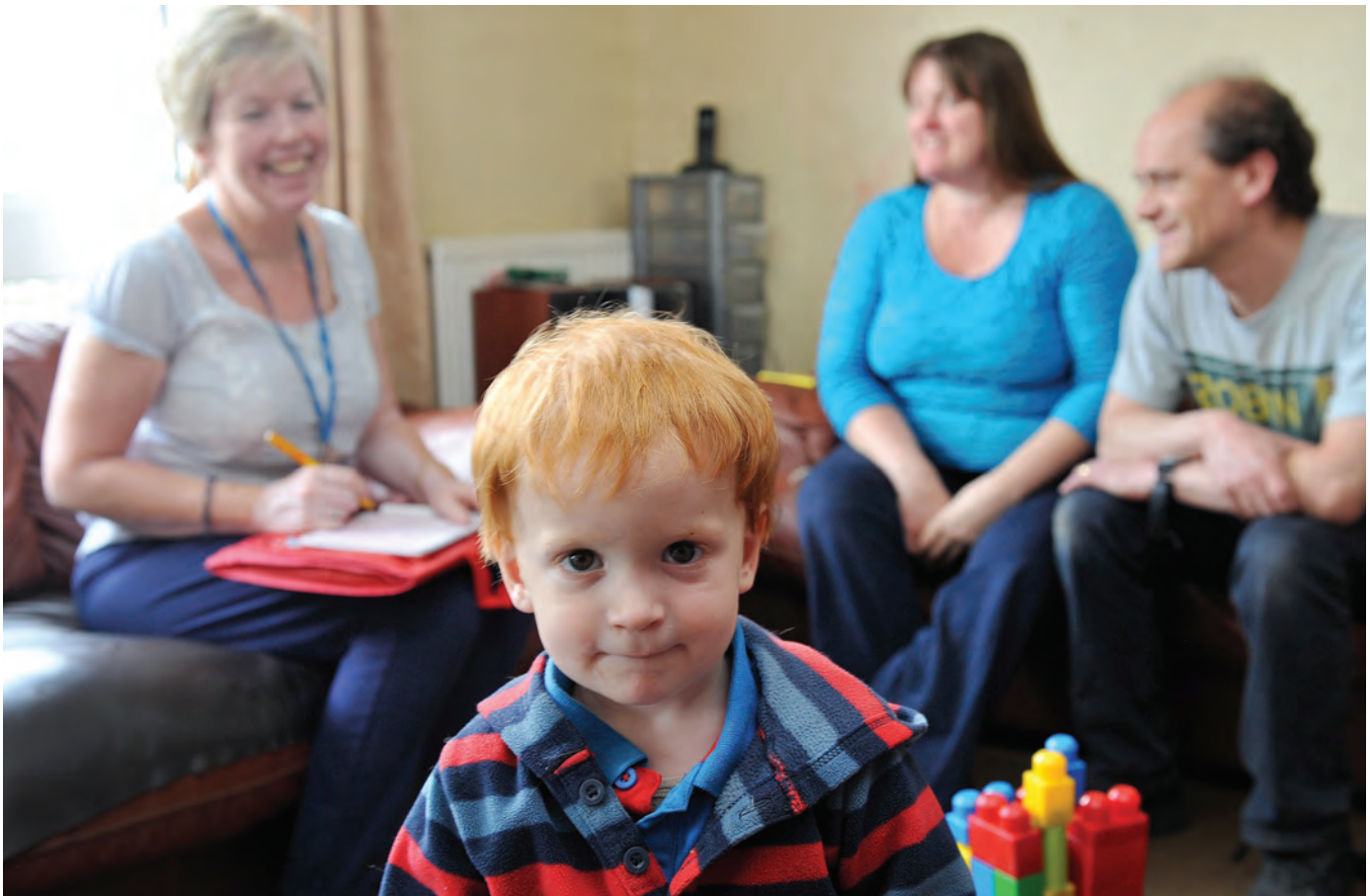
NHS

Health Education East of England

Building Community Capacity
Health Visiting Case Studies



FOREWORD

We are very pleased to publish this booklet of case studies which are based on a selection of health visitor Building Community Capacity projects across the east of England.

We have focussed on developing and supporting the public health skills of our newly qualified health visitors over the last 2 years.

We have been fascinated by the application of their innovative skills and the enthusiasm with which they engaged with their local communities in order to help them find solutions to their own identified health needs.

A big thank you goes to the Work Place Advisors who have supported the projects and re-awakened their public health skills.

We hope you utilise these case studies to support the development of your own community level of the health visitor offer.

Jenny Gilmour, Sophie Lakes, Julia Whiting, Rowena Harvey, Sue Mills and Helen Wallace.

Health Visitor Programme Team,
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LAWFORD, MISTLEY, MANNINGTREE MUMS

Support groups are proven to be an enormously valuable form of intervention and treatment for women with perinatal depression or anxiety, and their families. This provides opportunities to meet in a safe and supportive environment to share the lived experience of perinatal depression and anxiety.

Lawford, Mistley and Manningtree are relatively affluent areas in Tendring with pockets of deprivation. The need for a support group was identified through questionnaires, word of mouth and interviewing with experienced health visitors. Questionnaires were distributed through the baby clinic in Mistley, postnatal support group in Lawford, and home visits. This survey was undertaken over a period of a month to capture as many parents that access the health visiting service as possible.

The questionnaire asked parents their perceptions of need in the local area and desired outcomes. Fifty questionnaires were returned from parents giving ideas and suggestions of activities these included coffee mornings at the local garden centre, sponsored walks, buggy walks, Facebook page, and enrolling on NCT courses. The parents who were interviewed reported that they felt isolated for various reasons and wanted to be involved in activities that allowed them to make friends and share postnatal experiences.

Analysis of the returned questionnaires and feedback a support group was formed. The aim of this group was for parents to provide support to each other in a safe environment. One mum had already taken the initiative to set up a Facebook page and this was subsequently used as a way of communicating parent's ideas for the group including venues to meet and plan activities. Initially the group consisted of seven mums and one dad. Attendance was maintained over the weeks and their Facebook page now has more than fifty members.

Forming the group enabled local families to build a sense of their local community also commitment and empowerment to solve problems.

