

Report: Building Community Capacity In Bowthorpe, West Earlham and Costessey through Health Visitor facilitation of an Antenatal Social group – ‘Bumps to Babies’

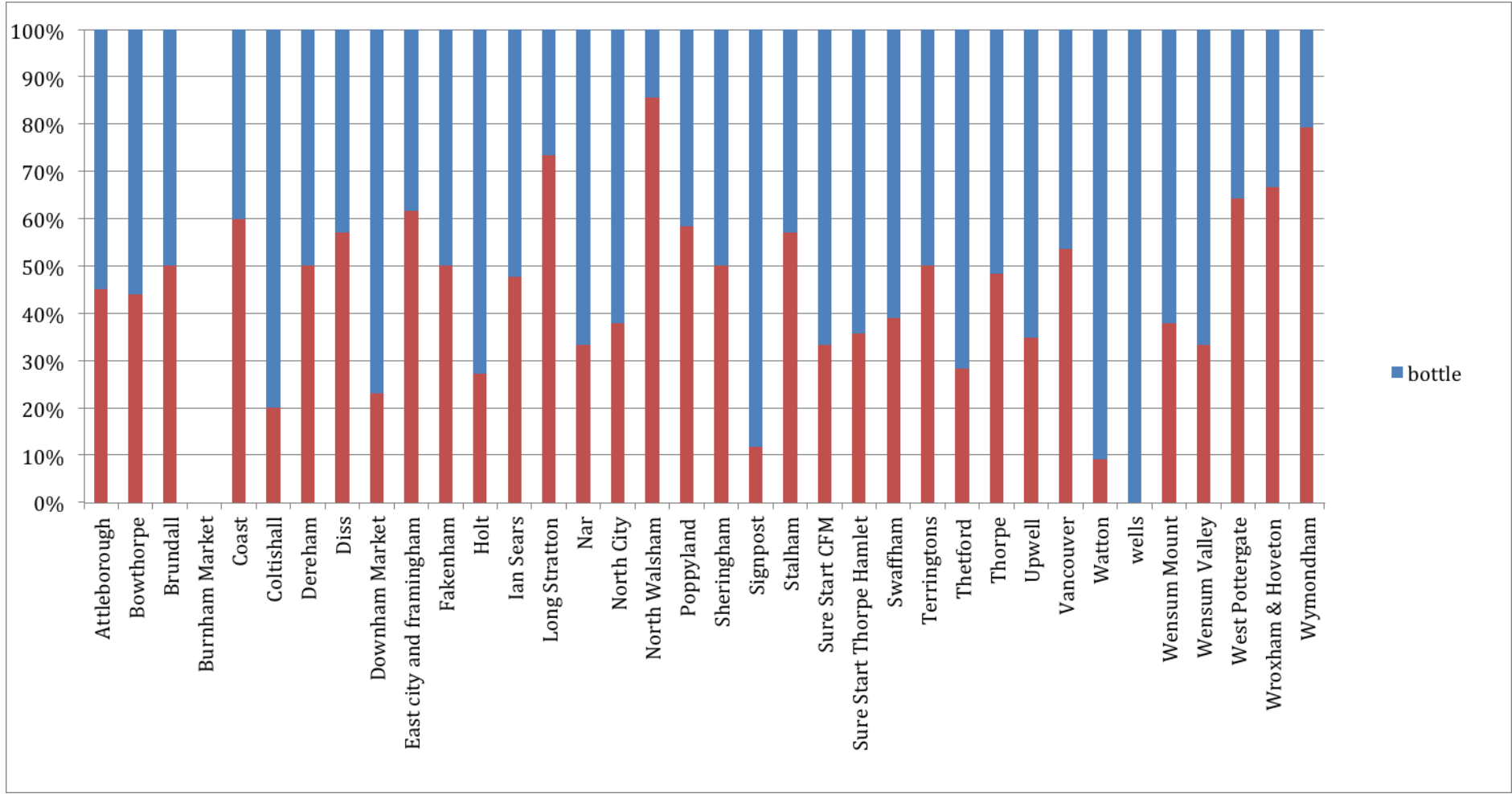
Background –Initial scoping

Anecdotally, there is a perception that prospective parents in the reach of the Bowthorpe, Costessey and West Earlham (BWE&C) Surestart Children’s Centre have limited opportunities to make contact with both their peers and with their health visitors. With large pockets of high resident turnover, social disadvantage or lack of community development, the risks for social isolation with the birth of a new baby are clear. Yet it has been observed that once involved with Surestart or its partner agencies, many new parents form social networks and access community groups. In Phase One of the Building Community Capacity (BCC) project a scoping questionnaire (Appendix 1) provided further evidence of these circumstances and identified community assets and ‘upstream’ health promotion opportunities. For example, breastfeeding rates in BWE&C are known to be below the average for Norfolk (Figure 1, below) and the questionnaire confirmed the lack of support for this. By also focusing on breastfeeding promotion and support during the BCC project, a process for peer support has now been initiated. It is anticipated that breastfeeding rates will continue to be monitored locally in line with the UNICEF Baby Friendly Campaign.

Sub-Study: Health promotion and outcomes

Parents are often seeking support and advice from informal social networks such as Netmums or Facebook. While this is becoming an important form of support, the quality of health advice is dubious. It remains the remit of the Health Visiting service to facilitate the transfer of evidence-based information through NICE guidelines, the NHS Information Service for Parents and the Healthy Child Programme. For these reasons it was also felt important that the Phase One questionnaire should address the themes and trends of social networking and health information gathering amongst new parents in BWE&C

Figure1: Breastfeeding initiation rates, September 2012



Evaluation

The overall aims of the BCC project were to promote social capital through facilitating strong peer support networks and social opportunities. Additionally, to create a situation in which the social determinants of health in this disadvantaged community might become health promoting.

Implication for my own HV practice

