Health Opportunities
For The
Families of East Lancashire
Provided By
Children's Centres

2008/09 Report
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Health Activity in East Lancashire Children’s Centres

This report was compiled by Health Coordinators working within the Children and Families Partnership Team at NHS East Lancashire Community Services in partnership with Lancashire County Council Sure Start Early Years and Childcare Service. It aims to provide a snapshot of ever-evolving services provided by Children’s Centres, and to enlighten agencies and commissioners on the broad and effective activities the centres are providing which impact significantly on the health and well-being of pre-school children and their families. This is the first such report produced and is therefore extremely comprehensive. In subsequent years a shorter update on services being provided will be produced in conjunction with the centres’ own self-evaluation process, which is led by LCC.

Background to Report

As a result of consultations with Children’s Centre Managers in 2007 the Children and Families Partnership Team was commissioned by NHS East Lancashire in April 2008. The team aims to promote and encourage the integration of health activity into Children’s Centres including facilitating the move of mainstream services into the more accessible centres. Four Health Coordinators were appointed to offer mentorship to centres on the quality of activities impacting on key health priority indicators including health inequalities, to act as specialist health advisors and to promote more meaningful and effective integrated working.

The Health Coordinators undertook a mapping exercise across all 24 Children’s Centres in East Lancashire during 2008/09, which included visiting centres and holding a conversation with key members of staff and Centre Managers based around a mapping template (see Appendix 1). This report provides a snapshot of what services were available at that time. With hindsight the mapping could have been more effectively utilised if it had been linked more closely with the Children’s Centres Development Plans and Self Evaluation Forms. When mapping is repeated in 2009/10 it is hoped to complete the exercise during November/December in order to coincide with these processes.

These Health Coordinator activities support the recommendations of The Healthy Child Programme 2008; Children’s Plan 2007; Our Health, Our Care, Our Say 2006; Children and Young People’s NSF 2004; Choosing Health 2004; Every Child Matters 2004; Children’s Act 2004; For example: The Children’s Plan: Building Brighter Futures (2007) describes the government’s vision to build capacity for improved joint working across professional boundaries, and for services to be located under one roof in the places people visit frequently. Building Brighter Futures: Next Steps for the Children's Workforce (2008) reiterates the importance of understanding the difference that can be made to
children and young people’s outcomes when services are integrated and professionals have the skills, knowledge and expertise to do their job to world class standards. The Healthy Child Programme (2008) cites ‘more co-located and multidisciplinary services are seen as key objectives for providing the integrated support that many families will need’.

Aims and Objectives of the Report

This report aims to:

- Recognise and promote the significant contribution Children’s Centres are making towards tackling key priority health inequalities in East Lancashire.
- Clarify the nature, and purpose of Children’s Centres to mainstream NHS agencies and GPs.
- Provide baseline information on health activity taking place within Children’s Centres, to identify inequalities in service delivery and to inform planning at local and strategic level.
- Assess current progress towards agency integration and the extent to which mainstream NHS services are playing their part in supporting Children’s Centres’ core offer for health.

Objectives of the Report:

- To map current health related activity occurring across all 24 Children’s Centres in East Lancashire
- To summarise this information and present it in a format that can be used at locality level to inform service development.
- To summarise this information by health topic across the NHS East Lancashire footprint as a whole to inform service planning.

What are Children’s Centres?

Children’s Centres are multi-purpose centres that bring together childcare, early education, health and family support services. They are designed for use by families, parents and carers of children under five and may be based in schools, health centres, community centres or in their own building. Public, private and voluntary organisations work together in Children’s Centres to provide a wide range of services from childcare to health visiting, employment advice, parenting advice and toy libraries, they are for all young families, but have a particular emphasis on improving the life chances of children living in the most disadvantaged areas.

In East Lancashire at the time of mapping there were 24 Children’s Centres.
- 8 original Sure Start Programmes incorporated into Phase 1 Children’s Centres (located in the Higher Deprived Areas)
- 6 additional Phase 1 centres designated in 2006 (located in the Higher Deprived Areas)
- 10 Phase 2 centres designated in 2008 (located in the Lesser Deprived Areas)
- Sites for an additional 8 Phase 3 centres have now been identified (serving the remaining areas) which will take the total to 32 Children’s Centres across East Lancashire

Children’s Centres in East Lancashire are managed by several organisations

- East Lancashire PCT 3
- Lancashire County Council 3
- Action for Children 2
- LCC Nursery Schools 6
- LCC Primary Schools 7
- Independent/Voluntary Sector 3

Children’s Centres were developed in response to Lord Laming’s Inquiry following the death of Victoria Climbie in February 2000 and the Every Child Matters Green Paper. The aim was early intervention, improved preventative services and a reform of services at every level to ensure children and young people achieve the five Every Child Matters outcomes:

- Be Healthy
- Stay Safe
- Enjoy and Achieve
- Make a Positive Contribution
- Achieve Economic Well-being

There is a core offer of services that Children’s Centres have to provide in the 30% most disadvantaged areas. In all other areas services may vary to reflect local need.

Early Years Provision

Including integrated early learning and childcare which is sufficient to meet local need and suitable for working parents/carers. This should also prioritise disadvantaged families and include support for childminders. Childcare should also be inclusive and appropriate for children with special needs and able to identify early problems in learning and development. Although childcare is provided for 0-5’s, centres make active links to local schools and out of school activities.
Family Support and Outreach

Children’s Centres offer a visit to all children in the catchment area within two months of birth. They work with local partners to provide easy and improved access to specialist services including parenting support and active outreach to families not engaging with mainstream provision. They have a focus at the universal level of need and provide opportunities for parents to increase their understanding of their child’s development, this includes involving fathers. They contribute to child protection plans and support families in partnership with statutory agencies.

Child and Family Health Services

Children’s Centres provide information, support and services to families on health and well-being issues, and provide a means for more specialist and mainstream health services to be located in an easier to access and family friendly setting. By working in partnership they can provide antenatal advice and support, make a contribution to the Healthy Child Programme, provide information and guidance on breast feeding, hygiene, nutrition and safety, promote positive mental health, (including identification, support and care for those suffering from maternal depression), speech and language and other specialist support, healthy lifestyles and help in stopping smoking

Parental Involvement

Consultation and information sharing with parents/carers is a natural function of Children’s Centres and all have ongoing arrangements in place to ensure parents/carers have a voice.

Links with Jobcentre Plus

Children’s Centres link with Jobcentre Plus to encourage and support parents/carers considering training and employment.

How to Read this Report:

This report is presented in two sections:

Part One is divided into locality areas (Burnley, Pendle, Rossendale, Hyndburn, Ribble Valley) and describes the current activity at the time of mapping and future plans for each area.

Part Two is divided into topic areas taken from the core offer for health and the NHS East Lancs campaign to Save a Million Years of Life (SMYL) and
summarises actions being taken across East Lancashire to address the gaps in services identified in Part 1.
Part One

Children’s Centre Health Activity by Locality
Hyndburn

The Health Coordinator for Hyndburn is Clair Robinson. She is based at

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There are 6 centres in Hyndburn:

Great Harwood Children’s Centre (Phase 2) – LCC
Copperhouse Children’s Centre (Phase 2) – LCC
The Park Child and Family Centre (Phase 1) – Sure Start Hyndburn
Mount Pleasant Children’s Centre (Phase 2) – LCC
Fairfield Children’s Centre (Phase 1) – LCC
Huncoat Children’s Centre (Phase 2) - LCC

Please note The Park Child and Family Centre (Sure Start Hyndburn) is 2 Children’s Centres
- Church and West Accrington
- Accrington South

For the purpose of this report it will be counted as one centre.
Ante-natal Services in Hyndburn Children’s Centres

What is Already Happening?

- 3 x centres host an Antenatal Booking Clinic
- 1 x centre signposts to a local Antenatal Clinic
- 1 x centre has input with the local Health Centre Antenatal Clinic
- 2 x centres running Midwifery led Antenatal Clinics in their centres
- 3 x centres have a dedicated Midwifery Suite
- 3 x centres providing input to Antenatal Clinics with Midwives
- 1 x centre has an agreed Service Level Agreement with Midwifery Service
- 1 x centre provides a venue for Parentcraft Sessions
- 1 x centre running a Teenage Pregnancy Group

Future Plans Identified by Children’s Centres

- 6 x centres planning to improve information they receive from Midwifery Services via Early Notification Form
- 6 x centres planning to join the Vitamin D Distribution Scheme to pregnant women
- 2 x centres were planning to introduce the Parent and Child Empowerment Programme (an outreach intensive support package to first time parents beginning in the ante-natal period)
- 1 x centre planning to improve joint working with other Children’s Centres
- 1 x centre planning to hold an Antenatal Booking Clinic at the centre
- 1 x centre to review antenatal input from Health Visitor
- 1 x centre planning to run a monthly ‘Parents to be’ Group
- 2 x centres planning to develop a joint antenatal support group
- 1 x centre planning to develop a young parents group

Gaps Identified

3 x centres have no antenatal services running from their centres.

1 x centre not receiving Children’s Centre Registration Forms and statistics from Midwifery Service.

1 x centre felt that Midwives were not promoting the Vitamin D Distribution Scheme.

4 x centres had no input from Health Visitors.
3 x centres felt there were inequalities in level of Midwifery support offered across the centres.

6 x centres stated that Midwives were not aware of their full range of services.

5 x centres stated they had received very few referrals from Midwives.

1 x centre is located close to a Health Centre where the majority of antenatal care is delivered for families living in the Children’s Centre catchment area. The Children’s Centre have reported some challenges in engaging with some Health Professionals.

Solutions to Gaps

These issues were identified as an East Lancashire wide problem. See section two for solutions put forward.

In Hyndburn, a Public Health Midwife has been employed to develop the Public Health Role of the Midwife and to facilitate the solutions reported in section two.

In addition:

- The Hyndburn Health Co-ordinator plans to meet with the Health Visitor Team Leaders/Manager to agree that the Health Visiting Service will complete the Children’s Centre registration form at the primary visit. This will ensure that every family has the opportunity to register with a Children’s Centre.
- 4 x Children’s Centres will take part in a 3 month pilot. Visiting the local child health clinic to register families, promote the Children’s Centres, and raise their profile in Hyndburn.

The Health Coordinator will work with Children’s Centres and Midwives, LCC and NHS East Lancashire to address the issues around collection and sharing of data.

The Hyndburn Health Coordinator will visit various Children’s Centre groups and nurseries to discuss the Vitamin D Distribution Scheme and issue vitamins to parents/children. This will be piloted in Hyndburn and then rolled out across East Lancashire.

The health co-ordinating team will meet with dieticians to discuss their capacity to support antenatal services and workshops in the Children’s Centres (refer to the nutrition section).
Breastfeeding Services in Hyndburn Children’s Centres

What is Already Happening?

- All 6 x centres provide a breastfeeding friendly environment
- All 6 x centres stated they had developed links with Little Angels Breastfeeding Support Service
- 2 x centres have at least 1 member of staff trained in Breastfeeding Management
- 2 x centres provide a Breastfeeding Support Group which is supported by Little Angels
- 1 x centre obtains breastfeeding data from Little Angels

Future Plans Identified by Children’s Centres

- All 6 x centres expressed an intention to send more staff on the Breastfeeding Management Training when available.
- All 6 x centres will be actively recruiting volunteers to train on the La Leche Breastfeeding Peer Support Course, and looking at funding to support crèche facilities. After being trained the volunteers will be utilised to support breastfeeding groups/ baby groups and promote breastfeeding in the antenatal period
- 1 x centre to identify a breastfeeding key worker to attend Breastfeeding Steering Group.
- 1 x centre to organize a breastfeeding event with local parents
- 1 x centre planning to set up a breastfeeding drop-in

Gaps Identified

Availability of sufficient Breastfeeding Management Training.

