, smoking, substance misuse, mental illness and domestic violence. Very young mothers, those without partners and mothers from certain minority groups may face greater risks, including stillbirth and infant mortality. At the same time a good deal is known about how to reduce risks with regular screening, good diet and breast feeding.

This study explored the ways in which SSLPs were changing and adding to mainstream maternity services to respond to the needs of families in Sure Start areas.

## Aims of the Study

The research aimed to discover:

- how SSLPs were expanding and improving maternity services in line with what research has shown to be good practice;
- how SSLPs work with local mainstream maternity services and how resources are used and shared;
- what innovative approaches SSLPs are developing to meet the needs of pregnant women, mothers and infants.

## Methodology

The research for the study was carried out in 2003-4. There were four elements to the research:

- a **Literature Review** which looked at what was already known about the need for maternity services and about the effectiveness of services in areas of social exclusion. The review drew on other relevant reviews, such as the Cochrane Systematic Reviews [www.nelh.nhs.uk/cochrane.asp](http://www.nelh.nhs.uk/cochrane.asp) and carried out an active search of more recent literature. The full review is available at [www.ness.bbk.ac.uk](http://www.ness.bbk.ac.uk)
- **identification of SSLPs 'most active' in provision of maternity services** based on an analysis of information collected by the national surveys<sup>3</sup> of SSLPs conducted by NESS in 2001-2003.

<sup>3</sup> A survey of programme managers was administered to Round 1-2 SSLPs in 2001, 2002 and 2003 and to Round 3-4 programmes in 2002 and 2003.

- **telephone survey** using a semi-structured interview with a key informant (usually the SSLP manager) in 73 programmes. These were:
  - 55 SSLPs identified as 'most active in maternity provision;
  - 8 SSLPs identified as doing innovative work in maternity services;
  - 10 SSLPs that had reported little enhancement or new development of maternity services.
- **in-depth studies** of a sample of 13 SSLPs, chosen to include different models of maternity provision and varied communities, including inner city and rural areas, and those with a prevalence of minority ethnic groups and teenage mothers. During visits to these SSLPs, interviews were carried out with a range of staff working with pregnant women, new parents and babies, from within both the SSLP and the local mainstream services. Mothers who had had a baby within the past six months were interviewed individually or in focus groups.

## Findings

### Engaging with Maternity Services

About one third of SSLPs were 'most active' and had improved existing maternity services and created new ones in at least three of the following areas: community midwifery, health visiting, antenatal clinics, breastfeeding support and postnatal depression. Where SSLPs were not 'most active' they had usually made improvements in one or two areas. However, a lack of activity on the part of an SSLP could indicate that existing maternity services were working well in an area and already meeting parents' needs.

This left very few SSLPs where there was no engagement at all with maternity services. Effective development was most likely to have occurred where mainstream maternity services had been represented on the Sure Start Partnership board. If SSLPs conducted a genuine local consultation with parents, issues about maternity provision were often raised. In SSLPs which met both these conditions, maternity service development was likely to be part of the SSLP plan.

Obstacles to service development included poor relationships with mainstream maternity services, where managers sometimes had reservations about the Sure Start approach, and poor understanding within the SSLP of the significance of maternity services and how they work. However, there was evidence that early misunderstandings could be overcome as SSLPs evolved.

### Delivering Services

Evidence from the Literature Review shows that although maternity services are universally available, they cannot always meet the needs of Sure Start communities. In order to address this, SSLPs reconfigured maternity services in their areas by, amongst other things, funding additional midwife and health visitor time to work in the SSLP area.

The most common arrangement was for the SSLP to fund a 'Sure Start midwife' or 'Sure Start health visitor', who were seconded from the mainstream services. The mainstream services retained their clinical management of these staff, while the SSLP managed them day-to-day. In a few SSLPs, Sure Start posts had been created as part of an integrated Sure Start/mainstream team. A minority of SSLPs commissioned services from mainstream providers under a service-level agreement.