This project has been an excellent opportunity to apply the theory of Specialist Community Public Health Nursing (SCPHN) to practice and to realise some of the aims of the Healthy Child Programme. Starting up an innovative project in a new area of work was always going to be a challenge, yet from the outset there were many gains to be made. I have known for some time that this kind of developmental work interests me immensely, so I was grateful for the opportunity and challenge.

Although I have been involved with project management in the past, working at BWE&C was an entirely different context. For example, the BWE&C Surestart differs in that it is made up of several different disciplines, team culture and management/leadership structures. It is also very much a 'new' team itself. Having a recognized role as a nurse has always enabled me to be involved in team discussions wherever I worked; yet to challenge and negotiate changes to current practice would have naturally been easier with longer-established relationships in both the team and in local partnerships.

However, as the project evolved, team and partner agency relationships were strengthened through the collective experience. For example, the group supported an antenatal mother of five to breastfeed for the first time; this was recognised as having a significant impact on her whole family's future health. Inviting one of my own clients, a chronically depressed mum of seven back after her son's birth, to show off her baby and begin to engage her with the local Surestart for the first time was a particular achievement.

These individual experiences of success motivated the team and gave us shared meaning.

Implications for the organization

Many Community Children's Services staff may perceive the BWE&C Surestart Children's Centre to be firmly established, with well defined processes and effective team working practices. However, due to extensive organisational change we are likely to be an immature team for some time yet. With this in mind, delivering a BCC project within a given 3 months timescale presented both expected and unexpected challenges during all phases. Close partnership with the Surestart staff and manager has been vital to the success of this project.

A study of health visitor workloads in Hillingdon health district revealed that families with identified needs have twice as many contacts with the health visiting service than other families. Health visitors also had on average seven times more contacts with other agencies to arrange care for these families. Similarly, BWE&C Surestart has a caseload with high numbers of families requiring much more than core universal services. From the outset, this project's aims had the potential to positively affect all of the aims of the Healthy Child Programme (Mind Map Appendix 2).