No volunteer breastfeeding peer support programme in Hyndburn.

2 x centres need to develop breastfeeding support groups or links to sessions held in other centres.

Inequalities in levels of support offered across the centres, including links to Little Angels.

Standardisation of data collection across all centres.

Need to develop stronger links with the Breastfeeding Steering Group.
A degree of support is offered to centres from mainstream Midwifery and Health Visiting Services but is not standardised across the centres and in most centres is insufficient to support centre staff in their development of breastfeeding support programmes and groups, and to mentor staff that have recently completed training.

**Solutions to Gaps**

In Hyndburn, there are Little Angels Breastfeeding Support Advisors working in the community providing home visiting support and a 24 hour support telephone helpline.

The Hyndburn Health Coordinator is working with Little Angels to integrate them into Children’s Centres and local services and activities.

Children’s Centres to identify staff who can link into the Breastfeeding Steering Group

These issues were identified as an East Lancashire wide problem. See section two for solutions put forward.
Support for Maternal Depression in Hyndburn Children’s Centres

What is Already Happening?

- All 6 x centres provide targeted family support.
- All 6 x centres signpost families to the Health Visiting Service as required.
- 1 x centre mentioned good links with Community Mental Health Team.
- 1 x centre mentioned good links with Child and Adolescent Mental Health Team (CAMHS)
- 3 x centres mentioned groups which may support maternal depression e.g.:
  - baby massage
  - ante-natal groups
  - generic groups
- Some centres offer support to enable parents to access services for help getting back to work, training, volunteering or confidence building and raising self esteem.

Future Plans Identified by Children’s Centres

- NHS East Lancashire has identified a need to support Children’s Centres on maternal depression and to provide more outreach specialist advice that is fully integrated into the wider activities within the Children’s Centres. As a result an Infant Mental Health Worker is now employed to support all the centres in Hyndburn and works at a tier 1, tier 2 level providing one-to-one and group therapy, support with complex parenting issues, and promotes bonding and attachment by early intervention beginning in the antenatal period.
- Post-natal Depression Training is also being planned for all Children’s Centre staff which will be delivered by the Emotional Health Team. This will include the signs and symptoms of depression, the effects on the child and the role of the Children’s Centre in referring on to relevant agencies
- 2 centres plan to deliver baby massage.

Gaps Identified

All centres identified a need for specialist training in maternal depression.

3 x centres don’t currently have baby massage groups.

One centre is considering water play to promote fun bath times and bonding.
Referral and communication pathways not clear for Children’s Centres.

Solutions to Gaps

These issues were identified as an East Lancashire wide problem. See section two for solutions put forward.
Speech and Language Services Offered through Hyndburn Children’s Centres

What is Already Happening?

- All 6 x centres feel that speech and language is integrated into all groups with children where appropriate e.g.
  - Play and Learn
  - Play groups
  - Rhyme Time
  - Book Time
- All 6 x centres signpost to Health Visiting Service for assessment and referral
- 1 x centre has a member of staff trained in baby sign

Future Plans Identified by Children’s Centres

- All Children’s Centre teachers have been offered the ‘I Can’ Training, which raises the awareness of speech and language development for childcare staff.
- All centres promote Bookstart.

Gaps Identified

6 x centres were keen to develop Speech and Language activities but had found that there were costs attached to some of the training courses. In addition, the centres reported capacity issues for staff to attend training and deliver sessions. None of the centres currently have access to Speech and Language Therapy, with access to a therapist for support.

No clinics or drop in currently held in centres across Hyndburn.

Centres felt that families living in complex social circumstances found it hard to attend the structured and scheduled appointments offered by the Speech and Language Service in Hyndburn.

6 x centres do not capture monitoring and evaluation data for Speech and Language Therapy
Solutions to Gaps

The lack of Speech and Language Therapy links with Children’s Centres and access to services was more pronounced in Hyndburn and Ribble Valley. The Health Coordinator will be meeting with the Manager of the Speech and Language Service to discuss the possibility of improving links.

These issues were identified as an East Lancashire wide problem. See section two for solutions put forward.
Nutrition Advice and Support in Hyndburn Children’s Centres

What is Already Happening?

- All 6 x Children’s Centres have received training, and are participating in the Vitamin D Distribution scheme
- 4 x Children’s Centre have received Weaning Training
- 3 x Children’s Centres (at least one member of staff per centre) have received Healthy Eating Training (e.g. Henry, Train the Trainer, Feeding Young Imaginations)
- 2 x Children’s Centres offer Weaning Sessions
- 1 x Children’s Centre offers practical Cook and Taste Sessions
- 1 x Children’s Centre provides healthy eating information to young parents
- 5 x Children’s Centres provide healthy snacks (and have a healthy food policy)
- 5 x Children’s Centres are accredited with Smiling For Life (dental health training)
- 6 x centres promote the Healthy Start Scheme (this ranges from displaying information leaflets to promotion in group settings and via family support/outreach visits). Families who qualify to apply for the vouchers can exchange these for fruit, vegetables, milk or infant formula.

Future Plans Identified by Children’s Centres

- All Children’s Centres plan to promote the Healthy Start Scheme (this ranges from displaying information leaflets to promotion in group settings and via family support/outreach visits)
- All Children’s Centres plan to promote the Change 4 Life scheme. The Change 4 Life scheme is a national health promotion campaign which aims to encourage people to “eat well, move more, live longer”. Some centres plan to link the Change 4 Life logo, and sub brands, with their existing activities as appropriate, e.g. linking a Children’s Centre Cook and Eat Session with the ‘Cook 4 Life’ logo
- The Health Coordinator has supported the Children’s Centres with their weaning sessions, by offering weaning information update sessions. Health Coordinator now offers ongoing support and will attend groups as required by staff.
- All Children’s Centres would like to look at joint opportunities to work with the Hyndburn Community Food Workers (NHS East Lancashire) and local Children’s Centres
- One Children’s Centre is in the process of transforming a garage into a kitchen facility and once complete, they plan to offer practical Cook and Taste Sessions
Development of a 2 hour briefing module (covering basic messages on healthy eating and physical activity) which will be offered by Health Coordinator and delivered direct to Children's Centre staff. (This also supports the delivery of the Healthy Heroes and Practical Food Skills Training Sessions)

Gaps Identified

One Children’s Centre wanted nutritionist support to oversee nursery menus.

The centres identified that it was difficult for Children’s Centres to keep up to date with national and local policy – no consistent framework on healthy eating/obesity for Children’s Centres to support/work within.

One Children’s Centre stated that their weaning group used to be run by the Health Visiting Team. With staff changes, the Health Visitors were no longer able to offer this group and the Children’s Centre felt this had left a gap in provision.

Some Children’s Centres identified that they wanted consistent training and regular follow on support (to ensure up to date information on healthy eating messages and supporting provision of practical Cook and Taste Sessions including practical weaning sessions)

No dietician support offered to Children’s Centres in Hyndburn.

Solutions to Gaps

These issues were identified as an East Lancashire wide problem. See section two for solutions put forward.
Promotion of Physical Exercise in Hyndburn Children’s Centres

What is Already Happening?

- All 6 x centres offer physical activity information / advice through one-to-one family support and group work
- All 6 x centres signpost to other agencies offering physical activity services/sessions
- At least three Children’s Centres offer physical activity sessions for children
- At least two centres offer physical activity sessions for adults
- In addition to the above provision, at least one centre offers provision to led walks
- 1 x Children’s Centre has received training (Move, Wiggle and Dance)

Future Plans Identified by Children’s Centres

- 1 x Children’s Centre plans to develop Pram Walks
- 1 x Children’s Centre plans to offer Weenie Workout (music, movement and dance)
- At least one Children’s Centre plans to provide their Outreach Worker with walk leader training (provided by the Stepping Out Programme)
- 1 x Children’s Centre is currently developing their outdoor play area

Gaps Identified

Centres did not specify that they had undertaken any ‘formal’ training on physical activity messages and there seems to be a lack of physical activity training available locally for Children’s Centre to access (for example, if staff wanted updates regarding information on national guidelines/messages around physical activity for adults and children).

The Antenatal mapping highlights that there is little or no provision of physical activity for pregnant women to access (for example, there are no Aqua Natal classes locally).

All Children’s Centres commented that there was a lack of a consistent physical activity framework/strategy for East Lancashire

Solutions to Gaps

These issues were identified as an East Lancashire wide problem. See section two for solutions put forward.
Stop Smoking Activity in Hyndburn Children’s Centres

What is Already Happening?

- 2 x centres were hosting one-to-one Stop Smoking Clinics delivered by Hyndburn Stop Smoking Service
- 4 x centres were signposting to other Stop Smoking Services nearby
- All 6 x centres had leaflets and displays giving information about stopping smoking
- 2 x centres were promoting stopping smoking through the outreach Parent and Child Empowerment Programme
- 1 x centre had sent staff on Stop Smoking Brief Intervention Training
- 1 x centre had an agreed service level agreement with the Stop Smoking Service about activities delivered in the centre
- All 6 centres were promoting Smoke Free Homes (through displays, events, one-to-one and group support). The Smoke Free Homes Scheme, funded by NHS East Lancashire, aims to raise awareness of the harmful effects of second hand smoke, promote the health and safety benefits of a smoke free environment and encourage people to make their households and vehicles smoke free.
- 1 x centre had been involved in No Smoking Day events
- All centres comply with the Smoke Free Legislation and do not allow smoking anywhere within their centres

Future Plans Identified by Children’s Centres

- 2 x centres planned to set up an Antenatal Stop Smoking Clinic
- 5 centres had agreed that the Health Coordinator should set up meeting with the Stop Smoking Service to develop further plans
- All 6 centres planned to be more involved in No Smoking Day and the Health Coordinator was securing resources

Gaps Identified

3 x centres had been told that the current Stop Smoking Service did not have capacity to run clinics in all the centres.

1 x centre identified that they would like to develop stronger links with the local Stop Smoking Service.

Some centres had not sent any staff on the Stop Smoking Brief Intervention Training.
Some centres identified that they would like more staff to attend the Smoke Free Homes and Brief Interventions Training.

There was a need to review all current links and activities related to stop smoking support.

There were missed opportunities to promote Smoke Free Homes via nurseries and Little Angels.

Only 2 centres benefit from an on-site stop smoking clinic within their centre. The remaining 4 centres have to signpost to their nearest clinic which may be located in a Health Centre.

Currently, the local Stop Smoking Service does not ask service users whether they have any children less than 5 years of age. It is felt that this would be an opportunity to promote Children’s Centres and that provision of this information would be helpful for Centres monitoring processes.

Solutions to Gaps

Health Coordinator to clarify the Public Health Midwifery Role regarding stop smoking and Children’s Centres.

The Health Coordinator to support the coordination of stop smoking information and activity via the Children’s Centres Extended Services Managers meetings.

Health Coordinator to link Health Trainers into those Children’s Centres which are not receiving Health Trainer support/ sessions.

The Manager of the Hyndburn Stop Smoking Service is keen to develop stronger links with Children’s Centres. The Health Coordinator is meeting with the Manager to work on developing a consistent integrated service within Children’s Centres. There would be cost implications if additional clinics are set up and this would need addressing by Commissioners.

These issues were identified as an East Lancashire wide problem. See section two for solutions put forward.
Promotion of Oral Health in Hyndburn Children’s Centres

What is Already Happening?