It also provided opportunities to access community resources such as the library, educational talks and first aid training. Sir Michael Marmot's review (2010) has re-enforced the links between social conditions and health and the need to create and develop healthy, sustainable communities in order to reduce health inequalities. This is achieved through the collaboration of services by connecting communities.

Following the formation and success of the group it was noted there was an increase in client self-sufficiency notably by a reduction in clinic attendance, less dependency, and a reduced need for health visitor support. Empowering individuals and the community reduced social isolation, and there was a marked improvement in parental maternal wellbeing. This group commenced as a mums group however a dad attended so it highlighted the importance of including fathers and the positive impact this can have on the community.

As a health visitor I have learned that community groups have their own

unique skills and expertise that enable them to be self-sufficient furthermore, individuals involved within the group identify themselves as stakeholders. They also have an ability to plan and meet their own learning needs.

The aim of the project was for parents to provide postnatal support to each other in a safe and nurturing environment which was achieved. In addition, the group improved parental wellbeing and resilience. As a result, it has enabled the health visiting service to be able to focus more on families with higher levels of health need by releasing capacity for intensive home visiting and enhance partnership working.

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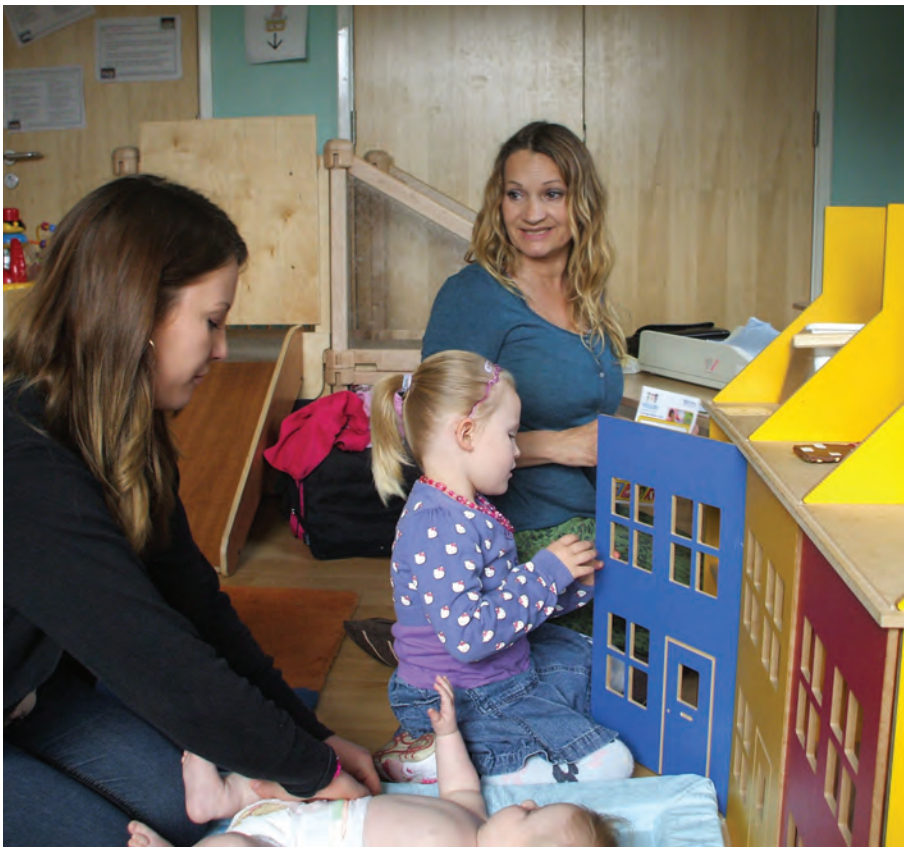
LEIGHTON BUZZARD, BEDFORDSHIRE



'Increasing opportunities for parents to meet other parents in the local area through a volunteer led playgroup and social media site.'

How was the need identified?

'Supporters of Sure Start' was set up by a group of local mums to address the deficit in networking possibilities amongst local mothers. The 'Supporters of Sure Start' coordinator contacted the 0-19 team seeking help in promoting the group and increasing the number of users of both the playgroup and social media site they had set up. Leighton Buzzard is growing due to expansion of housing. Many of the new occupants have no prior connection to Leighton Buzzard. Anecdotal evidence from local practitioners suggests a large number of women and babies are at risk of social isolation. Practitioners report that prior to having a baby these women were working out of area, often full time, and have limited network of friends or family in the area. These mothers often cite that they feel socially isolated in the initial post-partum period, and would

likely benefit from social engagement. The benefit of social engagement to both mother and baby has been well documented with significant correlation being found between peer social support and incidence of postnatal depression.

What was the aim of the project?

- To support the existing 'supporters of sure start' in raising awareness of the group and increase involvement from the local community;
- To increase the number of volunteers for the playgroup;
- To promote integrated working between child health community practitioners;
- To enable parents to establish connections with other parents of babies and children.

Outcome measures:

- Increase in volunteers;
- Increase in new users to social media site.

How did you engage users?

Through face to face contacts with clients. Mums or dads would be signposted to the site 'supporters of sure start' group.

What learning has been gained from doing the project?

Positives: Insight to and understanding of the necessity to listen to what our clients' needs are rather than what we (practitioners) perceive those needs to be.

Challenge: Limited time and effort available to commit to the project.

Any Implications for practice?

0-19 team practitioners can be influential in moving small community projects like this forward but require dedicate and protected time to do so.

Any Organisational Implications?

These projects can meet the strategic objectives of the organisation as well as negate the cost of ill health for example increased practitioner input due to post natal depression. The projects should be embraced, encouraged, and supported practically and financially.

Any Community Implications?

Successful projects like this could have a positive impact on the health of the community as well as the community economy; the social media site was used to promote local business, for example.

A final pearl of wisdom you can share?

If practitioners tune in to what their clients are saying there will be many opportunities to improve the health and wellbeing of clients. If we have a positive impact on even one person's health and wellbeing the effort is always worth it.

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SUPPORTING MILITARY FAMILIES IN BEDFORDSHIRE

A weekly group for parents of young children to meet on base

How was need Identified?