Amidst huge change in children's community services, both team members and clients may have individual perceptions, which could also influence their thoughts and expressions about BCC development. Mostly, this has been positive. Engaging colleagues and partner agencies in understanding the BCC process through educational events and presentations would help them to anticipate the short-term loss of the core HV services during the project's duration.

Likewise, due to time limitations, the opportunity to create stronger partnerships with local agencies has not been fully addressed during this project. Delivering a presentation to midwives or GP practice groups, for example, would be a way of sharing common concerns and local knowledge. This would also be a way of promoting the Health Visiting service to prospective commissioners.

Implications for the community

The 'Solihull-Based Culture at BWE&C Surestart Children's Centre already prioritises active engagement of clients in valuing and nurturing the networks that are created from the Surestart 'Hub'. Through the Parents' Forum, focus groups and individual peer support, clients are also encouraged to contribute to decision-making, have a sense of authority to make decisions and challenge practices. With this common purpose, many current projects support the development of health promotion, through reciprocity and collaboration.

There being a new health visiting & surestart team in the BWE&C area, the pilot questionnaire indicates there is a lack of awareness about these child health services locally. Changes to the commissioning of health visiting services should, in theory, have a positive impact on the ways communities become involved in their local health services. Investing more time to build links with local and community networks will be key to the success of future BCC projects in future times.

Ultimately, facilitating improved social networking and through identifying their own needs the antenatal social group has strengthened local community links. The group will continue to improve the social and health ecology of the local area and reduce the number of families needing universal plus or partnership plus support.

Through local leadership it is anticipated that this project will continue to promote:

1. Communication and co-operation within the community networks,
2. Sharing and disseminating evidence-based, innovative practice,
3. Local knowledge building and trouble shooting, and
4. Local training, development, coaching and peer support.

What Learning has been gained doing the Project?

Pilot Phase 1 – Scoping Questionnaire

This Building Community Capacity (BCC) project used an 'upstream' approach with semi-structured client experience questionnaires to investigate which features of current community capacity might support future development. A convenience sample of 39 respondents with a child under one year consented to give this information over the telephone. A thematic analysis of comments is contained in Appendix 3. It is important to note that results reflect the problems experienced with the service in the time leading up to and during the early implementation of the Health Visitor Implementation Programme. In certain areas of BWE&C there is an extremely high turnover of clients, so these are also under-represented in the data collection. With this cohort of people establishing relationships and building community capacity is challenging, as is trying to provide relevant information about the Health Visiting and Surestart Services. This client group warrants further engagement and action under a separate project.

Accessing groups

Overall 39 telephone questionnaires were completed by parents of babies between 6 to 12 months old. 49% of this group (19/39) had accessed a child health clinic in the past year, 30% (12/39) had accessed baby massage. 23% (9/39) had accessed the Early Days (Solihull Approach) group and 36% (14/39) had accessed other baby groups. No parents had accessed breastfeeding support groups in the area or in any other area. 21% (8/39) of parents had accessed other groups not affiliated to BWE&C within the local area.

Information provided by HV antenatally

The information provided by HV's about social opportunities was variable. 5% (2/39) felt this was very good, 28% (11/39) said it was fairly good; 33% (13/39) felt it was fairly poor and 15% (6/39), felt information given was very poor. 18% (7/39) declined to answer because they did not feel the question relevant (they had not received an antenatal visit.).

Despite these differences, 46% (18/39) said they would not have liked to have received more information from HV's antenatally and 54% said they would have liked to have received more information.

Of the subset 41% (16/39), stating what other information they would have liked, 6 would have liked more information about clinics, 5 had wanted information about groups, 2 would have liked more information about breastfeeding and 5 wanted other information about child development, such as weaning advice.