- 5 x centres are ‘Smiling For Life’ accredited. Smiling for Life is a national campaign to promote good nutrition and oral health to 0-5 year olds. It aims to raise awareness of the importance of oral and nutritional health amongst staff, families and children and encourages early year’s settings to adopt written healthy snacks policies.
- All centres who offer healthy snacks do so in line with Smiling for Life policy/guidance
- All 6 x centres receive input and health education support from the Oral Health Promoter, who visits centre groups and activities
- 6 x centres reported that their Outreach Workers promote oral health during group work and one-to-one home outreach where appropriate.
- 6 x centres signpost to NHS Direct for registration with a dentist
- 1 x children centre buys tooth brushes/tooth paste to give to children within the nursery

Future Plans Identified by Children’s Centres

- 1 x centre is planning to apply for Smiling for Life accreditation
- All 6 x centres will distribute the NHS East Lancashire funded tooth brushes and tooth paste to families within the centre

Gaps Identified

Access to NHS dentists was identified as a problem in Hyndburn.

Solutions to Gaps

These issues were identified as an East Lancashire wide problem. See section two for solutions put forward.
Safety and Accident Prevention in Hyndburn Children’s Centres

What is Already Happening?

- All 6 x centres promote home safety within the centre in groups, one-to-ones, home outreach and displays in the centres.
- All 6 x centres have links with ACAP (Accident Prevention Team) who have provided safety talks to families in the centre.
- All 6 x centres were participating in the SUDI (Sudden Unexplained Death in Infancy) ‘Give Me Room to Breathe’ campaign
- All 6 x centres signpost families where appropriate to the Health Visiting Team for referral to ACAP for safety equipment
- 1 x centre has an agreement with the Fire Service to fit smoke detectors purchased by the centre
- All 6 x centres actively promote the Smoke Free Homes scheme.
- All centres offer access to Home Fire Safety Checks by Lancashire Fire and Rescue (either through promotion of the Smoke Free Homes scheme or promotion of Lancashire Fire and Rescue services)
- All 6 x centres identified that they had a safety policy in place for ‘hot drinks’ provision within group activities
- All 6 x centres are accessing Child Protection Training, Common Assessment Framework Training (to the appropriate level) and attend Safeguarding meetings
- All centres have nominated Safeguarding Leads.
- All 6 x centres have the opportunity to access ACAP Training – multi-agency awareness raising training.
- All 6 x centres have the relevant safety equipment (e.g. safety gates, corner protectors, finger protectors) and safety routines (e.g. toy sterilisation, fire drills, risk assessments, lone worker arrangements, signing-in arrangements, building security) in place.

Future Plans Identified by Children’s Centres

- To cascade ‘Give Me Room to Breathe’ campaign to the local community
- 1 x centre planning a car seat voucher fitting scheme
- All centre staff to receive ‘Give me Room to Breathe’ Training either by Lancashire County Council or Health Coordinator
Gaps Identified

Although all Children’s Centres plan to promote the ‘Give Me Room to Breathe’ scheme, some Children’s Centres reported difficulty in being able to book onto the ‘Train the Trainer’.

The ACAP Home Safety Equipment Scheme is currently funded to operate in areas of highest deprivation and is therefore not available to all families living in Hyndburn.

The ACAP Team offer support to all Children’s Centres in Hyndburn (for example, providing safety talks to parents in groups/activities) but some centres have reported that this support is provided on an infrequent basis and that they would like to receive regular visits from the ACAP scheme.

Solutions to Gaps

ACAP and partner agencies to improve their capacity to provide more training for staff, parents, carers and children on safety issues including home safety, road safety. This is likely to need additional funding.

The Health Coordinator has attended the Give me Room to Breathe SUDI training and is able to cascade training to Children Centre staff and other partner agencies where required.

These issues were identified as an East Lancashire wide problem. See section two for solutions put forward.
Support for Children and Families with Special Needs in Hyndburn Children’s Centres

What is Already Happening?

- All 6 x centres describe themselves as inclusive to all families
- 1 x centre states that 10% of their nursery children have special needs
- 1 x centre stated that they complete additional risk assessments as necessary to ensure safety of children with special needs
- 6 x centres have a named SENCO (Special Educational Needs Coordinator)
- 1 x centre has good links with the Child Development Centre
- 3 centres access the multi-sensory room at another Children’s Centre
- 2 centres have a multi sensory room/facility
- Individual needs addressed as necessary
- All centres have received Common Assessment Framework Training

Future Plans Identified by Children’s Centres

- 3 x centres want to develop links with the local Child Development Centre (Holly House)
- 1 x centre intends to develop their own sensory area

Gaps Identified

5 x centres do not have links with Holly House.

6 x centres do not have links to the Children with Disabilities Team in NHS East Lancashire.

6 x centres expressed concern about not always being aware of the location of children and parents/ carers with special needs living in their catchment area.

Some centres identified that they would like more information (for example updates, training, more information on other local services and what partner agencies can offer).

Solutions to Gaps

These issues were identified as an East Lancashire wide problem. See section two for solutions put forward.
Support for Cultural Diversity in Hyndburn Children’s Centres

What is Already Happening?

- 3 x centres have Bi-lingual Outreach Workers
- 2 x centres have ESOL (English for Speakers of Other Languages) courses
- 1 x centre provides outreach dedicated to Travelling Families
- 2 x centres predominantly work with a white and English speaking community and were therefore not providing any additional activity
- 1 x centre delivers an Asian Parenting Programme on demand
- 2 x centres have Child Health Clinics attended by BME (Black Minority Ethnic) families
- All 6 x centres signpost to other services as required
- 4 x centres are trying to encourage BME families to access services
- All 6 x centres are inclusive of all families

Future Plans Identified by Children’s Centres

- 1 x centre plans to work with the Traveller Education Service
- 2 x centres want to identify different approaches to engaging BME communities in relation to health.

Gaps Identified

No accredited parenting programmes for BME communities.

Engaging BME communities with groups was an issue.

Difficulty engaging with some BME communities (Polish and Bangladeshi) and centres reported difficulties in being able to communicate with some families.

No centres have access to the NHS ‘Language Support Services Hotline’, which offers instant interpreter services over the telephone. Translation Services are very expensive for Children’s Centres. This may provide a barrier to families accessing the services.

Solutions to Gaps

These issues were identified as an East Lancashire wide problem. See section two for solutions put forward.
In addition the Health Coordinator will be:
  o Looking at creative ways of engaging and delivering messages to BME communities.
  o Closer liaison with Neighbourhood Health Worker in Hyndburn.
Support for Health Promotion Campaigns in Hyndburn Children’s Centres

Health Promotion is built into all areas of Children’s Centre activity and is an integral part of many of the services and groups provided.

What is Already Happening?

- All 6 x centres promote all aspects of public health as appropriate
- All 6 x centres participating in the ‘Give Me Room to Breathe’ campaign
- All 6 x centres intend to promote ‘Stop Smoking Days’.
- All centres participating in the promotion and distribution of Vitamin D.
- All 6 x centres intend to promote ‘Stop Smoking Days’.
- All centres participating in the promotion and distribution of Vitamin D.
- All 6 x centres promote all aspects of public health as appropriate
- All 6 x centres have Health Promotion display boards and various leaflets
- All centres involved in the promotion of national campaigns and awareness raising events, e.g. Change 4 Life, Healthy Start, Breastfeeding Awareness Week, No Smoking Day, National Smile Month etc

Future Plans Identified by Children’s Centres

- Roll out Vitamin D Training and distribution in all Hyndburn Children’s Centres
- Health Coordinator to promote the role out of Vitamin D in Health Visiting and Midwifery Teams
- Chlamydia Awareness Training and screening packs to be distributed in all Hyndburn Children’s Centres

Gaps Identified

Local discussions have also highlighted the large number of national and local campaigns which Children’s Centres would like to promote.

Planning and supporting health promotion campaigns can often be time consuming for staff to organise.

Centres have also reported difficulties in obtaining and ordering Department of Health promotional materials (e.g. very limited stocks of Change 4 Life, Healthy Start Leaflets etc) which contributes to a centre’s ability to effectively promote health promotion messages.
Solutions to Gaps

Health Coordinator to work with Hyndburn Children's Centres, to identify and agree a timetable of national and local health promotion events/ campaigns to maximise the effectiveness of coordinated health promotion campaigns across the locality.

Health Coordinator to support access to evidence based health promotion resources
Drug and Alcohol Services in Hyndburn Children’s Centres

What is Already Happening?

- All 6 x centres provide one-to-one family support via referral
- All 6 x centres signpost families to relevant agencies
- Multi-agency working to support families as required
- All 6 x centres are trained in CAF (Common Assessment Framework) to provide a multi-agency support package for those families with complex or additional needs

Future Plans Identified by Children’s Centres

- 1 x Substance Misuse Worker for Hyndburn to be recruited by NHS East Lancashire to work specifically with parents of pre-school children.
- A piece of research commissioned by NHS East Lancashire reviewed and evaluated the model of practice that had been implemented by the dedicated Substance Misuse Worker. The outcome of this research recommended that the service should be embedded within Children's Centre's.
- Based on the findings of this research, NHS East Lancashire has commissioned a team of Substance Misuse Workers to work across East Lancashire Children’s Centres and this should increase the provision available in Hyndburn
- Future plans are for the new Substance Misuse Workers to cascade Substance Misue Training to Children Centre staff and partner agencies.
- Robust Safeguarding measures are integral to all working practices

Gaps Identified

Although not identified through the mapping exercise, further discussions with Children’s Centre Managers and local agencies have identified:-

- Provision of Alcohol/Substance Misuse Training for staff
- Drug and alcohol Awareness Sessions for families and carers

Professionals working in the area have also identified access to Mental Health Services or Drug and Alcohol Services was difficult for anyone experiencing dual diagnosis (e.g. substance misuse and mental health problems) which was highlighted through Service User Feedback and further confirmed via Public Consultation.
Solutions to Gaps

These issues were identified as an East Lancashire wide problem. See section two for solutions put forward.
Parenting Support Offered Through Hyndburn Children’s Centres

What is Already Happening?

- All 6 x centres offer targeted family support and outreach in the home.
- All 6 x centres offer groups for parents and children
- A range of evidence based parenting programmes are delivered in Hyndburn:
  - Tameside & Glossop (x 2 centres)
  - Parent and Child Empowerment Programme (x 2 centres)
  - Webster Stratton (x 3 centres)
- 1 x centre runs a Nurture Group to support families living in complex circumstances
- Some Children’s Centres link with other centres to jointly deliver parenting groups.
- 1 x Children’s Centre has in the past hosted Surviving Teenagers parenting programme.
- 2 x centres have a member of staff who specifically works with fathers.
- 1 x centre holds an ante-natal support clinic.
- 1 x centre regularly attends the Parenting Forum in Hyndburn
- All 6 x centres identified links with Home Start
- 2 x centres have Health Visitor led Baby Clinics delivered on site
- All 6 x centres discussed their Play Sessions (for example, Stay and Play) which support parents with interacting with their children and aids promotion of child’s personal, social and emotional development.
- All 6 x centres have links to and refer to Children’s Integrated Services as appropriate.
- All 6 x centres have links to and refer to Home Start as appropriate

Future Plans Identified by Children’s Centres

- District Parent Support Advisor for Hyndburn to be recruited and based at Fairfield Children’s Centre
- 1 x centre is planning a public consultation via a questionnaire.
- 1 x centre planning a transition into school group.
- 2 x centres plan to deliver Positive Parenting and Asian Parenting Programme.
- 2 x centres will offer the Parent Child Empowerment Programme to all first time parents
- Emotional Health Team to be recruited by NHS East Lancashire will include an Infant Mental Health Worker for Hyndburn who will support families with
• A jointly funded Parenting Coordinator will be joining the Children and Families Partnership Team to implement the Lancashire Parenting Framework across the area, ensuring good coverage of parenting support across all age groups and all levels of intervention.
• 5 x centres intend to attend the Hyndburn Parenting Forum on a regular basis

Gaps Identified

Coordination of all parenting services across Hyndburn.