- Through researching literature on the needs of military families
- Anecdotal evidence from clients
- Researched staff awareness and views of the needs of service families due to their long-standing links with the camps
- Reflection of practice

Aim: To provide support to military families with children aged 0-5.

"There is clear recognition by Government that the mobility associated with service life can have a detrimental impact on children's emotional well-being and their educational attainment."

"Service children were generally susceptible to social and emotional disturbance while a parent or other family member was on active deployment, further heightened for some children with special educational needs or where parents were deployed in areas of military conflict."

"Local authorities that had a long-serving association with Service families …were better placed to recognise and meet their needs."

Oftsed (2011) 'Children in Service families'.

Outcome Measures(SMART)

- Specific - project is focused on service families;
- Measurable - feedback from client involved in establishing group;
- Achievable - client working with staff to achieve the project;
- Realistic - project is of low maintenance for staff and client, particularly now, as it has been running for approximately 4 months;
- Timely - the group was established quickly and coincides with the BCC philosophy.

How have users been engaged?

Staff established a sound professional relationship due to awareness of the particular needs of service families, and clients communicate with appointed members of the 0-19 team in an on-going basis. The client gained reassurance to start the support group after discussing with the health visitor about whether there were other parents who had expressed a need for support.

What learning has been gained doing the project?

Communication with clients and the 0-19 team has been found to be central to success.

Any implications for practice?

As a professional, I realise that there are many opportunities that can be grasped and utilised; involving clients in the centre of an idea, thus benefitting them with what they really need.

Any implications for the community?

The community at large will benefit from having happier, fulfilled families who can then contribute to the society by thriving and learning while being supported.

How will it build community capacity?

Research shows that although most military children are healthy and resilient, some groups are more at risk, particularly young children. (www. National Child Traumatic Stress Network).

Parents will also be affected, and support groups offer peer support, communication, and a listening ear. If parents can support and learn from one another, this will positively affect young children, especially from ages 0-3, a time when brain development in humans is at its height. (Field, 2010, DE, 2011).

Furthermore if support is given at this early stage of life, it is suggested that long-term benefits include happier, confident adults and a reduction of financial implications such as therapy later in life, at more expense. (Knapp et al, 2010).

Any implications for the organisation?

South Essex Partnership University NHS Foundation Trust (SEPT) will benefit as clients are happy with the service, due to being able to voice what they want, and be heard.

A final pearl of wisdom you can share?

To continue being aware and listen to clients while supporting them.

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WISBECH: KNIT AND NATTER GROUP

Evidence shows that social isolation is known to be a contributory factor in the aetiology of depression, and that depression can have devastating consequences in all age groups whether new mothers (Kritsotakis et al. 2013) or the elderly (Greaves & Farbus, 2006).

Migrant mothers can be at higher risk of social isolation (Gonidakis, 2012; Cambridgeshire Joint Strategic Needs Assessment 2012-13). Depression can result in poor attachment between mothers and their infants (Murray, 1992) and consequently in lifelong attachment disorders in those infants. Isolation and loneliness amongst older people is a key issue which impacts on their health and wellbeing. Nationally it is estimated that between 6% and 13% of people over 60 often or always feel lonely and in Cambridgeshire, approximately 29,000 people over 65 live alone. (Cambridgeshire Joint Strategic Needs Assessment 2012-13).

In January 2012 mothers identified their isolation problems, and newly qualified health visitors collected statistics identifying that Wisbech had particular problems with isolation and divided communities. There was a large Eastern European population and a significant number of isolated elderly people (Fenland Annual Demographic and Socio-economic Report, April 2011).

The different cultural and generational groups did not interact with each other. The idea for a Knit & Natter group was born. Younger women wanted to learn new skills, whilst older women wanted to teach them. Having something practical to do at the group would provide a common purpose which could override possible language barriers and reduce social isolation.

There were no funds available for the project so resources had to be found within the community itself. Health visitors liaised with local agencies - Housing, Children's Centre, Women's Refuge, church groups, and the communications manager of the local Council.

They identified a young migrant mother willing to run the group and the Salvation Army were willing to provide a venue free of charge for a limited period and act as a collection point for donations of wool and needles. The local press were contacted and they publicised the new group. Posters and leaflets were distributed locally.

The first meeting of the Knit & Natter group met on 10th June 2013. Twenty-two people attended including the Mayor and the local press. It was not possible to meet the cost of using the original venue after the initial free period but another suitable venue was offered. The group continues to meet and is run by members of the community. A mixture of people of different ages and cultures attend and children play while the ladies knit and natter.

The group has addressed needs expressed by community members to improve personal and social support networks and reduce social isolation which in turn may improve mental health outcomes and hopefully break down generational and cultural barriers.

Although the three health visitors facilitated the development of the group it is now run by members of the community. A small but significant success story!

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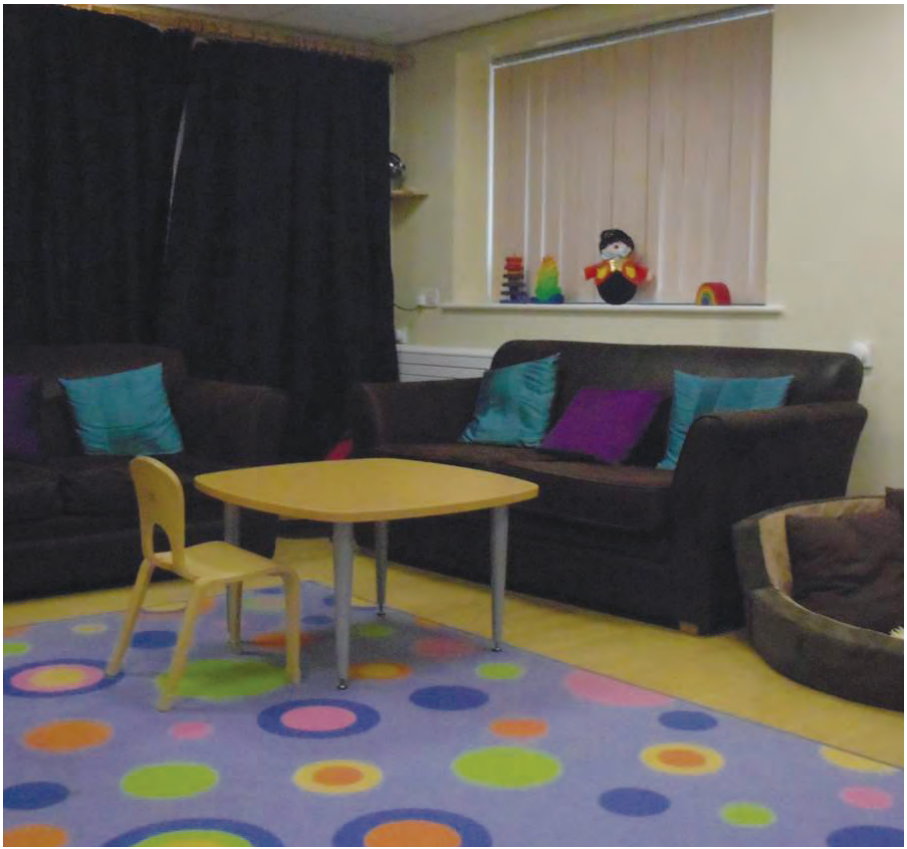
SMALL STEPS