Many SSLPs reported that funding a designated individual Sure Start midwife or health visitor helped to 'ring fence' the post for the Sure Start

community, but was less effective in influencing mainstream services. In contrast, commissioning time for Sure Start from each member of the mainstream community teams (and funding an additional staff member to increase capacity) was good for integration, but vulnerable to staff shortages, when Sure Start services could be cut. SSLP midwives and health visitors provided either:

- **additional services** - care that is extra to that provided by the mainstream midwives and health visitors, (for example local antenatal and post natal groups and extra support on issues like smoking cessation and breastfeeding);
- **caseload services** - full antenatal and postnatal care to all or some of the women in the Sure Start area (In the case of the midwife this might be a small caseload of vulnerable women, like drug users, to whom intensive care is offered).

Practitioners said that having a caseload limited the amount of 'additional services' they could offer.

### Joint Working

To provide comprehensive maternity care, most SSLPs have brought in expertise from agencies besides health, such as family support, and from both statutory and voluntary agencies. This has offered interesting opportunities for joint working between mainstream maternity services and, for example, voluntary organisations funded by Sure Start to offer specific services for Sure Start women, like breastfeeding support. It has become common for SSLP maternity staff to refer Sure Start women for additional support to city or county-wide services for issues such as smoking cessation or domestic violence. Several SSLPs had developed strong collaborative relationships

with other agencies on specific topics; for example, some Sure Start midwives worked with schools on sexual health.

The relationship between the SSLP and mainstream midwifery and health visiting services was crucial in service development. Where it was poor, mainstream services did not pass information to the SSLP about women booking for care in pregnancy; where it was good, Sure Start midwives would be actively following up women who were not attending for mainstream appointments and keeping the community midwifery team informed.

Relationships at practitioner level were reflected in those between managers and agencies at the strategic level. A senior manager might see Sure Start as an opportunity:

*"Sure Start allowed us the opportunity to pilot the way we wanted to work and then roll out best practice county-wide." (Head of Maternity Services)*

But it could also be seen as a threat:

*"Some of the health visitors...felt collectively threatened by Sure Start because they felt they were doing it already." (SSLP Manager)*

### Good Practice in Partnership Working

- Programme managers from all the SSLPs in one metropolitan area meet together regularly with the mainstream service managers, from PCTs, Acute Trusts, the Local Authority and the Education Authority, to give overall direction to Sure Start in this area.
- Involving local GPs in SSLP planning and management, particularly in developing systems for referring women to Sure Start and mainstream services. (However, on the whole,

SSLPs have found it hard to persuade GPs to participate in the programme).

- Regular meetings between Sure Start and mainstream practitioners, often lead to the development of joint projects, like postnatal support groups which are available to women from outside the Sure Start area who might benefit from them.

Relationships between practitioners are generally enhanced by joint working.

*"Now they (community midwives and health visitors) realise we weren't trying to take over...but it's taken a long time. The...key turning point was all the work we've done around postnatal depression, because they've benefited." (SSLP Manager)*

### Factors which improve practitioner relationships

- Sure Start midwives and health visitors retain their link with their mainstream colleagues and thus become advocates for Sure Start;
- SSLPs have lightened the workload of mainstream health visitors and midwives;
- SSLPs funding extra training and equipment for mainstream midwives and health visitors;
- Co-location of workers in Sure Start meaning that all staff including maternity staff, can communicate more easily;
- Increased and new training activities, especially multi-disciplinary training.

### Improving Access to Services

SSLPs try to improve access to maternity services in three ways:

- identifying and **making contact** with pregnant women
- creating **flexible** local services that were easy to reach
- providing support for women to **access existing mainstream services**.

Almost all SSLPs offer ante-natal home visits where direct contact is made with pregnant women. During visits, women are told about other services and support on offer such as ante-natal groups.

All SSLPs produce written materials about all services, including maternity services, and sometimes use other methods to publicise activities (like local radio bulletins).

Most SSLPs are delivering maternity services from more, newer venues, including purpose-built and converted premises. These include Sure Start centres, and familiar places in the community, like libraries, and mobile clinics in rural areas.

Most SSLPs have made maternity services easier to use by providing:

- drop-in clinics rather than appointments for ante and postnatal care;
- home visits;
- the informal availability of staff in Sure Start centres and on mobile phone; (some health visitors and midwives make themselves available day and night by these means);
- groups are often run in the evenings and sometimes on Saturdays;
- clinics and groups are supported with childcare and transport;



- interpreters are available in those SSLPs where they are needed;
- non-attenders can be followed up and offered support and assistance so that they attend in future.