Centres not currently receiving pregnancy/ birth information from Midwives and therefore unable to deliver early intervention.

1 x centre doesn’t have parenting groups but might address in the future.

Lack of referrals from all health staff.

Lack of funding to deliver parenting training or deliver courses with parents and provide crèche support.

Solutions to Gaps

These issues were identified as an East Lancashire wide problem. See section two for solutions put forward.
Other Activities and Sexual Health Offered in Hyndburn Children’s Centres

What is Already Happening?

- All 6 x centre’s discussed some positive multi-agency relationships with health staff
- 1 x centre organize/host a monthly lunch with all Health Visiting Teams and Midwifery Teams in Hyndburn. These are very well attended and very successful in improving local networks and communication pathways.
- 1 x centre have been trained to do pregnancy testing and offer the Condom Collective Scheme
- 1 x centre has organised on-going monthly meetings between Health Visitors/ Midwives and Children’s Centre’s

Future Plans Identified by Children’s Centres

- All Children’s Centres to receive training in BSure (Chlamydia Awareness Screening) and to participate in the BSure scheme

Gaps Identified

Health Visitors and Midwives have highlighted a need for a joint area children centre leaflet. They currently find the current system very confusing due to 6 centres in one locality.

Access to pregnancy testing kits in Hyndburn

Solutions to Gaps

Health Coordinator to discuss with centre heads the introduction of a joint area leaflet for health professionals.

Health Coordinator to liaise with Hyndburn Sexual Health Services to look at funding the pregnancy testing kits/condoms for the centre that has been trained to deliver.

These issues were identified as an East Lancashire wide problem. See section two for solutions put forward.
Part Two

Children’s Centre Health Activity by Topic
East Lancashire Wide
Antenatal Services in East Lancashire Children’s Centres

1. There is sporadic provision of Antenatal Clinics held in Children’s Centres. This is partly because some centres are too small or have insufficient room to host a clinic. Some centres have developed outreach sessions in Antenatal Clinics running in Health Centres, this could be adopted in other areas and developed further to also include workshops and other antenatal activity. Given the wide range of family friendly services and support provided in Children’s Centres, some GP based Antenatal Clinics could be moved into the children’s centre settings as this has worked very well in a number of centres across the area. Strong communication links with GPs would need to be pro-actively maintained.

2. Most Children’s Centres have developed links with Midwifery Services and in some centres good relationships have led to joint working. In most centres however the Midwifery Service is not fully integrated into the Children’s Centre wider activity and outreach support; several centres have expressed concern about the low number of referrals received from Midwives. There is capacity within the 2 x Public Health Midwifery posts and the 4 x Health Coordinator posts based within the Children and Families Partnership Team to develop awareness raising workshops with the Midwifery Service about partnership working with Children’s Centres and to facilitate the development of joint action plans with the Children’s Centres, in partnership with LCC Early Years and Childcare Service.

3. A few Children’s Centres are providing ad-hoc antenatal outreach visits or more standardised support via the Parent and Child Empowerment Programme but these are hampered by limited referral processes. Some centres have been able to develop their own effective systems with local Midwives to register families in the antenatal period and/or via birth notifications, but the majority of centres are not receiving any information at all. The Early Notification Form developed by LCC Early Years and Childcare Service, in partnership with Midwifery Managers and Children’s Centre Managers should improve this situation when it is implemented across all centres in East Lancashire.

4. Boundary issues between antenatal services offered from Airedale Midwives and ELHT Midwives is creating additional complexity to a number of schemes running via the Children’s Centres e.g. distribution of Vitamin D tablets to pregnant women. There is also confusion about which women can be signposted to which Parentcraft sessions. A similar situation occurred in Rossendale between ELHT and Pennine Acute Trust and has been effectively resolved; lessons can be learned regarding delivery of joint services by consulting with the Rossendale Midwives. The ELHT Midwifery Managers are aware of the problem and have committed to informing joint working with the Airedale Midwives.
5. There is good provision of Teenage Pregnancy Groups across East Lancashire through the work of the Teenage Pregnancy Midwives and all areas are running at least one Antenatal Group for teenage parents, however involvement from local Midwifery Teams and Health Visitors varies across East Lancashire. The Health Coordinators are working with Health Visitors and Midwives to identify their public health role and the capacity within the services to support such initiatives. Once this work has been completed Children’s Centres and LCC Early Years and Childcare Service will be involved in the development of local action plans.

6. Provision of Parentcraft across East Lancs is sporadic, over subscribed and tends not to meet current needs or have any multi-agency input. There is a huge opportunity for development in this regard which would also release some Midwifery time for other activity. LCC Early Years and Childcare Service have piloted multi-agency Health and Well-being antenatal sessions delivered in the Children’s Centres in Chorley. This could be adapted to local need and rolled out across the Children’s Centres in East Lancashire. This would help to meet the gap in Parentcraft provision. Development of these sessions would need to be supported by Midwives, Health Visitors, Emotional Health Workers, Children’s Centre staff, Dieticians and Little Angels.

7. Most Children’s Centres have expressed an interest in being distribution centres for the supply of Vitamin D tablets to pregnant women. Given the level of Vitamin D deficiency in the area, and the recommendations from the Healthy Start unit this has become a significant local campaign with all centres having received training, and systems established for the monitoring of supplies and evaluation of uptake.

**Summary**

Access to Antenatal Clinics and services via Children’s Centres is sporadic across East Lancashire. Some centres are running full Midwifery led Clinics with good joint working, integrated services and information sharing systems, but some Children’s Centres (where Antenatal Clinics were running) stated that Midwives were not fully integrated into the centre’s wider remit and activities. A few centres stated they have no contact with Midwifery Antenatal Services at all and a significant number of centres cited low levels of joint working and referrals from Midwives.

Boundary issues are adding to the integration problem, especially in Pendle where there is no joined-up working between Airedale and ELHT Midwives working in the same area and with the same Children’s Centres.
ELHT Midwifery Managers are aware of these problems and are prioritising moves towards better joint working and relocation of Antenatal Services within Children’s Centres.

Public Health Midwives will be raising awareness of the Children’s Centre remit with local Midwives and will be promoting and facilitating the roll-out of best practice across the East Lancashire area.

All localities across East Lancashire are providing good support for teenage parents through joint working with the Teenage Pregnancy Midwives and groups linked to Children’s Centres, there is scope to further improve these by better multi-agency engagement.

Most centres are either providing rooms for Parentcraft or signposting to hospital based sessions, but centres expressed concern about insufficient sessions being available. Problems of capacity to provide Parentcraft has also been a concern of Midwifery Managers and there is a will to develop Children’s Centre based, multi-agency Parentcraft sessions through the development of a perinatal health and well-being course for parents, based on a model identified and piloted by LCC Early Years and Childcare Service.
Breastfeeding Services in East Lancashire Children’s Centres

1. The majority of Children’s Centres are actively promoting a breastfeeding friendly environment, are displaying UNICEF ‘You are welcome to breastfeed here’ posters’ and provide space for mothers to breastfeed.

2. Although most Children’s Centres have at least one member of staff trained in Breastfeeding Management, the limited availability of training has meant that the majority of Outreach Support Workers have not been able to access a course. The Infant Feeding Coordinator has been able to secure Department of Health and NHS East Lancs funding to meet this need; more sessions will be running during 2009/10 and 2010/11.

3. Little Angels Breastfeeding Support Service have had some level of contact with most centres and provide outreach home visiting, but links need to be developed further and standardised across each locality. The Health Coordinators, LCC Early Years and Childcare Service and the Infant Feeding Coordinator meet 6 weekly to troubleshoot problems that occur East Lancs wide.

4. Volunteer Breastfeeding Peer Support Programmes have proved to be successful in Rossendale as long as a single agency is identified to provide administration and support. There are plans in all localities to develop Breastfeeding Peer Support Training Programmes and Little Angels have been commissioned to administrate and support the volunteers. There is a recurrent problem of finding funding for crèche places whilst the volunteers train and/or run groups, and an ongoing problem of meeting volunteer expenses. These issues should be addressed at locality level through joint working, funding bids and pooled resources.

5. Confusion is occurring where Children’s Centres are on the borders of LCC/NHS East Lancashire boundaries or engage with Midwives from more than one Hospital Trust, some centres are also using NCT or independent volunteers. It would be beneficial if a Memorandum of Understanding (MOU) about responsibility and accountability for Breastfeeding Support Groups, volunteer training/expenses/crèches, outreach visits, communication processes and agency responsibilities could be clarified at locality level. This work could be taken forward by the Health Coordinators.

6. There is also lack of clarity about the capacity for Health Visitors and Midwives to support Public Health activity in the Children’s Centres – including capacity to support breastfeeding groups, facilitate volunteer training and provide mentorship to Children’s Centre staff. The Health Coordinators and Infant Feeding Coordinator have planned workshops
7. The Breastfeeding Steering Group meets regularly to improve joint working, coordinate training and campaigns, and is the lead group for implementation of Baby Friendly across East Lancashire. Links between some centres and the steering group are not particularly robust. Centres have been asked to provide a named Breastfeeding Key Worker through which the action plan for achieving Baby Friendly can be implemented. LCC Early Years and Childcare Service and the Infant Feeding Coordinator are currently compiling a database of Key Workers.

8. Most Children's Centres are running dedicated Breastfeeding Support Groups and/or providing breastfeeding support alongside generic groups (e.g. Stay and Play, Baby Massage). Some centres are effectively signposting to groups running in nearby centres. Although there are insufficient groups to meet needs and coverage in all areas, the number of support groups available is rapidly expanding. These issues are to be addressed via locality level meetings and the MOU; the provision of additional training should also help to improve this situation.

9. Little Angels have been specifically commissioned by NHS East Lancashire to support breastfeeding in the Postnatal Period. There is scope for Children's Centres to play a significant role in the promotion of breastfeeding in the Antenatal Period, a few centres are providing Antenatal Outreach Support visits, and some are working alongside the Midwives in the Antenatal Clinics to support their Public Health role and promotion of breastfeeding, but this is not generally the norm and most centres are not working jointly with Midwives. LCC Early Years and Childcare Service have developed an Early Notification Form in partnership with Centre Managers and Midwifery Managers which will improve Children's Centres registration of pregnant women and provide new opportunities for early promotion of breastfeeding.

10. Most centres are involved in supporting Breastfeeding Awareness Week which is coordinated across East Lancashire via the Breastfeeding Steering Group.