Drop in group for antenatal and postnatal mothers with low mood or anxiety.

Through the local Children's Centre, health visitors, and local midwifery service, a need was identified for antenatal and postnatal women suffering from mental health issues. It was identified that a group for antenatal ladies with low mood and anxiety was needed so that they could offer peer support, as well as having professionals on hand to listen and provide activities. The idea gradually evolved to include postnatal ladies with children up to age six months, so as to capture a wide range of mothers and encourage more mothers to support each other through the group.

The main aims were to support antenatal and postnatal women with low mood to build social capital and empower themselves to provide their own peer support. This will enable them to provide each other with emotional support and wellbeing through group activities and discussions, and provide a nurturing

environment to empower and support each other to be able to start accessing other community resources.

Clients were identified by health visitors through high Edinburgh Postnatal Depression Score (EPNDS), low mood, or anxiety, or by Children's Centre staff, or simply through self-referral. An outcomes assessment was chosen - the outcomes star, to assess each person's level of well-being when they first join the group, and to re-assess after six weeks of attendance to evidence the success of the group.

The group was diversified to open it up to more service users. I negotiated changing the group to a fortnightly group in Beccles, and a fortnightly group in Halesworth, to make the group more accessible to more areas within the patch. The Children's Centres were very accommodating in allowing me to make this change, and all posters, and leaflets were changed to reflect this.

The group continued to be unattended despite making changes to make the group more accessible. Clients were offered to be met from the bus and walked into the centre with a member of the health visiting team to help get them over that "first step". The group was becoming unsustainable, and I felt that a further change was needed. It was apparent that the target group of women were struggling to take the first step into the Children's Centre and join a group. Because of this, the group was re-assessed for its sustainability, and how it could be moved forward to continue to be beneficial to the service users.

It was agreed that the group was not viable as the clients were struggling with the idea of attending a group, it was decided that counselling skills would continue to be utilised for mother's with low mood, but on a one to one basis rather than in a group setting. The offer was now to be three counselling sessions through the Children's Centre, with the possibility of leading onto a further targeted group which would run in blocks of six weeks.

Through this more targeted one to one counselling, more women have been able to access the Children's Centre from an earlier stage within their pregnancy or postnatally, providing them with that first step towards joining in groups and widening their social networks.

While the initial idea for the Building Community Capacity project did not take off, this project was an important learning curve, and was continually adapting to the needs of the population, rather than expecting the population to adapt to it. I have learnt valuable lessons from this experience and the challenges of reaching the target population that I had identified.

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BUGGY & BEYOND EAST COAST COMMUNITY HEALTHCARE CIC

Numerous parents (mainly mothers) had expressed that they sometimes felt isolated and would like to get out of their homes to take some exercise. Additionally parents who are involved in the 'parents' forum' at the Children's Centre had spoken about activities only being held within the children's centre itself. I proposed setting up a walking group for parents and their young children.

Its aims were to improve maternal mental and physical health, improving self-esteem and encouraging peer support and social capacity.

Partner agencies were involved, Children's Centres, Kirkley Centre, Lowestoft Community Church, the Fire Service, and Suffolk County Library.

The project would build community capacity by helping to develop social cohesion, supporting families outside the physical restraints of the actual building of the Children's Centre itself, and exploring the outdoors. Parents' skills would be extended by them becoming walk leaders themselves. It would empower parents to design their own services and support without relying on statutory support.

Three key strategy objectives would be met in facilitating this project:

1. Reduced differences in healthy life expectancy
2. Self-reported wellbeing by increased physical activity
3. School readiness - socialising for babies and toddlers

Essentially the project was to get more sedentary parents out walking in their community for the benefit of their health and wellbeing. The benefits of the group are numerous. Walking for health is free, accessible, requires no specialist equipment and is easy to start to do. Parents would be able to start walking, build up gradually and continue long-term. It is within the physical capabilities of most people and they will hopefully continue to enjoy walking. Compared to other physical activity programmes, people are more likely to continue walking long after the structured walking programme has finished. It combines all the physical benefits of an activity with an opportunity for social contact and support. Walking in a group can make parents feel safer and more confident. Walking is also easy to incorporate into everyday life and lead people to begin to think about adopting a healthier lifestyle, such as healthy eating, relaxation, and smoking cessation.

There were various aspects of the project that I had not envisaged such as preparing the risk assessments for each walk. Planning the route and walking each route beforehand was not something I had allowed time for, but had to be included.

There were several outcomes in three main areas:

Community

- A new group for parents working together;
- Parents know more about the area in which they live and its amenities;

- Parents can identify benefits to their health an well being.

Professional

- Skills in project management;
- Deeper understanding of social cohesion and health.

Organisational

- Community development and integrated working meet organisational objectives.

It is important to maintain the principles - 'duty to involve' and 'sustainability' as recommended for those working in community engagement.

Despite extensive invitations to families, numbers of parents who attended were very low. The weather was truly awful apart from on the first and last days of the project. In between we had snow, ice, wind and rain, so these conditions were not exactly conducive to encouraging families to enjoy our local landscape!

