

# Thematic Report on Sure Starts' planning, delivery and monitoring of services to children and families during COVID-19



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\*Please note that references to commercial resources contained within the report are for information only. The ETI does not endorse specific resources.

## Introduction

On 19 March 2020, in light of the COVID-19 crisis in public health and advice being given to schools by the Department of Education (DE), the Health and Social Board (HSCB) advised that all Sure Start services should cease face-to-face delivery of services. Staff were advised to work remotely<sup>1</sup> where they could do so effectively and adapt their delivery of support to families while maintaining a focus on and one-to-one support for vulnerable families and children. The Department of Education issued guidance to the Health and Social Board on 24 June 2020 to restart Sure Start's service delivery in line with the re-opening of Pre-School settings in Northern Ireland. The Health and Social Care Board advised Sure Start managers to conduct a risk assessment on Sure Start services (which included adult support), in line with Department of Health guidance and advised on appropriate and safe delivery of services in Sure Start premises and in parental homes by September 2020.

On 6 January 2021, these arrangements were reviewed and the Education Minister Peter Weir MLA announced that schools and education settings, which include Sure Start services, were required to return to remote service delivery to parents and children, but to continue to provide direct one-to-one support to vulnerable children. The Northern Ireland Executive agreed the restart of Sure Start services for children only attending without parents from 25 March, and for all Sure Start services including families from 24 May 2021, subject to mitigations stipulated by the Chief Medical Officer and Chief Scientific Adviser. The Department of Education had increased the Sure Start budget by £1.9 million in 2020-2021 (7.4% increase) to £27.4 million to ensure Sure Start services could continue their existing levels of delivery of support and services.

The Department of Education (DE) has commissioned The Education and Training Inspectorate (ETI) to evaluate aspects of Sure Start provision in Northern Ireland, via three thematic [evaluations](#) during 2018-2020. This year the report focused on how effectively Sure Start had responded and adapted the planning, delivery and monitoring of services to children and families in response to the COVID-19 pandemic in the period from March 2020 to March 2021.

The Education and Training Inspectorate (ETI) invited all Sure Start projects to complete an online questionnaire outlining how they supported families and children during March 2020 and March 2021. All 38 projects completed the questionnaire and the key findings in this report are based on both the quantitative and qualitative evidence obtained from this questionnaire and the further information, gathered during focused discussions by telephone undertaken by district inspectors, with project managers from a sample of 10 projects<sup>2</sup>. ETI also held discussions with representatives from a number of groups who hold leadership roles and responsibilities for the Sure Start projects.

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<sup>1</sup> Remote service support can be completed through online platforms, social media and messenger platforms, phone calls or emails and requires no physical contact with people.

<sup>2</sup> Appendix 2 – Sure Start projects that participated in discussions with ETI District Inspectors.

These discussions included aspects referenced in the ETI questionnaire to projects, namely:

- the planning for remote delivery of service and support;
- the delivery, monitoring and evaluating of the remote support;
- professional staff development; and
- safeguarding and online safety for staff and families.

A selection of examples of how projects adapted their delivery and provided support for families and children from March 2020 to March 2021 are included in the Appendix.

## Summary of key findings

### Key Successes

- Sure Start project managers, with the support of the Childcare Partnership<sup>3</sup> (CCP) managers and Lead Bodies<sup>4</sup> adapted in a prompt and timely manner their planning and safe delivery of services in response to COVID-19 to provide continued support for families.
- A majority of projects used a combination of practical, online and face-to-face support for families which included delivering food parcels, health and wellbeing packs, activity and language packs for children, zoom classes, garden gate visits and providing onsite support for vulnerable families.
- Online service support was reported to be successful in providing vulnerable families with services during COVID-19.
- Family support teams were a critical feature in the successful delivery of Sure Start support services during this period; they established and maintained personal contact with parents and tailored a wide range of support to specific families in particular need.
- Projects managers are reviewing the feedback from the online communication with families to inform a blended approach to Sure Start services in future working using the innovative strategies implemented during the periods of closure to build on their success in supporting families.
- Despite the real challenges of the Sure Start speech and language therapists being re-deployed in response to the pandemic, the support of the strategic regional approach of senior staff ensured that the promotion of children's speech, language and communication skills remained a priority focus, and was embedded into activities and communication with parents.