11. Only a few centres have been active in promoting Breastfeeding Friendly Businesses – primarily in Burnley and to a lesser extent in Rossendale and Hyndburn. As part of the Baby Friendly Accreditation the Infant Feeding Coordinator will be working with centres, Little Angels and Volunteer Groups to take this initiative forward across East Lancashire.
Summary

Children’s Centres are making a significant contribution to the promotion and sustainability of breastfeeding in East Lancashire by; providing breastfeeding friendly environments, releasing staff to attend Breastfeeding Management Courses, encouraging integration of Little Angels into the centres, recruiting to and supporting Volunteer Peer Support Programmes, contributing to the delivery of integrated action plans towards Baby Friendly Accreditation, attending the Breastfeeding Steering Group, running/hosting or signposting to Breastfeeding Support Groups, integrating breastfeeding support into generic postnatal groups, contributing to Breastfeeding Awareness Week and promotion events and, in some areas, registering local business to the Breastfeeding Friendly Businesses scheme. There is opportunity to further develop and roll out these excellent practices through better engagement with the Breastfeeding Steering Group, improved access to Breastfeeding Management Training and utilisation of the new Early Notification Form to support promotion of breastfeeding in the Antenatal Period.
Support for Maternal Depression in East Lancashire Children’s Centres

1. From the mapping exercise many Children’s Centres mentioned signposting but it wasn’t clear to which service. It is recommended that a key person is identified to address training and referral pathways for Children’s Centres. Staff within the new Emotional Health Team would be best placed.

2. Some Children’s Centres had identified Baby Massage Training as a gap, however all centres have now had the opportunity to send staff on LCC/ NHS East Lancs approved Baby Massage Training.

3. Some centres mentioned family and outreach support around Maternal Depression, however the training staff have accessed wasn’t always specified and limited information was gathered on how it was being implemented. Plans are in place for standardised training to be provided via The Children and Families Partnership Team which complements similar training accessed by Health Visitors.

4. None of the Children’s Centres specifically mentioned GPs as a referral/link for women with Maternal Depression and this will need building into the training sessions.

5. The Children and Families Partnership Team are developing links with Graduate Mental Health Workers to identify improved links to Children’s Centres.

6. One centre in Pendle would like staff to access the Parent and Child Empowerment Programme training, which has been proven to reduce social isolation and signs and symptoms of Maternal Depression. Currently there is no funding to support the roll out of this scheme and this would need addressing by commissioners.

7. The current evaluation and social marketing campaign being carried out by AMAZE will identify and inform training across East Lancashire. From this a multi-agency action plan will be developed to address gaps in provision around Maternal Depression.

8. Referral and communication pathways need clarifying and the current Postnatal Depression Pathway is now out of date and needs re-visiting. This is being taken forward by the Children and Families Integrated Services and the NHS East Lancashire Safeguarding Service.
Summary

Children's Centres are ideally placed to recognise maternal depression and signpost to relevant services. However, links into mainstream provision are not standardised and centres are unclear about referral pathways e.g. to GPs, Health Visitors, Graduate Mental Health Workers and Infant Mental Health Workers. It is recommended that a key professional is identified to support centres and this is likely to be the Infant Mental Health Worker based within each locality, who can advise centres on the appropriate course of action in each case.

Children's Centre Outreach Staff are coming across Maternal Depression during their family support role but have not received any training in identification, brief intervention strategies and signposting. The Children and Families Partnership Team will be providing this training shortly.

Baby Massage has proved a useful route to support mothers with Maternal Depression and most centres have now been trained to run these groups. The additional Postnatal Depression training would really benefit the quality of support offered to women who attend these groups.

The Parent and Child Empowerment Programme (PCEmP) provides proactive monthly outreach support to all first time parents and includes resources to support the early identification of Maternal Depression as well as promoting social activities. The cost of training staff on this programme is currently prohibitive for most centres and additional funds would need to be identified.

Following on from insight work commissioned by NHS East Lancashire it is evident that a multi-agency action plan for Maternal Depression will follow shortly and will incorporate the significant role played by Children's Centres.

The new Infant Mental Health Worker posts will be based within Children's Centres and provide holistic early support based on a therapeutic model for women with mild to moderate depression and/or experiencing complex problems in their relationships with their children.
Speech and Language Services in East Lancashire Children’s Centres

1. There is a difference in provision of service across East Lancashire e.g. one locality doesn’t have access to drop-ins and this appears to restrict access to Speech and Language Services. The Health Coordinators are meeting with Speech and Language Services to try to improve this situation. In Burnley, Pendle and Rossendale additional drop-in sessions are being set up in the areas expressing problems with access. In Hyndburn there is a significant problem of access to services. The Health Coordinator is meeting with the Manager of that service to try and address the issue.

2. Several Children’s Centres have Talk First Baby Signing or staff have attended Baby Signing, there seemed to be some confusion about the effectiveness of this. The current position is that signing appears to benefit all children but it is preferred that, where possible, Makaton signs be used as these are the signs used with children with special needs and so would improve opportunities for integration. Meetings have taken place with the providers of Baby Signing sessions, who have agreed to adapt their sessions to include Makaton.

3. Children’s Centres can also send staff on Makaton Training but this is inconsistent across the centres. Some standardisation and guidance on this issue could be useful to centres.

4. A need was identified for more Special Needs Training, especially about awareness of mainstream provision and supporting children with very complex needs in the crèches and groups. A small working group has been set up to look at some of these issues (see section on Special Needs).

5. Some centres had issues regarding geographical boundaries and services being delivered by staff from another PCT. Meetings have been arranged with Managers of Services sitting on the boundaries of Children’s Centres and Health Coordinators to improve links.

Summary

East Lancashire is serviced by two separate Speech and Language Services:

In Burnley, Pendle and Rossendale (BPR) there is ease of referral via the Speech and Language drop-ins, however some centres felt they had better access to these than others, depending on the geographical location of the
Children’s Centre. The BPR Speech and Language Service is planning to increase the number of drop-ins provided to meet this need and is also working on ‘person centred’ access to treatment for families living in complex circumstances. Each Children’s Centre in BPR will also be given a named Link Speech Therapist to support the centre.

In Hyndburn and Ribble Valley (HRV) access to Speech and Language Services are via scheduled appointments, which Children’s Centre staff report are not meeting the needs of the families they are working with. The Health Coordinator for Hyndburn and Ribble Valley has met with the Manager of the Service to explore opportunities for improving links with the centres and access to services. The Manager identified that additional funding and resources would need to be made available before additional provision could be met.

NHS East Lancashire currently funds a Speech Therapy Post and an Assistants Post to provide input into Children’s Centres in HRV, and BPR this is split on a 1/3 – 2/3 basis across the two services.

Both BPR and HRV services are providing ‘I Can’ training for Childcare Staff in the Children’s Centres’ Nurseries, which will improve the skills of staff to identify Speech and Language problems and promote development.
Nutritional Advice and Support in East Lancashire Children’s Centres

1. Many centres have accessed NHS East Lancashire’s Train the Trainer course and are delivering practical Cook-and-Taste Sessions, but this is dependant on kitchen facilities available within the settings.

2. Many Children's Centres have commented on the availability of consistent training and follow up support. Some centres have accessed or bought in Healthy Eating Training e.g. HENRY but have found this costly. Also, some centres have staff running Healthy Eating Sessions who have never attended any approved training. This creates problems of consistency in healthy eating messages and compliance with national guidance e.g. NICE. Provision of consistent up-to-date training and support is necessary. In response to this a complete package of training and resources ‘Healthy Heroes’ is being developed, funded by NHS East Lancashire.

3. Healthy Heroes builds on the success of the primary school version and is being led by LCC Healthy Schools. This is a resource package for use in Early Years settings which aims to increase knowledge of healthy eating and physical activity for pre-school children and their families. Those taking part are expected to make at least one sustained behaviour change in relation to food and physical activity. The concept is that anyone can become a “Healthy Hero” if they follow a number of healthy eating and physical activity key messages. It is envisaged that the resource will include activity cards and a practitioner’s guide which will give suggestions on how the card can be introduced and used within the Early Years setting. The Healthy Heroes initiative will be piloted within nine Early Years settings in East Lancashire and subject to positive evaluation, there are plans to roll out the scheme across Lancashire.

4. Nutritional and Practical Food Skills Training (to complement the practical cooking activities within the Healthy Heroes package) will be offered to Children’s Centres. The training will focus on family foods, healthy eating messages, practical cooking skills and links closely to the Healthy Heroes resource.

5. To support the Healthy Heroes and Nutritional and Practical Food Skills Training, the Health Coordinators are leading on the development, and delivery, of a 2 hour multi-agency training session designed to provide professionals with the most up to date guidelines around healthy eating and physical activity.

6. The Health Coordinators are also leading on the development of a weaning training package and provision of regular follow on support to ensure staff feel fully supported when delivering sessions to parents.
7. Dietetic support and drop-ins within Children’s Centres are inconsistent across East Lancashire. The Health Coordinators are currently working with BPR and ELHT Dietetics Department to agree plans for provision of consistent Dietician support to all Children’s Centres.

8. The majority of centres reported that they have provided Food Hygiene Training for Staff and that this is readily available.

9. All centres are now participating in the Vitamin D Distribution Scheme.

Summary

Children’s Centres are making a major contribution to nutritional advice and support for families with pre-school children, including practical food skills. Many staff have received training but there was a significant level of concern expressed by the centres that not enough training and support was available, with some staff having received no training at all. The multi-agency Healthy Heroes project should address many of these concerns and is currently coming up to the initial pilot phase.

There are two separate services providing Dietetic Support in East Lancashire: The Burnley Pendle and Rossendale Service and the Hyndburn and Ribble Valley Service. There is good joint working between these two services and a will to standardise input across all the Children’s Centres. However there is a serious gap in service provision in HRV where there is no Community Dietetics Service or Food Workers with a remit for children. There is only a Clinical Paediatric Clinic based service for children with an identified problem. Meetings are taking place with the Children and Families Partnership Team and LCC Early Years and Childcare Service to see what this may look like and to identify the role Dietetic Services can play within the centres.

All centres are actively promoting Healthy Start and are distribution centres for free Vitamins. Staff have received training in the importance of Vitamin D.
Promotion of Physical Exercise in East Lancashire Children’s Centres

1. Children’s Centres are offering a good variety of innovative services/activities to promote physical activity (e.g. Buggy Bunch, Led Walks, various exercise sessions), and a number of centres have soft play areas.

2. Where centres are offering exercise classes these are well attended but some centres have commented that the cost of running and staffing a crèche to support this activity can be prohibitive. This is a situation that has been explored from a number of different angles and no solution has been found, the conclusion is that additional resources need to be requested from Commissioners.

3. Some Children’s Centres have commented on the lack of consistent training around promotion of physical activity and lack of follow on support. Also, some staff have commented that delivery of physical activity should be led by a specialist. The Health Coordinators are planning to develop links with Leisure Trusts and other agencies to deliver/offer access to ‘specialist’ sessions (e.g. Exercise on Referral, Antenatal Exercise etc) and training for centre staff on the most up to date and evidence based physical activity guidance.

4. In 2008, the Childhood Obesity National Support Team visited East Lancashire and in line with their recommendations to develop consistent training and provision of a standard approach to physical activity and healthy eating messages. A number of initiatives are now in development:-

   a) ‘Healthy Heroes’ funded by NHS East Lancashire. This scheme builds on the success of the primary school version and is being led by LCC Healthy Schools and is a resource package for use in Early Years settings which aims to increase knowledge of healthy eating and physical activity to pre-school children and their families. Those taking part are expected to make at least one sustained behaviour change in relation to food and physical activity. The concept is that anyone can become a Healthy Hero if they follow a number of healthy eating and physical activity key messages. It is envisaged that the resource will include activity cards and a practitioner’s guide which will give suggestions on how the card can be introduced and used within the Early Years setting. The Healthy Heroes initiative will be piloted within nine Early Years settings in East Lancashire and subject to positive evaluation, there are plans to roll out the scheme across Lancashire.

   b) To support the Healthy Heroes training, the Health Coordinators are leading on the development, and delivery, of a 2 hour multi-agency
training session designed to provide professionals with the most up to date guidelines around healthy eating and physical activity.