Although the project aimed to continue with a walking group run entirely by five parents, this has not been implemented due to the 'walk trainer' not contacting them and facilitating this training. Also there was no allocated time for the health visitor to offer further support.

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DAD'S GROUP LUTON

How was the need identified?

The health visitors involved in this 'Dads Project' felt it was truly important to work on a project that came from the community. They therefore sought the opinion of a group in the local community who are very much under provided for: fathers. The health visitors attended a fortnightly run fathers' group provided by the local Children's Centre. This used to run weekly but due to cuts is now fortnightly. It provides fathers and their children with an opportunity to meet and interact together using various activities, in addition to which there are opportunities to learn many social skills. It was evident both the fathers and their children enjoyed this protected time.

The health visitors introduced themselves and explained their attendance. During the visit it became apparent listening to the fathers how dissatisfied and frustrated they were and how they had all been affected personally.

What was the aim of the project?

- Giving fathers a voice;
- Empowerment of fathers;
- Providing advice and support;
- Sustaining a successful and supportive group.

Outcomes measures

- Supporting the fathers' group to establish why the local authority had presumably withdrawn existing funding;
- Developing and implementing a Communication Strategy with professionals and external agencies;
- Feedback from Local Authority indicated funding has not been withdrawn and is still in existence;
- Identified that regular meetings between ourselves and the fathers' group would be beneficial;
- We identified a need and signposted the group to an established organisation that supported charities to obtain more funding opportunities.

How did you engage users?

- Initial discussion and contact was via a mutual users engagement via a member of a fathers' support group for smoking cessation.

First Contact

- Fathers' group declined initial intended support for Smoking Cessation from BCC group;
- Fathers' group identified support for fund raising.

Second Contact

- Meeting with local business unit supporting local charities with funding opportunities;
- Fathers' group signposted to local like-minded group called 'Friends of Redgrave'.

Feedback from Local Business Group

- The above group fed back their evaluation of their meeting with the fathers' group;

- The fathers' group had felt more empowered by the interaction with BCC group;
- The fathers' group were vulnerable at present and would benefit from regular and on-going support with the BCC group;
- BCC group would need to develop a self-sustainable plan for the fathers' group;
- Encourage a wider variety of activities.

Third Contact

- A group bonding session was arranged and evaluated by both groups
- BCC HVs to attend next planned date for fathers' group

What learning has been gained from doing this project? (Positives/ Negatives/Challenges)

- The project enabled individual members of the fathers' group to engage in opportunistic health promotion activities that was organised by the Children's Centre;
- The project engaged in opportunistic 'Making Every Contact Count' interventions.

Any Implications for practice/ Organisational Implications/ Community Implications

- The project was a valuable learning experience for the newly qualified health visitors;
- The BCC group enabled further learning with development of leadership skills and identification of the needs of clients who require the Universal Plus and Universal Partnership Plus offer;
- The BCC health visiting team felt that in the future they would better utilise the advice and support of their work place advisor, colleagues and line managers;
- The biggest challenge was that the heavy workload within the service deterred the health visitors from seeking the support discussed above.

A Final Pearl of Wisdom

Building Community Capacity promotes interactions at community level, and builds on using the community's capacity to improve health and leads to the delivery of Healthy Child Programme.

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CHATTERBOXES

A 6 week series of play sessions aimed at pre-school children (aged 1-3 yrs) with their parents to actively encourage the development of language skills.

Speech and language difficulties can have a profound and lasting effect on children's lives. The impact will vary according to the severity of the problem, the support the child receives, the child's confidence and the demands of the child's environment. Young children with speech and language difficulties are at risk of continued communication problems, as well as associated cognitive, academic, behavioural and social difficulties. The prevention of difficulties can aid in a child's school readiness and improve learning.

Whilst undertaking a community profile needs assessment, the head teacher from the infant school identified the high level of children from the 2012 reception intake receiving speech therapy. I engaged in further discussion with the infant school and children's centre manager and reviewed the foundation stage profiles both locally and nationally as a comparison which demonstrated poor attainment in this area of learning.

Through child health clinics parents were consulted about their knowledge of speech and language development I also contacted a local support group set up by two parents whose children had been in receipt of speech therapy to discuss their thoughts and experiences. In addition I engaged in professional discussions with speech and language therapists, nursery nurses, health visiting colleagues and the community librarian.

The programme was produced and circulated with the health visiting team, children's centre, library, and all those who expressed an interest through the parental consultation. Targeted invitations were sent to those identified by the health visiting team as potentially benefiting from the programme. A risk assessment was carried out in conjunction with the manager of the library to identify any potential risks.

Consideration was given to those groups defined as hard to reach and those whose first language is not English. This was addressed through consultation with the Children's Centre and accessing their support in identifying these communities.

It was proposed to develop a group; based within the library aimed at developing parents' skills in enhancing language development with their children through play and other resources. This was a six week programme for one hour each week, covering a variety of topics including language development, listening skills, the importance of play, library resources and story sacks, use of dummies and dental care. Although the programme was delivered with a structure it was flexible to the needs of the parents attending.

Fourteen parents with their children initially attended the sessions, with numbers reducing over the first two weeks, to an average of eight attending. Parents stated that they found the sessions informative, enhancing their knowledge with support from the other parents and professionals attending the sessions.

Formal evaluation took place as an essential part of the process to enable identification of any specific positive / negative factors. Evaluation from the participants was very positive and identified these emerging themes:

- Knowledge of how language develops and ways to encourage this;
- Appropriate use of media / reducing dummy usage;
- Peer support;
- Library services.

The aims of the project were to identify a need within the community, using a multi-agency approach and in consultation with service users identify a resource to address that need, ensuring it remains community focused. This was achieved through the development of the Chatterboxes group, although the project is still in its infancy anecdotal evidence and service user evaluation indicates positive outcomes and further Chatterboxes course are planned.

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CLEAN AND SHINE ALL THE TIME

Promoting dental hygiene to pre-schoolers and their families.

Currently nine children in Peterborough have dental surgery every week to remove decayed milk teeth. Poor dental hygiene has been shown to impact on children's growth, development, educational attainment and causes psychological harm.