Opportunities to meet new parents

A large portion of the group (74%: 29/39) agreed that there were enough opportunities to meet up with other parents in the local BWE&C area. 13% (5/39) did not agree with this statement and 5 (13%) declined to answer.

Information given by HV about social opportunities

41% (16/39) of respondents agreed that enough information was given by HV's about social groups and opportunities. 44% (17/39) disagreed with this statement and 5 (13%) declined to answer.

The disparity between the response that there were enough social opportunities locally (74% said there were) and the information given by health visitors being 'enough' (41% said it was enough) was a point for discussion and development. This information directly influenced the decision to promote the antenatal social group and Surestart 'hub' through universal antenatal contact.

Level of Satisfaction: Antenatal contact with HV

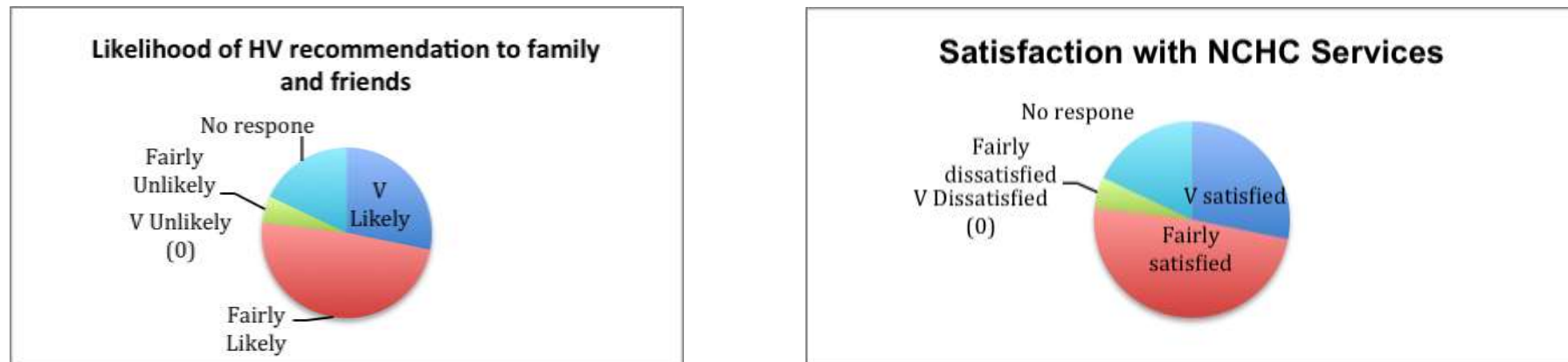
15% (6/39) were very satisfied with the amount of contact they had with their HV antenatally; 38% (15/39) were fairly satisfied. 18% (7/39) were fairly dissatisfied and 10% (4/39) were very dissatisfied. 18% (7/39) chose not to respond. This is valuable baseline

scoping data, which records patient satisfaction and experience from a time prior to the Health Visitor Implementation Plan. It is anticipated that equivalent data collection will indicate significant quality improvements in the future.

Likelihood of recommendation to friends and family

It is good practice take every opportunity to map performance through the collection of 'friends and family' data and satisfaction with the wider Trust service. The following graphs represent this data collection (figure 2).

Figure 2.



Substudy: Social Networking and Internet-based Health Information.

69% (27/39) of respondents had used internet-based resources to access formal and informal child health advice over the past 3 months. Of these, only four exclusively accessed the NHS service for parents. Most used combinations of different sites for support. These included: Bounty (accessed by 33%: 9/27), NHS Information service (52%14/27), Breastfeeding Network (9%, 3/27), National Childbirth Trust (9% 3/27), Netmums (7), Baby Centre (10), Local Government (1) and other 'unregulated' sites such as Cow and Gate live chat, Pampers, Boots, Emma's Diary (4), and Facebook (9).