5. Children’s Centre staff have commented on the lack of physical activity sessions available for Antenatal women (e.g. aqua natal). The cost and availability of private providers has been prohibitive in terms of developing this area further and this needs raising with Commissioners.

6. ELHT are developing a Maternal Healthy Weight Care Pathway. The purpose of the pathway is to set standards for Midwives to measure accurate Body Mass Index (BMI) and to combine weight monitoring with screening of nutritional advice along with guidance on expected weight gain in pregnancy. As part of the pathway, the Health Coordinators are developing links with local Leisure Services to map what physical activity and healthy lifestyle support is available. Early indications are that there is insufficient exercise provision for pregnant women and that this will need additional funding to resource.

7. A number of Children’s Centres offer activities for dads (e.g. Swimming with Dads), but there appears to be a lack of whole-family (family centred) activities available in some areas for Children’s Centre staff to signpost families to. The need for more family focused activity was also identified in the public consultation ‘Passing Go’.

8. It is recommended that Children’s Centres promote the Change 4 Life campaign and explore linking current Children’s Centre activities to the Change 4 Life branding where appropriate, to complement the national campaign (for example, swimming activity could be branded with the ‘Swim 4 Life’ logo).

Summary

Children’s Centres are providing many diverse and robust physical exercise sessions, but these need to be linked more effectively into provision and training available through the Leisure Trusts. This development is being supported by the Health Coordinators. In addition more family focussed exercise needs to be developed.

A recurring problem for the centres is crèche support for exercise classes which is too costly for them to sustain in any meaningful manner and this needs to go back to Commissioners.

The Healthy Heroes initiative is likely to meet many of the identified needs of the centres and will provide interactive resources and training for
Children’s Centre staff to promote physical exercise at an individual level and in groups and family settings.

The Maternal Healthy Weight Care Pathway will be linked into the Children’s Centre activity and Antenatal Clinics but additional resources may need to be found to support exercise classes for pregnant women.

It is recommended that Children’s Centres promote the Change 4 Life campaign and explore linking current Children’s Centre activities to the Change 4 Life branding where appropriate.

An overarching strategy or framework for Children’s Centres on Healthy Eating and Physical Exercise would help to clarify direction.
Stop Smoking Activity in East Lancashire Children’s Centres

1. There are two separate Stop Smoking Services across East Lancashire. One service covering Burnley, Pendle and Rossendale (BPR) and one covering Hyndburn and Ribble Valley. Each service provides slightly different input to local Children’s Centres.

2. The majority of Children’s Centres have either One-to-One, Clinics, Drop-ins or Support Groups running and are signposting to local Clinics.

3. Those centres without a dedicated clinic in their setting expressed an interest in hosting one. The Stop Smoking Services currently do not have the capacity to run clinics in all centres. Service Managers for the Stop Smoking Service would need additional resources to provide additional sessions specifically for Children’s Centres and this would need addressing via Commissioning.

4. The development of Stop Smoking Advisors in the Burnley, Pendle and Rossendale side of the Trust has been well received, with the Advisors linking in to groups and events. Currently this is not available in Hyndburn and Ribble Valley.

5. Some centres have sent staff on the Stop Smoking Brief Intervention Training, however there is a need for more staff across all the centres to attend. This could be partially resolved by better dissemination of the training dates via the Health Coordinators.

6. Every centre was actively promoting the Smoke Free Homes Scheme and though most centres have sent some staff on the training, the scheme would benefit if more staff could be released to ensure the correct messages are being delivered to families.

7. The majority of centres promoted stopping smoking via displays, but some centres did not have a dedicated Stop Smoking Board – which has proved to be very successful in other areas as information can be constantly updated and linked to local events and clinics.

8. Several centres promoted Smoke Free Grounds as well as Buildings which gave a clear message and role-modelling to children and families.

9. There is sporadic referral and unclear links to Midwifery Stop Smoking Services and Public Health Midwifery Stop Smoking Activities across all localities. The Health Coordinators are currently meeting with Midwifery Managers to clarify this situation and standardise input.
10. Outreach Staff in Children’s Centres are in a prime position to promote stop smoking opportunistically at home visits, this could be built upon by standardising the information and resources used.

11. A need for a dedicated service for teenage pregnancy and teenage parents was identified by a number of centres who indicated that teenage parents were more reluctant to access mainstream services. This could be addressed by developing links between Stop Smoking Services and the Teenage Pregnancy Groups.

**Summary**

There are two separate Stop Smoking Services running in East Lancashire. One in Burnley, Pendle and Rossendale (BPR), and one in Hyndburn and Ribble Valley (HRV). Both services have developed links and training opportunities for centres. In BPR provision of Stop Smoking Advisors who promote services and provide motivational input to families and groups has proved very successful. Most centres have some level of Stop Smoking provision or are able to signpost effectively.

Additional training for staff is needed in Brief Intervention and the Health Coordinators will be promoting access to this. Given the opportunistic status of Children’s Centre activity a more standardised health promotion package would be useful as would additional bespoke Stop Smoking Services for teenage parents. This is something that the Health Coordinators can develop alongside the Stop Smoking Service and Children’s Centres.

All centres follow the Smoke Free Buildings legislation but some centres have extended this to their grounds, which gives a strong and single message to parents.

All centres are promoting the Smoke Free Homes Scheme and intend to send more staff on the training.

There is an opportunity to develop a more integrated Stop Smoking Service for parents during the Antenatal Period, with Children’s Centre staff being more involved in Antenatal Groups and Parentcraft. The Health Coordinators are working with Public Health Midwives and Children’s Centres to address this issue.

The findings from the AMAZE Social Marketing Research will be incorporated into any action plans around Children’s Centres and the Stop Smoking Service.
Promotion of Oral Health in East Lancashire Children’s Centres

1. A major gap identified was access to NHS Dentists across East Lancashire. There are few links with local Dentists and a lack of promotional resources which centres can access. Health Coordinators and the Oral Health Promotion Unit are establishing a system that will allow all children attending a centre to be directly linked to an NHS Dentist. This will include all family members.

2. Smiling for Life is a national campaign to promote good nutrition and Oral Health to 0-5 year olds. It aims to raise awareness of the importance of oral and nutritional health amongst staff, families and children and encourages Early Years settings to adopt written Healthy Snacks Policies. Most centres have been accredited to Smiling For Life and the remaining centres will receive appropriate training and be accredited shortly. Some centres include Childminders in this training and there are plans to roll this out to all areas.

3. Centres are also promoting Oral Health messages within other groups and schemes.

4. An Oral Health Promoter attends all Child Health Clinics provided in Children’s Centres and supplies toothbrushes, toothpaste and information leaflets at these sessions. This worker will also be involved in induction programmes for Home-Start Volunteers and will attend Antenatal Clinics and Groups.

5. For Children’s Centres on the geographical boundaries of LCC and NHS East Lancashire there is inconsistency of provision. The Health Coordinators in these localities will be meeting with Managers of Oral Health Promotion Services in other areas to standardise this provision.

6. Centres were concerned about a lack of Oral Health resources. The Oral Health Promotion Unit, the Health Coordinators and LCC Early Years and Childcare Service are establishing a scheme where centres will be distribution points for free toothbrush and toothpaste packs. These will be available to all pre-school children on a 3 monthly basis.

7. The East Lancashire Dental Helpline needs to be promoted more across all centres- this will be addressed via the Oral Health Promoter.
Summary

Although a major concern for the centres was the lack of access to dental provision, a new scheme in development will enable all centres to link pre-school children and their families into a local Dentist. Provision of toothbrush and toothpaste packs via the centres will support access to appropriate Oral Health Promotion resources. All centres will be able to become accredited to Smiling for Life, and this will be expanded to include Childminders. The Oral Health Promoter attends all Child Health Clinics in the centres, which provides consistency of information throughout East Lancashire. Work has started to input Oral Health Training into the Home Start induction programme and the Oral Health Promoter will be attending Antenatal Sessions in the centres. The East Lancashire Dental Helpline needs to be promoted more across all centres, this will be addressed via the Oral Health Promoter.
Safety and Accident Prevention in East Lancashire Children’s Centres

1. All centres can now access ACAP (Accident Prevention Team) by referral through a Health Visitor, however in Ribble Valley ACAP visits are only available for families identified as being in specific ‘need’. Roll out of the full ACAP Service to Ribble Valley would need additional funding.

2. ACAP have been awarded ROSPA (Royal Society for the Prevention of Accidents) funding via a government finance scheme to provide 500 families with Home Safety Equipment. However funding does not include provision for an in-depth Home Safety visit and information will be given in a group setting. Additional funding would be needed to provide home visits alongside the ROSPA Home Safety Equipment.

3. The majority of areas across East Lancs receive input from the ACAP Team at their group sessions. Some centres also promoted Car Seat Safety Events where families received a £50 voucher towards the cost of a car seat, but this was not available across the whole of East Lancashire and would need additional funding to roll out.

4. Some centres have accessed ACAP Multi-Agency Safety Training and more of these sessions will be running annually. A variety of safety training is provided across East Lancashire e.g. First Aid, Infection Control, Food Hygiene. These sessions are provided to staff and service users.

5. All centres are promoting the Smoke Free Homes scheme and have links with the Fire Service who provide home safety checks and smoke alarms.

6. The majority of centres reported or identified that have Safety Policies in place, either through their lead organisation or produced in their own centre e.g. Lone Worker, No Hot Drinks in Groups, Health and Safety etc. Children’s Centres were very aware of safety within the centres e.g. security systems in place, CRB checks, and the need to be positive role models.

7. The majority of centres have undertaken Child Protection and CAF training and additional CAF training sessions have now been made available.

8. Provision of support for women living with Domestic Abuse varied across East Lancashire Children’s Centres. Burnley centres provide Freedom Programme Training and also have Domestic Violence Drop-
ins. In other localities the NSPCC Domestic Abuse Course is running. LCC Early Years and Childcare service are looking at standardising training across the area.

9. Most centres provide 1:1 work within the home and these visits include information on all aspects of safety; though this information is not standardised e.g. one centre issues the Pink Safety Handbook to parents, and some centres provide more targeted information on Road Safety.

10. Centres are sending representatives to the multi-agency working groups such as Safety Awareness For Everyone (SAFE) and developing good links with partner agencies.

11. The majority of centres take part in local and national safety campaigns e.g. the SUDI ‘Give Me Room to Breathe’ campaign.

**Summary**

ACAP provides Home Safety Visits and Home Safety Equipment to families living within the higher deprived areas. Additional ROSPA funding has been found to provide 500 families in the lesser deprived areas (LDAs) with Home Safety Equipment also, but the ROSPA funding does not allow provision for an accompanying Home Safety Visit. This information will therefore be given in group settings within the LDAs.

Centres promote local and national safety related campaigns e.g. Smoke Free Homes, Fire Alarm Fittings and SUDI ‘Give me Room to Breathe’ campaign.

Training is available via ACAP led multi-agency training sessions but centres identified a need for more training for both staff and service users. ACAP are currently looking at their own systems to see if additional support and training can be offered to centres, but there may be cost implications for this.

All centres have local Safety Policies and procedures in place and Health Coordinators and LCC Early Years and Childcare Service are working with one or two centres to help them further develop their Outreach and Lone Worker Policies.
Support for Children and Families with Special Needs in East Lancashire Children’s Centres

1. A need was identified for more Special Needs Training, especially around awareness of mainstream provision and supporting children with very complex needs in the crèches and groups. A small multi-agency working group has been set up to look at some of these issues and to develop links between the NHS East Lancashire Complex Packages Team and the Children’s Centres. The Health Coordinators will be providing the Complex Packages Team with awareness training about Children’s Centres and the Complex Packages team will be offering provision of awareness training for the centres about Children with Complex Needs.