The need for this project was identified through feedback from both dental and other health professionals, and also other professionals working within Central Ward in Peterborough, including teachers and preschool staff. Data from the BASCD Dental Survey 2006 highlighted the poor condition of children's teeth in this area compared to other parts of the UK. This was not however identified as a need by the community itself.

The aims of the project were:

- A reduction of dental caries in children in Central Ward;
- Improved level of access to dental

services locally;
- Reduced need for paediatric dental surgery in Central Ward;
- Improved levels of paediatric dental hygiene;
- Improved levels of family dental hygiene.

Outcome measures:

- Collecting registration forms from local dentists to assess uptake of dental services;
- Liaison with nurseries to evaluate dental routines prior to, and following project.

What learning has been gained from this project?

- There is a need in this area for work to be undertaken around dental hygiene in babies and young children;
- All partners are engaged and keen to be involved in this project - nurseries, dental surgeries, Children's Centres;
- An awareness of the logistics and limitations of undertaking a large health promotion project;
- The need for protected time to undertake any kind of BCC/HP project, especially in an area with large and complex caseloads such as Central ward;
- The need to ensure that funding is not only agreed, but also in place, prior to commencing project.

Implications for practice:

- Poor dental hygiene in families will continue to impact on health and development in children, therefore there is a need to address dental hygiene on an individual level with all families at present in practice;
- Increased costs to service in addressing health needs as a result of poor dental health.

Organisational implications:

- This is a large health promotion project that requires multi-agency input, protected time, admin support and accessible funds to enable it to be completed effectively;
- Increased costs to organisation to meet unmet health needs of community.

Community implications:

- This need is not being met in the community by current services and will continue to be an issue until addressed effectively, either at individual, group, local or national level.

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MESSY PLAY SESSIONS FOR MILITARY FAMILIES

The health visiting team were aware of the increased incidence of postnatal depression amongst military wives - 25% of military mothers as compared to 10% civilian mothers will develop depression (Gellene, 2008).

Within the locality is an isolated military base without accessible public transport - there are 35 families in army housing all with children under age five. The base is also home to Ministry of Defence (MOD) personnel with a divide noted from the army wives between the two. The aim was to help the parents set up and sustain a weekly messy play session for the children on the base and utilise the facilities already in place - a room equipped with children's tables and chairs, craft equipment and a kitchen with connecting lounge for the parents to have coffee and a chat. The expectation was to encourage military and MOD families to use the resource on a regular basis and to establish their own support networks to lessen the divide.

There were no extra costs as the facilities are in place and funded by army welfare.

Over time the group would become a community and therefore would develop a support network for each other. The children would be allowed to play in a "nursery" environment which would encourage their own personal growth and help build confidence.

The health visitor for the base could monitor the impact by offering the Whooley questions at clinic and documenting the outcomes.

This is an on-going session but the presence of the health visitor can be withdrawn after 6 weeks from the commencement of the group and the wives will take over the running on a rota basis.

The wives asked the health visiting team for help to set up this group without any prompting so engagement was easy. The Messy Play sessions were advertised by the health visitor at the monthly drop in clinic for two months prior to the first session and promoted by the "lead wife" at the weekly coffee morning. The group was promoted on their Facebook page.

Outcomes

1. Decreased depression amongst wives of military personnel, especially when deployed (this base was home to the bomb disposal unit with cyclical 2 month deployments to Afghanistan).
2. Screen using Whooley questions repeated after 4-6 weeks which will be tracked against Whooley questions at week 1.
3. Record of regular attendance numbers to enable a quick visual of its worth to the community
4. Evaluation forms after 3 months.

Evidence demonstrates there is a need to support military families around maternal mood, particularly at times of deployment, making tackling this issue current and essential in our local area.

Military families are familiar with coping alone, are difficult to engage and bring together in such a seemingly manufactured way, they are resilient and do not tend to ask for help. Another challenge is that there is a hierarchy amongst the wives that has no rhyme or reason - it is important not to inadvertently task the "leader" as the liaison for the group as no newcomers will attend!

Any health visiting team that covers an area housing military personnel and their family need to ensure they are familiar with their unique needs and demands. It is essential to develop a relationship with the welfare office so that an open information exchange can occur to support families. A single telephone call secured indefinite funding for the sessions which reinforces the commitment the military make to the families of servicemen.

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IMPLEMENTING AN INFORMAL, LOCAL FIRST AID EVENING YEAR

Accessible to all parents with children under 1 years old.

Providing parents with the opportunity to get together and learn basic First Aid bestows them with some knowledge, reassurance and confidence as well as the prospect to integrate within their local community. The parents of South Woodham Ferrers and Danbury had indicated that they would benefit from a First Aid session and when surveyed, confirmed that this was something that they felt was missing within their community. Further to this a project was launched to address this need in line with the above local public health priorities.

The aims of the project

1. Promote safety, reducing child morbidity and mortality.
2. Prevent hospital admission and therefore reduce the economic burden of the NHS.
3. Increase parent's confidence.
4. Reduce isolation by building community capacity.