### Access in Rural Communities

In SSLPs in rural areas, antenatal services were often delivered by a travelling team, using a specially fitted bus as a mobile clinic. In one area this was set up weekly in the car park of a Leisure Centre, as well as visiting schools. In another SSLP area, where the nearest hospital was twenty miles away, Sure Start parents were holding antenatal groups in their own homes.

### New and Enhanced Maternity Services

SSLPs have worked with existing maternity services, adding resources to expand or increase access to them, identifying gaps and filling them. Although some SSLPs have created new services based on research evidence, not all have found the need to do so. Sure Start does offer great scope and resources for innovation, however.

Examples include:

- **Preparation for Parenthood**

Many SSLPs have set up groups which begin early in pregnancy and which cover the emotional impact of having a baby on the relationship between partners as well as topics like nutrition advice and breastfeeding. Such groups try to build supportive relationships among the women who attend them, and in some the agenda is set by participants, with information sessions mixed with pampering – reflexology, massage and so on. In most areas these groups are open to both parents.

- **Continuity of Care**

A minority of SSLPs are offering one-to-one midwifery care, though Sure Start midwives rarely deliver babies. Most SSLPs are increasing continuity of contact with mothers by at least one of the following practices:

- Health visitors involved in antenatal work
- Midwives involved in postnatal work
- A single interpreter used with a family over time
- Antenatal and postnatal events held at the same venue and time
- Family support workers or home visitors making contact with pregnant women and maintaining contact after the birth.

- **Intensive Postnatal Support**

SSLPs extend the amount of postnatal support offered by mainstream services. In one programme for example, weekly visits at home are paid to all new mothers for the first six weeks. Almost all SSLPs run postnatal groups with an emphasis on peer support, social activities, the promotion of mothers' self-esteem and parenting skills. Shy or hesitant women are sometimes accompanied to a group by a Sure Start worker.

### Good Practice in Postnatal Care

In one SSLP the midwife has improved the identification of postnatal problems by using an evidence-based postnatal model of care based on the Birmingham IMPaCT study<sup>3</sup> with an extra screening visit at 28 days. Physical and psychological problems are systematically identified and managed according to a standardised checklist and the midwife can refer women to an obstetrician-led postnatal clinic including midwifery and physiotherapy staff, set up by the Sure Start programme in partnership with the mainstream service.

- **Identification of and Support for Mental Health Issues**

There is a Sure Start target to identify and support mothers with postnatal depression and most SSLPs have developed extensive mental health support.

The booking visit – the first contact with services for pregnant women – is used as an opportunity to assess mental health problems and the risks of postnatal depression (PND). Most SSLPs carry out a postnatal screen on all pregnant women in their area for PND, usually using a structured instrument such as the Edinburgh Postnatal Depression Scale (EPDS).

In many SSLPs health visitors, family support workers or members of the outreach team are trained to do one-to-one listening visits and less commonly cognitive behavioural therapy for women with PND. Some SSLPs have overcome the problem of long-waiting lists by commissioning counselling services specifically for the Sure Start community. Besides popular postnatal support groups to promote mothers' wellbeing, many SSLPs also run targeted PND groups for women who are clinically depressed, isolated or vulnerable.

### Good Practice in Identifying and Supporting Postnatal Depression

- Several SSLPs have developed methods for identifying PND in women from ethnic minority groups. One health visitor was piloting a visual tool to help identification of depression with Asian women and other women who did not speak English or read and write.
- A number of SSLPs participate in area-wide initiatives to devise a local 'pathway of care' or improve coordination of local services. One SSLP has brought together a multi-agency partnership on PND and helped to fund a postnatal coordinator who works across the whole area. The SSLP also funds a team of five workers – a Community Psychiatric Nurse, two health visitors, a midwife and a clinical psychologist - to train colleagues in PND.

- In some areas, SSLPs can refer women to existing specialists, for example, a PND/domestic violence specialist midwife is funded to work across a whole county.