2. Many centres stated that they were not being notified of children in their catchment area with special needs. There is an opportunity for some centres to build closer links with the FIND Directory (which registers families with a child who has special needs, onto a networking and information database – FIND sends information out to families about services running in their area). Unfortunately this directory is not up to date and needs a more robust registration process via the Health Visitors. This problem is being addressed by the Working Group and the Children and Families Partnership Team.

3. The lack of respite care available for special needs families was identified as a gap by centres. Also, as one-to-one care is needed for children with additional needs attending the crèche, Children’s Centres are finding it difficult to cover the additional staffing costs. Funding has been applied for via Aiming High to support children with special needs attending the centres for activities, crèche access or respite.

4. A number of centres have sensory rooms although these are not widely known about within mainstream services and opportunities for multi-agency promotion could be explored.

5. A number of East Lancashire Children’s Centres support the transition of special needs children into school, and plans are in place to develop this scheme further. Many centres have children with special needs attending their nursery provision.

6. Most centres felt they were inclusive of special needs children / families in all their activities and would make provision on a need by need basis.
Summary

Children’s Centres are trying to be fully inclusive and many of them have children with special needs attending their nurseries with funded support and have a centre SENCO.

Problems begin to arise when parents and/or children want to access the informal groups and provision within the centres e.g. if a mother wanted to attend a Parenting Course her child could not attend the crèche because the child would need one-to-one support which the centres are struggling to provide and do not always have the expertise necessary. Links are being made with NHS East Lancashire Complex Packages Team to provide training and support to the centres. Funding has been applied for to support the additional crèche provision needed and for respite via Aiming High.

Centres are also concerned that they are not being notified of children in their catchment area who have special needs. The Children and Families Partnership Team is building closer links between the FIND Directory of children with special needs, the Health Visitors and the Children’s Centres which should address this problem.
Support for Cultural Diversity in East Lancashire Children’s Centres

1. Difficulties can arise for centres where families do not speak English. Some centres have employed bi-lingual workers but recruitment to the posts has often proved problematic. In these circumstances some centres had tried to recruit volunteers and/or part-time support staff.

2. Centres observed that sometimes families from the South Asian Community requested not to have a worker of the same ethnicity, as there were perceived issues around the close relationships in the community and confidentiality.

3. Centres expressed concern about access to Interpreting and Translation Services. Centres linked to NHS East Lancashire have access to the Language Support Service Hotline (a telephone interpreting service), however there are funding implications to roll this out to all centres and the service is only suitable for use with direct information issues rather than the more complex family support centres are often involved with. Some centres felt that a dedicated interpreting service working across a cluster of centres would be welcomed. Centres felt that to some extent this can be organised via good sharing of local resources, but is likely to need additional funding to provide this to a high standard – which would be needed given the complexity of some of the issues centres are dealing with.

4. Centres cover a variety of geographical areas with some having very low numbers of families from ethnic groups and other centres having a very high population. Where centres work across a wider community Bi-lingual Staff are sometimes shared across the centres to meet need. Some centres felt there is an opportunity to develop this further via Service Level Agreements, agency staff and multi-agency working.

5. All of the Children’s Centres discussed how they were inclusive, including hosting specific groups/events/information for teenage parents, working parents, Asian women and fathers. Most centres had a specific Inclusion Policy which was promoted with staff and service users.
**Summary**

Most centres expressed concern about adequate access to Interpreting Service and Bi-lingual Workers, this was a combination of resources and difficulties in recruitment. Centres have been creative in trying to work together to share staff to meet needs, which they felt could be developed further, but still felt that an additional dedicated interpreting service would be useful and that this would need additional funding.

All of the Children’s Centres discussed efforts they made to be inclusive, including targeting specific groups/events/information to meet inclusion needs with teenage parents, working parents, Asian women and fathers. Most centres had a specific Inclusion Policy which was promoted with staff and service users.
Supporting Health Promotion Campaigns in East Lancashire Children’s Centres

Health Promotion is built into all areas of children’s centre activity and is an integral part of many of the services and groups provided.

1. The majority of centres were aware of the Department of Health Events Calendar and use this as a prompt for health promotion displays and activities within the centres.

2. Some centres have identified links with Health Trainers and Community Health Workers, but felt that more effective integration with these services would be useful.

3. Many centres work in partnership with other agencies and in some areas this has been formalised into a shared operational level action plan, which has proved successful in coordinating projects across an area, sharing information on best practice and sharing resources across organisational boundaries.

4. Most centres have been involved in local and national health promotion campaigns e.g. Be a Star, National Smile Week, Child Safety Week, Give Me Room To Breathe, No Smoking Day.

5. All centres mentioned the Vitamin D campaign and were actively working towards becoming distribution centres. Some were also involved with BSure Chlamydia Screening and The Condom Collective.

Summary

The majority of centres are involved in local and national health promotion campaigns, including being distribution centres for Vitamin D and other health initiatives. All centres have health promotion displays and promote health activities and services.

There is an opportunity to develop improved links with Health Trainers and other Community Health Workers and to identify a more effective remit for these staff in the centres. This can be taken forward by the Health Coordinators, in partnership with the centres. Where a more formalised approach to operational level multi-agency working had been set up – this proved to be very successful and is something that other areas may want to look at.

Health Coordinators are able to provide and signpost centres to the most relevant/ up to date and evidence based resources. One suggestion would be to discuss these in each locality at the Health Operational Group.
Drug and Alcohol Services in East Lancashire Children’s Centres

1. Some centres have good referral pathways to multi-agency support for Substance Misuse, though there is limited understanding about what exactly partner agencies would provide which seems to limit effective signposting. It would be useful for centres to receive more detailed information about the services available.

2. Some centres felt they have received good training and information about Substance Misuse, which has been accessed via a range of different routes and providers including the sessions made available by LCC Early Years and Childcare Service.

3. Some centres commented that training has not necessarily been linked to the Family Support role of the staff or to implications for parenting and that this was a next-step in their training needs e.g. some staff are offering outreach support and interventions without the relevant training on Brief Interventions, Signposting or Hidden Harm. One suggestion was to complete a training matrix for staff roles to identify gaps in skills and knowledge and to provide a basic training package which could be flexible enough to address needs within each local community. There is an opportunity to take this forward through Substance Misuse Workers now based in each locality, or to look at a more standardised training package area wide that would cover all scenarios.

4. One centre has identified a Specialist Family Support Worker for Substance Misusing Families, working alongside Drug and Alcohol specialists.

5. Some centres identified promotion of the SUDI ‘Give Me Room to Breathe’ campaign in relation to visiting families with Substance Misuse.

6. Some centres mentioned a need for better availability of up-to-date posters and leaflets and advice on distribution materials. This could be arranged at local level via the new Substance Misuse Workers within the Children’s Centres.
Summary

Substance Misuse can create high-risk situations and complex problems in families, and Children’s Centres with their informal access to services are ideally placed to meet the needs of this group of parents/carers. Most of the centres are making these families a high priority for support and intervention and linking Substance Misuse messages into their Health Promotion Work.

Centres can be supported by mainstream services by improving their access to information about the multi-agency options available and by providing them with quality Health Promotion Materials. With the new Substance Misuse Workers now based in the centres this can be easily addressed. The Health Coordinators have planned work with the Health Visitors to try and improve communication pathways between the Children’s Centres drawing on some good integrated work that has happened across some centres. On an individual family level the CAF will address some of these issues.

Centres were generally happy with the training they have received on Substance Misuse but a need was identified to link the knowledge to implications for parenting, Hidden Harm and Family Support Work. A number of options exist to meet this need via training and joint working with the new Substance Misuse Staff in the centres.

The establishment of the new Emotional Health Team (including Substance Misuse Workers) will improve ease of access to therapeutic treatment for families with pre-school children, which will be fully integrated into the groups and Family Support offered by the centres.
Parenting and Family Support in East Lancashire Children’s Centres

1. Some centres are run a range of parenting groups, some of which are facilitated by someone who has undertaken supervision training and some are using more informal approaches or models that they felt were effective but have not been robustly researched. However, some centres were not providing parenting support at this time. Of the parenting programmes being used across the Children’s Centres the most popular are:

   a) Webster Stratton: Incredible Years (widely used).

   b) Parent and Child Empowerment Programme (PCEmP) being rolled out throughout Rossendale and 2 centres in Hyndburn (1 x centre in Pendle was interested in accessing the training- funding would need to be identified for further rollout of programme).

   c) Some lesser known programmes were mentioned by some centres e.g. FLOW Project (Burnley), My Mum and Dad Argue a Lot.

2. Many of the Children’s Centres mentioned that they signpost to Parenting Courses but didn’t provide specific details of services signposted to. In Burnley centres received much support from the Burnley Family Intervention Project, but no similar central parenting service was identified in other localities.

3. In Burnley the Children’s Centres have agreed with the Health Visitors that outreach workers will visit families in between the ‘core service’ home visits provided by the Health Visitors. There are clear aims and objectives agreed for these visits which include information that is age appropriate. This has been found to reduce duplication and provide families with a clearer pathway to parenting information, health promotion materials and family support. This is an approach that could be looked at in other localities, although there may be issues of capacity for the smaller Children’s Centres who have fewer outreach staff in their structure.

4. Many of the Children’s Centres are sending representatives to the Locality Parenting Forum which improves local networking and sharing of resources around parenting.

5. The majority of centres wish to increase the number of referrals they receive for Family Support from health professionals; however some centres were concerned about capacity to respond if too many referrals are received. A closer understanding of how mainstream services can work with Children’s Centres is scheduled in for development via the
Health Coordinators (e.g. workshops with the Children and Families Integrated Teams – Health Visitors and with the Midwives) which will involve action planning with Children’s Centres.

6. Two centres expressed concerns about ‘hard to reach’ families declining services and want to look at ways of making the service more appealing and to encourage uptake. The Early Notification Form will shortly be introduced across all localities and will provide centres with information on all pregnant women via the Midwives. This should increase Family Support referrals and opportunities for early parenting intervention. A closer understanding of how Midwifery Services can work with Children’s Centres in scheduled in for development. Following the ‘Passing Go’ consultation with families, new ways of imparting information were identified. This could be used within centres to support their engagement of ‘hard to reach’ groups in parenting related activity. As a team the Health Coordinators need to promote the ‘Passing Go’ information more widely so that centres can take advantage of these findings.

7. Two localities are interested in joint working to deliver parenting programmes with other Children’s Centres as part of a cluster, to increase capacity, and one centre suggested developing links with Home Start. From September 2009 a NHS/ LCC joint funded Parenting Coordinator will be working Lancashire wide to implement the Lancashire Parenting Framework and will have one-third of her time dedicated to work in East Lancashire. This will provide an opportunity to coordinate parenting activity more effectively across a geographical patch and will also provide an analysis of gaps in multi-agency service provision linked to training needs. This post together with the District Parenting Support Advisors (who will be managing workload within the locality Parenting Forums) will provide many solutions to issues identified.

8. Key issues that emerged across the localities related to training issues and a need to have access to a wider variety of training, and/or partners who could provide the same, linked to ongoing and appropriate supervision, managing complex issues, systems for monitoring and recording parenting and family support activity and the impact of parenting interventions on families. Some individual centres were much more advanced in this area than others. LCC Early Years and Childcare Service have developed a working group that is looking at Family Support and supervision issues, recommendations are being formulated.