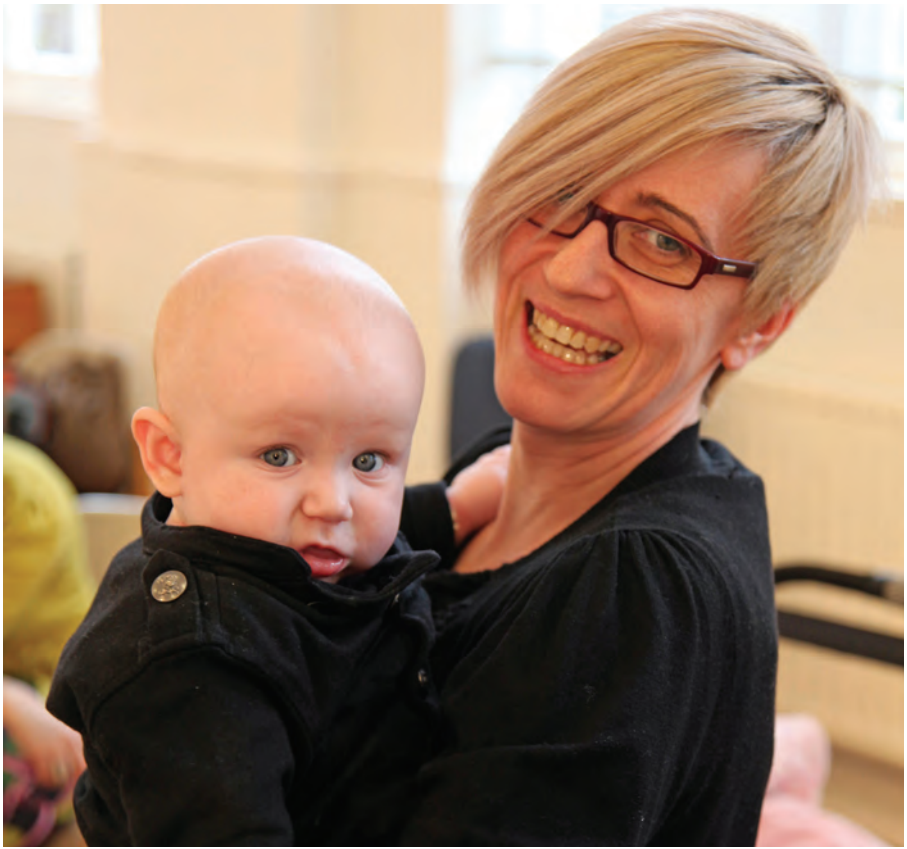
The outcome measures

1. Reduction of A&E admission - measured by comparing the number of A&E notifications within a 6 month period 6 months after project starts.
2. Evaluate each session - by asking parents to complete evaluation form, consider asking about how session has improved their confidence.
3. Ask parents if they have made friendships and contacts from the sessions within the community.

Service users were involved from the offset / planning stage whereby enquiries during home visits, clinics and new parents groups were undertaken asking their views and suggestions. A sample of 40 parents were then surveyed of which 27 completed the questionnaire.

A free of charge informal first aid evening accessible to all new parents with babies under one year was subsequently implemented from the feedback. Parents wanted to gain some knowledge with regards to how to respond to an accident or in an emergency, in order to boost their confidence. Most parents wanted demonstrations on CPR and choking and discussion around accidents such as bleeding, burns and head injuries. Parents preferred the session to be offered free of charge with the option of a voluntary donation. They did not generally mind where the training was held as long as it was reasonable local and most preferred an evening followed by a weekend session.

Quotes from first aid trainers such as The Red Cross were obtained and charges ranged from £7pp up to £33pp but none offered the training voluntarily. A service user who used to volunteer for the first responders then suggested asking the first responders to be involved. After checking that this was possible via the latest paediatric resuscitation teaching requirements for parents (Resuscitation Council, 2011) the South Woodham Ferrers First Responders coordinator was contacted and very happy to help. A meeting with the organisation's coordinator was conducted to discuss preferred session



content as identified by parents, the coordinator detailed his background and equal enthusiasm for the project offering to undertake the sessions free of charge. A brief session plan was devised and dates set monthly to include evenings and Saturdays. The coordinator enlisted a contact who used to train via St John's Ambulance to assist voluntarily with the sessions. Each session has had a 90% uptake rate with excellent feedback from evaluation forms which are distributed following every session. The project has initially been facilitated by a health visitor who has attended the first 3 sessions and when happy with the content and self-sufficiency the health visitor will withdraw. Hand outs have been provided to parents using NHS Choices and parents are signposted to appropriate websites for additional information backs up the education offered and which aims to further prevent any unnecessary use of services.

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HUNGARIAN FAMILY GROUP

The need for a local Hungarian group was highlighted by a local mother and the Children's Centre, as they identified a lack of services and support groups specifically for them. The Hungarian community felt isolated and overlooked as a minority group.

According to the Young Foundation it is critical that individuals have a sense of belonging to a community, have social support, are able to access services/ activities and a have feeling of inclusion in order to achieve well-being. Thus a group to support Hungarian families, inclusive of white British families, would help enable better integration into the wider community increasing well being.

Although there has been a significant increase in the number of white non-British ethnic groups in Suffolk since 2001 (1.3 % Suffolk population non-white British in 2001 increase compared to 4.1% in 2007) Suffolk Coastal is the 3rd least diverse district in the county (2.7%, Hidden Needs Report, Suffolk Foundation 2010). Less ethnic diversity within a district can lead to the needs of

isolated pockets of ethnic groups being hidden.

The project aim is to enable Hungarian families to feel supported and connected within the community.

This was achieved by encouraging the involvement of parents in their children's learning. Helping parents and children to improve their English through songs, stories and plays; encouraging parents to have skills, knowledge and confidence to access universal services and promoting friendships within the Hungarian/wider community.

The outcomes for the project were that the members of the group felt their needs were being met. They have improved access to activities and services within the wider community. Children and parents felt that their English had improved

Evaluation of the project demonstrated the following outcomes:

- The group is run by the community;
- The Hungarian community feels well supported;
- Feedback from clients stated they felt the group has encouraged their involvement in their children's learning;
- The group is helping families to improve their English through songs, stories and plays.

The learning from the Building Community Capacity project demonstrated the success of inter-agency communication and networking. Although this presented its own challenge due to timescales and workload we now as a health visiting team have a greater understanding of local resources to achieve a positive outcome for children and families in a minority group.

We have worked in a collaborative way with Local Community Development Officers who have supported the project and have shared their knowledge and experience of project development with the universal health visiting team.

Organisational learning from Building Community Capacity has enabled us to meet corporate and strategic priorities. These included improving access to children's centres, by a small isolated ethnic group, which may have contributed to a reduction in professional interventions for this population. The group was recently contacted and the numbers in the group had grown. The families were expressing that they valued the support of the group, and felt that it was improving the outcomes for their children. The links are being maintained, but the group is self-running.

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PARENTS OF THE WORLD GROUP

Evidence shows that individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely. Social networks have a larger impact on the risk of mortality than on the risk of developing disease. Therefore, although social networks cannot stop individuals from getting ill they are positive in helping the recovery from illness.

The Lakeside team in South West Essex cover the Purfleet, Aveley, and South Ockendon areas in Thurrock. A review of the caseload showed a high increase in families with English as a second language moving into the Purfleet area. Services for families in this area were limited and there are poor transport links resulting in social isolation for many families. The health visiting team joined with the Children's Centre staff to address these needs through a Building Community Capacity project.