### Smoking Cessation

This usually means referring women to specialist services, but trained SSLP staff also offer one-to-one support. Some SSLPs concentrate on trying to reduce smoking and some areas report that smoking is so entrenched in the local culture it is difficult to achieve any change.

### Healthy Eating

Many SSLPs aim to increase women's confidence in following dietary advice by holding 'cook and taste' sessions to develop cooking skills and demonstrate healthy eating. Some provide individual support, showing women what food to buy on a tight budget, and work with local shops or food co-ops to increase access to affordable healthy food. For example, one SSLP commissions a food co-op to deliver a box of fresh vegetables at cost price to pregnant women every week. A few SSLPs have a dietician attached to the Sure Start team, who leads healthy eating sessions and gives advice to pregnant women.

### Support for Breastfeeding

This is the most widespread intervention offered by SSLPs. Various Sure Start staff are involved, including maternity care assistants, nursery nurses and sometimes trained volunteer counsellors from an external organisation such as La Leche League. Peer (mother-to-mother) support from trained volunteers was found in over half the programmes in the study. Peer supporters work in various ways, attending groups, running drop-ins, visiting breastfeeding mothers at home, visiting mainstream antenatal clinics or hospitals, or giving advice by 'phone. SSLPs pay their childcare expenses.



### Good Practice in Breastfeeding Support

An SSLP has trained the whole staff team to meet the rigorous assessment criteria for a UNICEF Baby Friendly Award. This SSLP is one of seven community healthcare programmes in the country to achieve full Baby Friendly Accreditation, which requires that all healthcare staff be trained to support breastfeeding, that facilities are welcoming to breastfeeding families and that links are made with breastfeeding support groups. Several other SSLPs are working towards Baby Friendly status, in one case leading this work across a whole PCT area.

- **Befriending and Social Support**

Providing social support is a fundamental aspect of Sure Start maternity services, and is a central focus of group work. Groups have the goal that “everyone should walk out with a friend” in order to combat social isolation but also to provide support for women becoming mothers for the first time.

### Good Practice in Providing Support

A particular form of social support is provided by volunteers, often known as ‘Community Mothers’ who are trained to offer emotional support to new mothers, visiting them at home, befriending them, and sometimes offering health advice on topics like postnatal depression and parenting. In a SSLP with a large Somali population, mothers preferred to receive help from members of their own community and in their own language, so the programme recruited Somali mothers to undertake a ‘home help’ role.

- **Tackling Social Issues**

Most SSLPs try to obtain a full picture of a woman's social circumstances at the initial antenatal home visit and build a good relationship by spending unhurried time with her. They are able to refer her when necessary through multi-

agency networks to other more specialised services such as the Citizen's Advice Bureau, housing department, Jobcentre, Women's Aid and so on.

- **Domestic Violence**

Screening for domestic violence is a routine part of booking for maternity care in some areas but not in others. Some SSLPs ask about domestic violence at this point, but others consider it a difficult issue, and a number of programmes were planning training for staff or working on joint policies with other local agencies. A relationship of trust built up over time is considered to make disclosure more likely. SSLPs are clearly in a position to build a trusting relationship with women, but some consider a booking visit rather early in this relationship to explore sensitive questions.

Most support for women in this situation involves liaison with Women's Aid or local Domestic Violence partnerships. One SSLP has its own Woman's Development Worker for domestic violence, who works closely with a Community Psychiatric Nurse, because many women diagnosed with postnatal depression have been found to be experiencing domestic abuse in this area.

- **Targeted Services for Women with Particular Needs**

SSLPs are developing specific services aimed at particular groups of women, such as teenage mothers, mothers from minority ethnic groups, asylum seekers and immigrants, homeless women, travellers, substance abusers and mothers with disabilities.

## Good Practice in Targeted Services

For **teenagers** – ante and postnatal groups specifically for pregnant teenagers and young mothers; teenage breastfeeding peer supporters; services delivered in conjunction with mainstream specialist services for teenage sexual health; outreach work in local schools; daycare and support provided on school premises for mothers to complete examinations or courses.