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<sup>3</sup> Childcare Partnerships work includes the management of a range of early years and childcare programmes including Sure Start, DE Capital and the Early Years Development Fund.

<sup>4</sup> Appendix 2 - The Lead Body facilitates development of a local partnership and promotes a partnership approach to delivering services through Sure Start to address identified needs.

- An increased emphasis on an online regional approach among managers, speech and language therapists, and Programme Support Specialists has enabled the successful sharing of practice among the projects including the generation of resources and creative ideas and is promoting an improved consistency of approaches across the projects.

## Key Challenges

- A limited Information Communication and Technology (ICT) infrastructure combined with wide variation in the confidence, capacity and skill set of staff posed significant challenges in transferring to online working.
- Leaders, managers and staff recognised the need for continued support and training to build staff resilience, capacity and skills to support the increased needs among families as services resumed more fully. Managers provided more access to training so that there was a consistent regional approach for all staff specific to their service.
- Providing suitable support for children already identified with additional needs, has been a particular challenge for staff and a majority of projects reported system delays in progressing children for referrals to other external health professionals and clinics.
- Lead bodies and managers reported that the written guidance from Department of Health, Department of Education and the policy direction on re-opening of services was not clear enough and proved challenging for projects when planning for the way forward.

## Planning and delivery of support

***All projects reported through the questionnaires and the focused discussions that they had to make changes to their current practice and strategies to support families due to the COVID-19.***

In line with Public Health Agency (PHA) guidelines, the Childcare Partnership (CCP) managers and the project managers moved as many services as they could to remote and online support. Initial contact to families was made by telephone to maintain the flow of communication and support before moving to digital platforms. This was combined with the delivery of practical packs of materials that families could use at home. Where it was deemed necessary, projects also delivered face-to-face support to families and vulnerable children in an outdoor space following PHA guidance.

- ***Most staff had to become familiar with online platforms***, adjust programme content and quickly adapt and develop new skills to deliver sessions online.

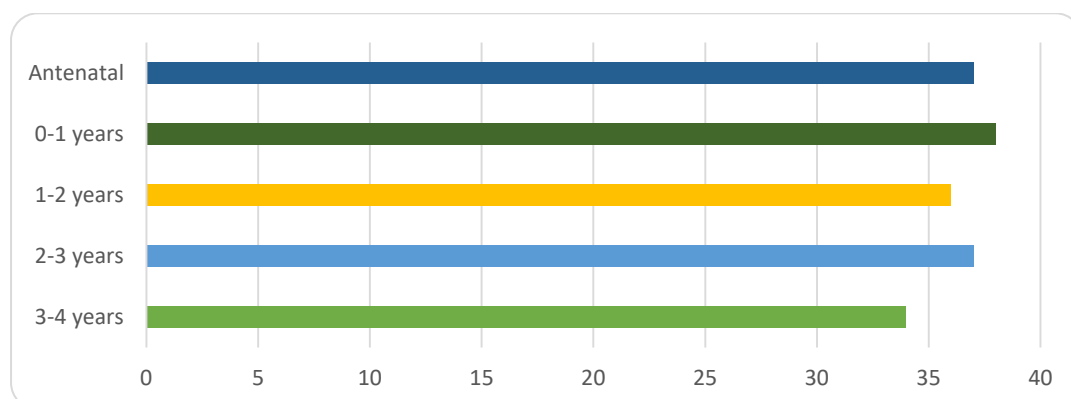
- **All projects organised some level of targeted face-to-face engagement with parents** which was conducted at the gate, doorstep or in the garden. This was facilitated by a range of staff including support workers, early years co-ordinators, antenatal and post-natal staff, health visitors and speech and language co-ordinators. Project managers who spoke with ETI reported that parents welcomed the visits and for some parents the face-to-face contact helped to reduce a feeling of isolation.
- **All projects maximised the safe use of outdoor spaces.** Examples included: organising one-to-one walks; buggy walks; outdoor group work; and, physical activities when the weather permitted. One project conducted aspects of their speech, language and communication support at a local band stand with parents and children.
- **A majority of projects remained open to provide facilities for families and children who were identified as vulnerable.** Support was provided by staff on a rotation basis and following COVID-19 safety guidelines.