The aim of the project was to increase the families' social network and access to services with the hope of decreasing

social isolation therefore improving the outcomes for the children in these families. The project would be delivered initially as a ten week programme offered to families where English was not the first language. The programme would provide an opportunity for parents and children to meet and form relationships and to gain confidence in accessing services. It also provided an opportunity for the families to access information to support them in their transition to parenthood in a format that was easy for them to understand. At the end of the ten week programme the families were supported to continue meeting so that they could continue to support each other for as long as they needed.

An evaluation tool was developed locally which was written in easy to understand language and help was offered to complete the form. The evaluation showed that fifteen parents attended the ten week course every week and more than half have continued to meet within the peer support group once the course ending. It showed the parents who have formed the relationships feel less isolated and have a greater sense of wellbeing.

Service users were initially engaged by developing a strong relationship with the health visitor who would be facilitating the course. The health visitor continued to engage the parents by allowing them complete control over the group activities and topics discussed. The health visitor observed that the majority of the parents watched English television to improve their language skills, so she developed a weekly quiz. The parents worked in groups to complete the quiz together developing their group work skills and confidence. The health visitor used the quiz and the characters on the television programmes to discuss key public health concerns such as postnatal depression and family planning.

One of the biggest challenges for setting up this project was that some parents did not have the confidence to attend the group. For some this was overcome by building a strong relationship with the health visitor who was facilitating the group before they attended, but for others they were never able to build the confidence to attend.

The key driver for this project was to reduce social isolation for families with English as a second language with the ultimate aim to improve the outcomes of the children living in the area. Setting up the project was challenging and at times felt unachievable but seeing families grow in confidence and become more integrated in the local community was extremely satisfying and highly rewarding.

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CLOTHES SWAP SHOP

A need was identified within our locality for a clothes swap shop, where families could bring in outgrown clothes and exchange for new clothes.

This need was identified through the collaboration of newly qualified health visitors working in two different areas. One area consisted of families who were more advantaged and had expressed a need to the health visitor that they had unwanted children's clothes that they wished to donate. The other area consisted of families who were disadvantaged and had expressed concerns around the cost of living.

The aim of this project was to create an environment where families could bring clothes for other families to access and exchange clothes.

The project's outcomes were to be measured by the uptake of the service by the families.

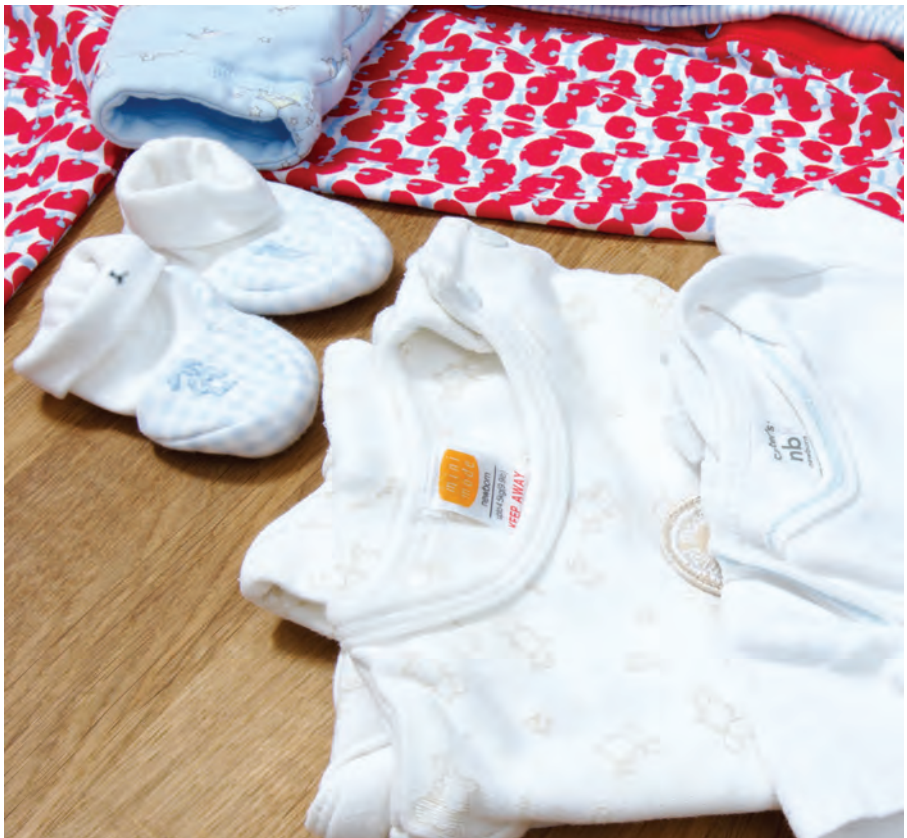
The swap shop was promoted to families by advertising through the children's centre in which the project was to be based. The health visitors also engaged the whole of the health visiting workforce within the area by attending an education forum to identify the project and to encourage attendance at the swap shop.

The project provided many opportunities for learning. The positives of the project were identified through the increasing number of families that started to access the swap shop and the amount of clothing donations that were received. The challenges of the project were in recruiting families initially, and in locating suitable premises for the swap shop. These barriers were overcome through liaising with local children's centres and instigating a promotional campaign for the swap shop.

The implications that this project provided for practice were numerous. The project identified the importance of responding to needs identified within and by the community in order for effective building community capacity to take place. The project also provided the chance for the health visitors to work closely with the children's centres and other agencies providing support to families to raise the profile of the role of the health visitors work.

The main organisational implication identified by this project was the ability to raise the profile of the health visiting team further within the community. It also provided the opportunity to forge better links with agencies in the community in order to provide a multi agency delivery for families.

The community implications from this project were identified through the increased number of families attending the project in order to utilise the exchange. A family attended whose youngest child had severe eczema but they could not afford new clothes and so the girl had to have her brother's old clothes. The family were so pleased to have found the clothes exchange and be able to get new clothes for their daughter. The project also helped with a pregnant woman who had no access to funds and was expecting her first baby.



We were able to provide the woman with some clothing for her unborn child. The project was also able to liaise with the health visitor for homeless families to identify vulnerable families who utilised this service.

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