For **minority ethnic families** – group sessions with language support, which welcomed members of the extended family; library of bilingual resources like videos; employing bilingual outreach workers; working in partnership with existing community groups.

For **asylum seekers** – Sure Start midwives offered practical assistance, such as support in applying for grants or finding cheap or donated baby clothes; working closely with existing asylum support organisations.

In one SSLP the Sure Start midwife has become the first point of contact whenever the local asylum support service identifies a pregnant asylum seeker. She offers antenatal care to those living in the Sure Start area, and organises appointments with the local specialist GP for homeless families.

**Homeless women** – some SSLPs have a high proportion of clients who are homeless or in temporary accommodation, and are often not registered with a GP. Here support is offered, with referral to welfare rights advice or housing departments. In one SSLP the local Housing Trust gives Sure Start a monthly register of pregnant women and families with young children in the bed and breakfast hotels.

## The Impact of Sure Start on Maternity Services

### On Women and Families

Women reported that they had made new friendships and gained confidence from the contacts they had made through SSLPs. They appreciated the easier access to Sure Start services and had developed a new trust in professional staff, and better access to other services because of Sure Start's closer links with other agencies.

Many women had gained training and experience by acting as peer supporters for breast feeding or baby massage, and some had used this as a springboard to further training, especially as midwives. Childcare provided by Sure Start enabled women to take these opportunities. There was some doubt in many SSLPs as to whether services were reaching the most 'hard-to-reach' mothers, though it was clear that many programmes were striving to do so.

### On Staff

Staff reported high levels of job satisfaction and enjoyed the chance to build close relationships with users and to be creative and innovative, with a sense of control over their work. A few practitioners, predominantly health visitors, had found this way of working difficult, and had experienced creativity and innovation as a lack of management support and guidance. They disliked the fluidity of boundaries between staff roles and felt 'disempowered' by it.

Sure Start has brought significant training opportunities for maternity staff, who valued the professional development and also the way Sure Start gave them opportunities to become trainers themselves, by cascading their knowledge to Sure Start and mainstream colleagues.

### Good Practice in Staff Training

Some SSLPs have given staff training in the skills required to deliver services in non-traditional ways. For example, in one SSLP where there was low attendance at antenatal groups, staff were trained in group work skills and attendance rose from an average of 4-8 to 20 at each session

### On Services

Sure Start is giving maternity practitioners more time to spend with women. They also have support from colleagues in allied disciplines, whose skills and services complement their own. They have the flexibility to work holistically with women and tailor services to their needs, including their psycho-social needs. Many feel enthusiastic about these women-centred ways of working and would like to see them more widely available.

The extension of these approaches depends upon adequate resources, however, and on there being sufficient trained staff to deliver services in these ways. Although the use of paraprofessional backup in SSLPs has added a further dimension to maternity services, it has not lessened the need for professional input, and in many areas has actually increased the demand upon it. Volunteers and paraprofessionals have to be managed, trained and supported.

The evidence of improvements in outcomes for mothers and babies which would persuade all mainstream maternity services to use the Sure Start approach remains elusive. Statistical evidence from acute trusts and PCTs and local evaluations of SSLPs, show some outcomes, for example, in increase breastfeeding rates or reductions in caesarean rates. SSLPs themselves feel that monitoring figures are not reflecting the impact of services. In matters like breastfeeding, where maternity services are trying to affect a major cultural shift in some local areas, change may take time to manifest itself.

### Conclusion

Most SSLPs have now developed good partnerships with the mainstream maternity services provided by PCTS and acute Trusts. As a result they have added value to those services in their areas, making them more accessible and more in tune with the needs of local families. The partnerships work best when they are established at management and practitioner level, and when Sure Start practitioners retain a link with their mainstream colleagues.

Although some of the new practice which has been introduced by SSLPs has yet to provide outcome evidence of its efficacy, a good deal of it is based on practice for which there is research evidence. The practitioners themselves feel confident that it will be shown to have fulfilled the Sure Start aim of giving children a better start in life.



# Maternity Services in Sure Start Local Programmes

## Further information

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Further information about National Evaluation of Sure Start (NESS) can be found at [www.ness.bbk.ac.uk](http://www.ness.bbk.ac.uk)

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