9. The new Emotional Health Team, based within Children’s Centres and funded by the NHS East Lancashire, can now offer a referral route for Children’s Centres where parenting support has moved beyond the
Summary

Children’s Centres are ideally placed to provide parenting groups and outreach interventions. They could be supported in this task by improved access to research based training courses via NAPs (National Academy of Parenting Approved Programmes), facilitation of cluster groups to jointly commission parenting input, appropriate supervision processes and developing links with other agencies who may have untapped resources and services the Children’s Centres could signpost to. In Burnley much of the parenting activity is coordinated via the Family Intervention Project and much can be learned from the way this service has developed links across a geographical area. The new post of Parenting Coordinator should encourage a similar level of coordination across other localities, together with an analysis of information that has been collected (across all agencies) of gaps in service provision and agency parenting training needs – which includes services provided in Children’s Centres. LCC Early Years and Childcare Service has already been looking at family support models and supervision processes East Lancs wide. With the new posts of District Parenting Support Advisors, linked to the Parenting Forums, a facilitation route is established for sharing resources and implementation of the Parenting Framework at locality level, which includes specific support for ‘hard to reach groups’ and a pathway to intervention. The establishment of the Emotional Health Team has provided centres with additional support for families where parenting issues are complicated by underlying emotional health and relationship issues.
Sexual Health and Other Activity in East Lancashire Children’s Centres

1. The majority of centres have received training and are distributing condoms to under 25’s via the Condom Collective scheme.

2. Most centres have sent staff on BSure Sexual Health Training and some have invited BSure staff into the centres to provide sessions for groups of parents. Centres felt that they would like more Sexual Health Awareness Training and this needs exploring further to identify exactly what these needs are. None of the centres said they were actively promoting cervical smears, male sexual health (on a regular basis) or breast examination so these may be areas for development.

3. Most centres are signposting effectively to Contraception and Sexual Health Services (CASH) and a limited number held a CASH Clinic in their setting.

4. The Speak Easy Course, which enables parents to discuss sexual health and development with their children that is age appropriate, is well established in Burnley and is in the process of roll out in other localities. The uptake of this has been excellent and centres were really enthusiastic about the impact of this course. One centre identified lack of age appropriate information as an issue and it would be useful to look at some of the resources used in Speak Easy as general information to be used opportunistically.

5. Most centres are involved in providing Chlamydia Screening and have established systems to administer this. However capacity to keep providing this was felt to be an issue for at least one centre.

6. One centre in Burnley and one centre in Pendle offer Women’s Health Sessions with a female GP which is very well attended and an example of good practice in meeting the needs of the South Asian Community in that area. More Women’s Health Sessions with a female GP/ Nurse Practitioner would be beneficial, but there are cost and staffing implications for this.

7. Although some centres offer very little for Sexual Health provision, they did not identify this as a gap, which suggests that for some centres a clearer definition of their role in Sexual Health would be useful.
Summary

The Children’s Centres have really embraced the Sexual Health agenda, ensuring their staff have attended good quality, approved training and are using this knowledge to develop new opportunities for working with parents e.g. some have undertaken further training to run Speak Easy (Parent Education) Courses. They have shown an interest in receiving more training around specific Sexual Health issues which can be explored and sourced via the Health Coordinators. The centres are playing a very active part in addressing key priority areas via The Condom Collective and Chlamydia Screening programmes. A few centres are hosting Step-in Clinics or Women’s Health Clinics and the majority are signposting effectively to local CASH Services. For a few centres there is still uncertainty of their role and for this reason they are not currently providing any sexual health related services or health promotion. This is something which the Health Coordinator can support them with, but in addition centres expressed a need to have their sexual health role more clearly defined.
Conclusion

The purpose of this document was to recognise and promote the significant contribution Children’s Centres are making towards tackling Health Inequalities in East Lancashire, work which, due to the informal access and methods of delivery used by Children’s Centres, is sometimes not always recognised within clinical services to the degree which it deserves. This document was an attempt to clarify the nature and purpose of Children’s Centres for strategic and operational NHS agencies and staff including GPs and Commissioners, and to provide a baseline of the Health Services that centres are providing and which could be further enhanced by support from, and integration with, mainstream provision. What we found was a very active Children’s Centre Workforce, with a real grasp of the Public Health context and key health problems affecting families of pre-school children in East Lancashire, including a good understanding of the local communities and Health Inequalities, accompanied by innovative, enthusiastic and accessible methods of public engagement. The Children’s Centres are running a host of different activities, projects and support packages which go a long way towards meeting real local needs and having a solid impact on Public Health priorities.

The centres told us that they needed more input and support from mainstream NHS services, in the form of registering families, referrals, training and sharing of skills and knowledge, relocation and restructuring of services so they are more accessible to families, more information on what was available for centres to signpost to, and clarity as to what different NHS East Lancashire departments could and could not provide to Children’s Centres. A significant number of concerns revolved around a need for true integration with Midwifery Services, improved joint working arrangements and earlier referrals to group and Outreach Work offered by centres; some centres had clinical rooms available that were underused. Two Public Health Midwives have now been employed, they will be; supporting improved understanding of the Children’s Centre role amongst Midwives, developing communication pathways and facilitating more meaningful integrated working around the Public Health agenda in the Perinatal Period. LCC Early Years and Childcare Service have developed an Early Notification Form which all Midwives are now completing at Booking Clinic which will register families with their local Children’s Centre early in pregnancy. This is a good first step and the Midwifery Managers are totally committed and encouraged by this new way of working.

Some of the needs expressed by Children’s Centres at the start of the mapping exercise have now been partly resolved. One concern was the need for additional training, advice, support and information about interventions for parents and carers with Substance Misuse and/or Mental Health concerns. NHS East Lancashire has now created an Emotional Health Team, based across the Children’s Centres with Therapists able to meet many of these needs, including
direct work with families and additional training for centre staff on recognising Postnatal Depression, which is due to be launched in the coming year.

The methods of providing parenting support, and the level to which this was provided, and to which staff had been trained, differed widely across East Lancashire. LCC Early Years and Childcare Service have been leading a working group to standardise Family Support Outreach and Staff Supervision, which is due to be implemented shortly. There was good practice evident in a number of projects running in Burnley and a joint LCC/PCT funded Parenting Coordinator (due to commence in September 2009) should address many of these inconsistencies and improve access to approved training and parenting packages via implementation of the Parenting Framework, giving centres a clearer steer and access to approved parenting packages. The new District Parenting Support Advisors should help the implementation of this via the Parenting Forums.

Children’s Centres were providing a wide range of Health Promotion activities and services, and had volunteered to be distribution/activity centres for a host of Public Health initiatives i.e. Vitamin D Distribution, Promotion of Healthy Start, Condom Collective, Dental Access Scheme, Toothbrush and Toothpaste distribution, Smiling for Life Accreditation, I Can, Chlamydia Screening, promotion of Smoke Free Homes, SUDI Give Me Room to Breathe Campaign, running and/or hosting Weaning Groups, Exercise Classes, Baby Massage, Breastfeeding Support Groups and recruiting volunteers to be Breastfeeding Peer Supporters. This has been a huge commitment and necessitated additional staff training, organisation and storage of resources, attendance at groups and events and, significant additional admin duties including reporting on monitoring data. They have willingly taken these Health Promotion messages further, by ensuring the information and resources are distributed during daily activities with families, including articles about them in their newsletters and inviting NHS staff into groups to give talks e.g. ACAP. But there is a need to recognise the limited capacity centres have to continue to take on these additional roles. Most centres had been actively involved in national and local Health Promotion Campaigns although this needs better coordination across some areas and improved access to resources which is being addressed via the Health Coordinators. Where resources are available the centres have tended to use these inventively e.g. Change4Life.

Where centres do not have their professional roots in Health, they are quick to acknowledge this and ask appropriately for advice, support and information. Many centres have expressed a need for more ‘hands on’ formalised support and better Public Health analysis of local health needs to inform their centre Development Plans. Some centres have requested a more direct mentorship role from the Health Coordinators. The Health Coordinators will work towards developing the type of support they provide to centres in order to meet this need more effectively, for example with hindsight it would have been more useful for the Health Coordinators to have undertaken this mapping exercise at the time.
that centres were writing their Development Plans for the following year. Centres have also requested more formalised communication pathways with NHS Services and the Children and Families Partnership Team; which hopefully will be addressed via an LCC/PCT Centre Managers Development Day, currently being planned.

With a clear understanding of the equality agenda, Children’s Centres are trying to be as fully inclusive as possible actively targeting ‘hard to reach’ groups including fathers (although much of this work is still in development) hosting or signposting to teenage parents groups, providing Bi-lingual Workers (where possible) to meet the needs of the South Asian Community, and have adapted services to be more accessible by a range of ‘hard to reach’ groups. Most centres acknowledged there was some way to go with this, and requested more specific training and access to Interpreting Services. Gaps in provision for Children with Disabilities could largely be traced to not receiving notification of children in their area, access to supported crèche provision and specialist support for children with complex needs to attend groups. A working group is looking at improving the registration of children on the FIND Database and providing training for centres, Crèche access and support to attend groups is being raised with Commissioners in line with Aiming High.

Centres had been more than generous in providing rooms and clinic space for mainstream services to relocate into their buildings. They are hosting Child Health Clinics in partnership with Health Visitors, Speech and Language Drop-in Services, Stop Smoking Clinics managed by the Stop Smoking Service and/or Leisure Trust, Dietetic Clinics, Child Psychology and CAMHS Outreach Clinics, Antenatal Clinics and Drop-ins, CASH Services, Women’s Health Clinics, etc, etc. (This is on top of providing access to a wealth of other non-NHS services such as Domestic Abuse Drop-ins and Job Centre Plus etc).

Centres were also acutely aware of the Safeguarding Agenda. Most centres had sent the majority of their staff on the CAF and Safeguarding Training and were involved in Team Around the Child Meetings and contributing to defined aspects of Child Protection Plans. There is a clear Children’s Centres CAF Pathway and a culture of CAF and multi-agency working being integral to the Children’s Centre approach. In some areas communication with the Health Visitors was excellent and joint visits were very much normal practice. However in other areas this was insufficient, and Health Visitors were not always made aware of a centre’s involvement with a family and information was not being shared across agencies. It would be helpful if Health Visitors could take more of a lead in guiding Children’s Centres as to what they need from them, both in terms of communication, activities/support they feel is needed in the local community and to be clearer about what information they would like to receive and in what format. This is something that will be addressed urgently through the development workshops planned with the Health Coordinators and Children and Families Integrated Team Leaders, which should provide a clearer understanding
of information sharing at grass roots level, and lead to joint action planning in each locality with Centre Managers.

The mapping exercise has highlighted the excellent commitment to the Public Health Agenda in Children’s Centres and identified needs and gaps in services which the centres can be supported to meet in partnership with others. It has been an invaluable exercise for the Health Coordinators who now have a clearer understanding of the work which needs to be done across all agencies and services, including their own. This is the first year the Health Coordinator role has been available across all centres and we have much to learn about how best to provide the support needed. Centres have been very welcoming to the Coordinators and have enthusiastically and actively sought out support and advice, and willingly contributed their time and opinions to this mapping exercise for which the Health Coordinators are most grateful. Many new initiatives have developed across the centres and the mapping has taught us that these now need time to embed and consolidate, and that some centres need more specific information, direction and guidance to help them identify a clear direction in order to prepare their Development Plans and Reports. In addition it seems that communication pathways need to be more systematically organised that is; between centres, between centres and agencies and across agencies, between locality based teams and services, communication about sharing best practice, about health needs assessments and information, about what information needs to go up to Commissioners and back to grass roots – this was the overwhelming request from centres, that straddled all topic areas and will be the top priority for the Children and Families Partnership Team over the coming months.