Encouragingly, over half of the respondents had accessed the NHS online for child health information. Although these numbers are small, this data indicates that further attention to how HV's signpost multimedia for community public health is essential if we are to keep up with and counteract the rising tide of unregulated internet advice and support. The results of this sub-study also bear implications for how the universal BWE&C service and BCC projects might be supported in the future.

This data will also be a useful springboard for future research. Notably, the Surestart centre at BWE&C does not have a website, so the using this method as a portal for building community capacity and signposting to evidence based health advice is not currently available.

Phase 2 - Facilitating Implementation and Development

In order to create a clear process for the support and delivery of the project, a 'Plan, Do, Study, Act (PDSA) cycle with process mapping and a weekly 'After Action Review' revealed the best way of resourcing, promoting and supporting the project as it evolved. (e.g. Figure 3: Process Mapping)

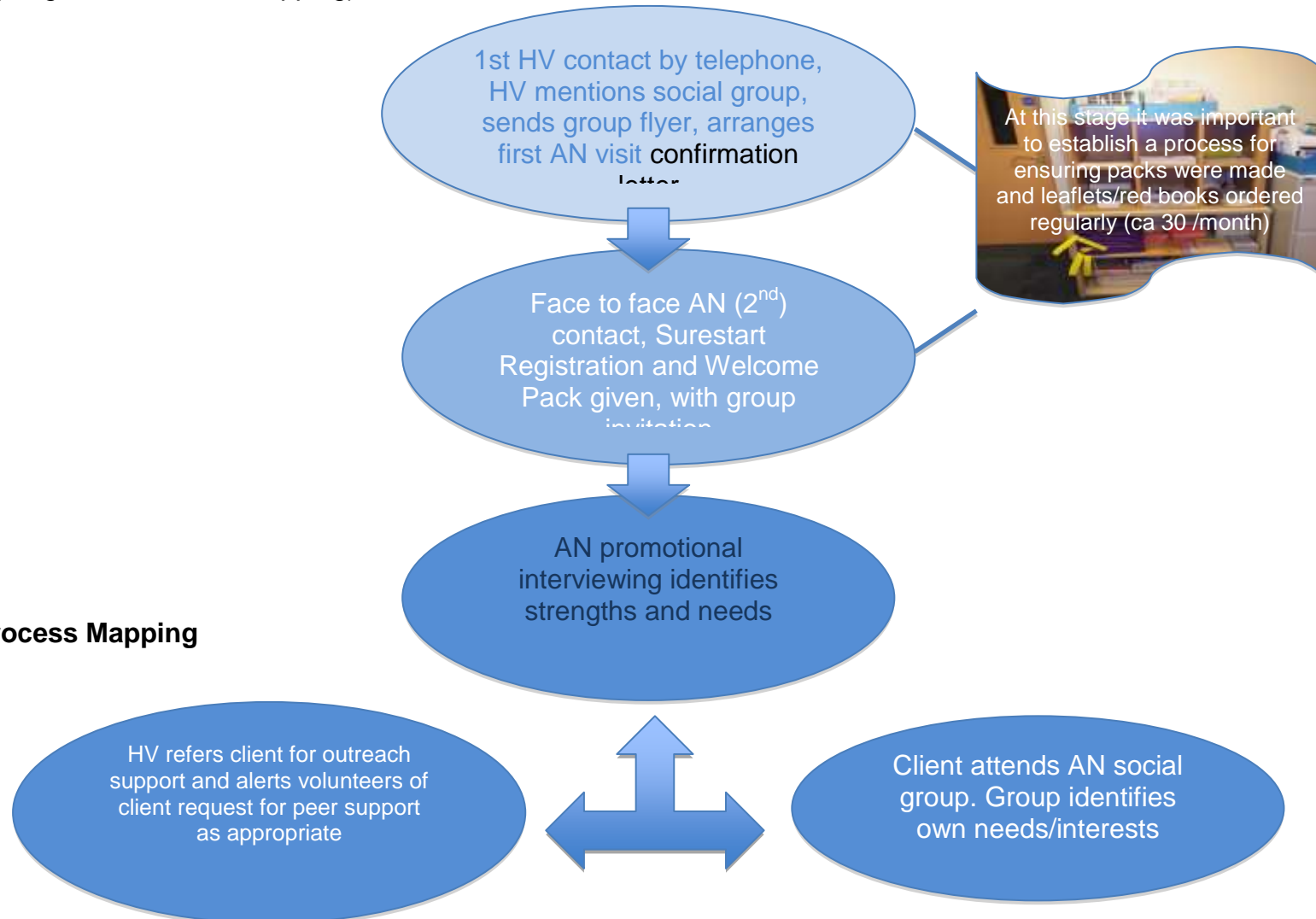


Figure 3: Process Mapping

Phase 3 –Reflection and withdrawal

This project revealed the considerable and complex contribution of human resource assets, community development and engagement. Reflecting on this project's development can only be viewed through acknowledging many years of development at BWE &C Surestart Children's Centre, which enabled this project to be successful. However, the project appears not only to have been successful in building community capacity but also created mutual trust and a common purpose for those staff members working on the project.

Whilst evaluation of the outcomes of the project may appear valid and reliable, it could be argued that results were biased by the 'Hawthorne Effect', in that results may have been better as a result of the project being under review in the early stages. Further naturalistic and long-term evaluations will therefore provide a 'truer' picture. It would be reasonable to expect that the outcomes of the BWE&C BCC project should be measured in one year. In the short term we have gained a Breastfeeding Support venue, an established process for promoting the group early in the antenatal period and have engaged a small number of families to attend the group. The full-time HV input will be withdrawn once a Surestart volunteer or apprentice has been coached with the basics of the Solihull and Antenatal/Postnatal Promotional Support approach. Local team development will ensure that there is a HV on a duty-rota to cover any immediate enquiries and requests from volunteers or clients.

It would be useful to compare the questionnaire responses with other locally stored data regarding attendance at clinic, also the most recent trust wide antenatal satisfaction survey (NCHC). Although numbers are small, this work provides a clearer impression of client's needs and a snapshot of social capital at a particular point in the development of the Health Visiting/Surestart service.

Appendix1: New Parent Questionnaire

Bowthorpe, West Earlham and Costessey Antenatal Health Visitor and Social Contact Survey

Email Address (optional) please enter an email address if you would prefer an electronic copy of this survey to be sent to you to complete

Your email address	
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Which baby groups or clinics have you attended in the last year?

Early Days	<input type="checkbox"/>	Baby Massage	<input type="checkbox"/>
Baby Group	<input type="checkbox"/>	Baby Clinic	<input type="checkbox"/>
Baby Explorers	<input type="checkbox"/>	Baby/breastfeeding group in another area	<input type="checkbox"/>
Stay and Play	<input type="checkbox"/>	Other local group (please state)	<input type="checkbox"/>

Information

How good or poor was the information provided to you about parent and baby/toddler groups before your baby was born?

Very good	<input type="checkbox"/>	Fairly good	<input type="checkbox"/>
Fairly poor	<input type="checkbox"/>	Very poor	<input type="checkbox"/>

Would you like to have received more information about social groups prior to your baby's birth?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please let us know what information you would like to have received:

Which of the following have you accessed for information in the last 3 months?

Facebook	<input type="checkbox"/>	Baby Centre	<input type="checkbox"/>
Street Wise	<input type="checkbox"/>	NHS Information Service for parents	<input type="checkbox"/>
Net Mums	<input type="checkbox"/>	Breastfeeding Network /	<input type="checkbox"/>
National Childbirth Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Social Contacts

Do you agree or disagree with the following:

There are enough opportunities to meet new parents in the local area?

Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>
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I felt that enough information is provided by the health visitor or surestart centre about ways to meet new parents like me?

Agree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>
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General

How satisfied were you with the amount of contact I had with my health visitor antenatally?

Very satisfied	<input type="checkbox"/>	Fairly satisfied	<input type="checkbox"/>
Fairly dissatisfied	<input type="checkbox"/>	Very dissatisfied	<input type="checkbox"/>

How likely or unlikely would you be to recommend the health visiting service to a friend or relative?

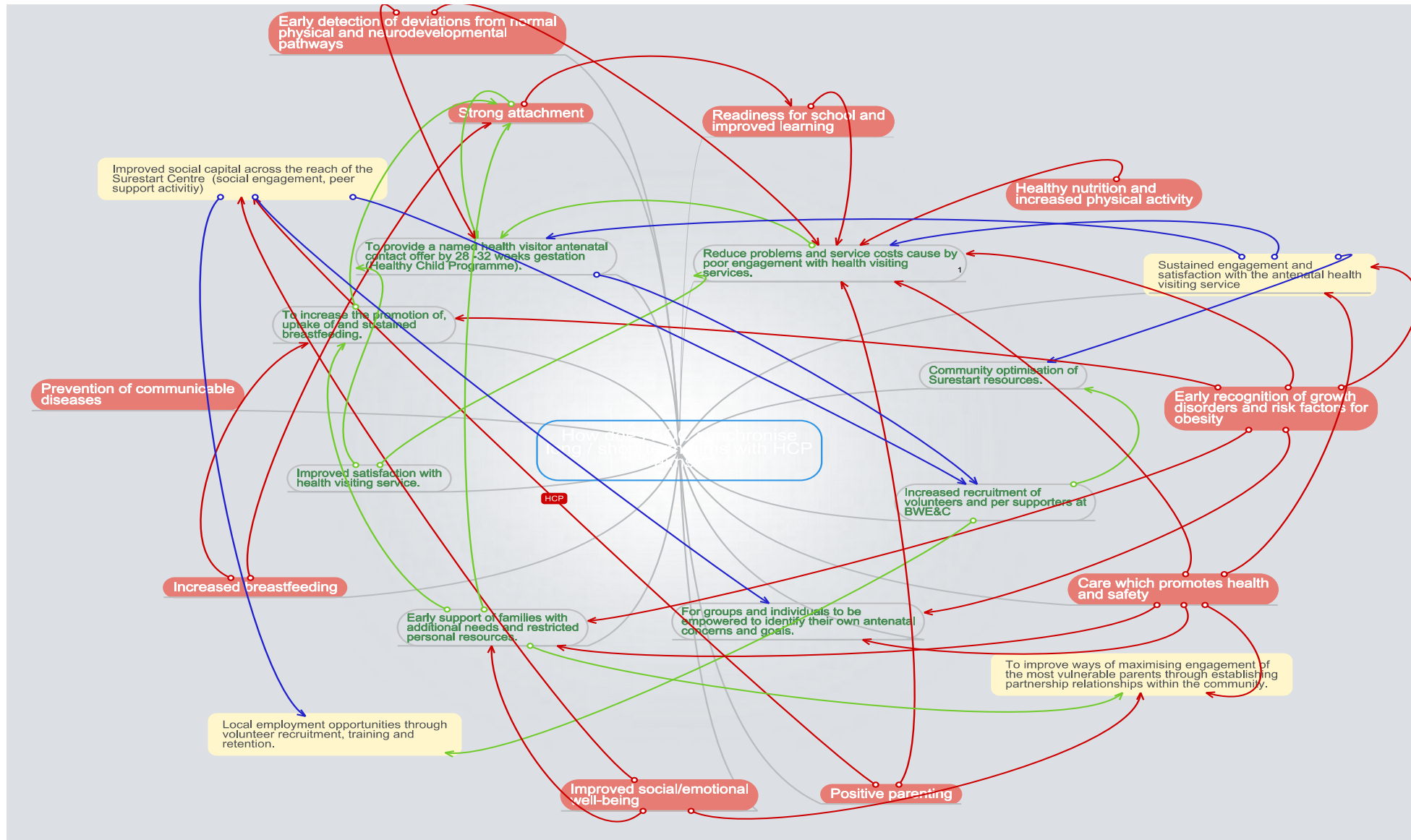
Very likely	<input type="checkbox"/>	Fairly likely	<input type="checkbox"/>
Fairly unlikely	<input type="checkbox"/>	Very unlikely	<input type="checkbox"/>

How satisfied were you with Norfolk Community Health and Care services on the whole?

Very satisfied	<input type="checkbox"/>	Fairly satisfied	<input type="checkbox"/>
Fairly dissatisfied	<input type="checkbox"/>	Very dissatisfied	<input type="checkbox"/>

We would welcome any further comments about the service you received and any suggestions for improvements we could make.

Appendix 2 Mind Map: How does BCC synchronise its long/short term aims with HCP aims?



Appendix 3 Thematic analysis of responses to: *“We would welcome any comments about the service you received and any suggestions for improvements we could make”*

Themes from questionnaire	Quotes	Thoughts for future discussion
Breastfeeding support	<p><i>“I would have liked more breastfeeding support “Information about breastfeeding please!” “Breastfeeding support please!” “I had excellent breastfeeding support. It felt intuitive and I was put at my ease; no improvements needed”</i></p>	Inconsistent Breastfeeding advice and support given
Named HV	<p><i>“Bring A**(HV) Back!” “I had visits from several HV’s. It would have been good to know who mine was” “I would have liked to know how to contact my HV” “Who was my HV?”</i></p>	Information about corporate working needs to be explained
HV Contact	<p><i>“ For an HV to be there when I needed her” “I had an issue with moving into the area. I moved in May and I didn’t have a HV contact till December” “I would have liked more information about the HV visits and how/when to contact them”</i></p>	<p>Information about alternative sources of support/corporate working. HV contact for ‘movement into area’ could be standardised.</p> <p>HV antenatal corporate contact information should be standardised/explained for universal provision</p>
Local Services	<p><i>“ I would have liked information about other local groups, not just Surestart”</i></p>	Signposting to other services, Links with other services and community developments.

	<p><i>“Queens Hills needs more HV services”.</i></p> <p><i>“I would have liked to know which groups were suitable for which age groups”</i></p> <p><i>“It would be good if local HVs could organise a visit to the N&N hospital antenatally”</i></p>	
Postnatal support	<p><i>‘When I had a visit after birth I felt like I was being judged by the questionnaire (EPDS) I had to fill in. I didn’t like the approach’.</i></p> <p><i>‘I would have liked to know more about why the (EPDS) postnatal questionnaire was done’</i></p>	<p>Perinatal MH care pathway development: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/126926/Maternal-mental-health-pathway-090812.pdf.pdf</p>
Information	<p><i>‘I got different information from different HV’s.’</i></p> <p><i>“I had no weaning information at all. All the HV services need signposting in a timely way. For the first few days I wasn’t aware of what an HV did at all”.</i></p> <p><i>“There could always be more opportunities for leaflets before the baby is born”</i></p> <p><i>“I would have liked to have known what other help they could give”</i></p> <p><i>“Understanding how HV’s can support families”</i></p> <p><i>“I am quite happy and didn’t need any more information”</i></p> <p><i>“I didn’t get any information antenatally”</i></p> <p><i>“I got information from the Bowthorpe News”</i></p>	<p>Stronger & more consistent signposting to advice and accessible, readable, formatted information.</p> <p>Consider Surestart website / links for Universal Service</p> <p>Explanation of links/signposting and referral to other services</p> <p>Using local information (e.g. Bowthorpe News) networks to advertise groups</p>