### Using digital technology to deliver support

Managers responded rapidly in the first lockdown in March 2020 to pause centre support with all projects moving most of their communication and support to an online remote delivery approach. Intensive work was carried out by staff to contact families through phone calls and social media platforms to inform them of the wide range of services that were still available and how they would be delivered remotely. A majority of projects were providing services to children aged 0-3 years and the Department of Education agreed that children reaching their fourth birthday could continue to receive services on a temporary basis during the second period of lockdown.

The graph illustrates the questionnaire responses with the number of projects that were providing remote services to each age group during the second period of lockdown:



Staff in all projects used a wide variation of online platforms such as Zoom to provide stories, support strategies and parental workshops to support the children across all age groups to meet their individual needs and milestones of development. In addition to the specific programmes focused on aspects of child development, there were programmes focusing on broader issues that were emerging for parents such as mindfulness, self-awareness programmes, sport and family fitness, money management and home safety.

Sure Start speech and language therapists (SLTs) created resources and developed a regional Sure Start digital resource directory that can be used by projects over the longer-term and created a successful monthly online interactive newsletter<sup>5</sup> for parents and staff.

Examples of how staff adapted their approaches as reported in the questionnaires:

- projects delivered virtual tours of the settings for the parents of children due to start the Developmental Programme for 2-3 Year Old children in preparation for their induction in September 2020 to help the children settle more easily into their new environment;
- staff used a mixture of live and pre-recorded approaches to provide flexibility for families; especially when other children needed home schooling or parents were working from home;
- all projects made adaptations in response to feedback from staff and parents. These included shortening their online sessions, reducing the number of weeks for courses and working with smaller group sizes of children and parents; and
- activities such as 'Cuddle on the couch' bedtime stories were developed for use later in the evenings to support parents in developing a bedtime routine for their children.

### **Using practical packs to support families**

All projects reported in the questionnaires that they provided a variety of practical support packs for their families to support a range of services. These were generally delivered via garden-gate visits which gave staff an additional opportunity to make connections and 'check in' with parents. The packs were well-received and the delivery of home packs (including toys and resources) and information for parents before a virtual session allowed the parents to prepare for the session and know what to expect.

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<sup>5</sup> [SureStart Speech Language Communication News](#)

The range and focus of practical packs included the following:

- **antenatal packs** provided by most of the projects which contained practical baby resources and massage packs for mum and baby to support the online sessions that projects were delivering remotely; these packs and access to the online sessions provided mums with a support network to reach out and communicate with other mums who were feeling isolated or anxious about the birth of their baby;
- **home learning packs** for the children attending the developmental programme for 2–3 year-old children, provided by a majority of the projects, which included resources to support messy play, sensory play, art and craft play, speech and language and physical development; the packs were linked to the content of the online zoom sessions, and were delivered on a weekly basis to support the ‘stay and play’ element of the programme;
- **wellbeing packs** were given to parents in a minority of projects to remind parents of the importance of self-care and maintaining their own health and wellbeing;
- the use of an online magazine<sup>6</sup> has supported staff to deliver speech, language and communication messages in a more interesting and interactive way than the previous paper versions; and
- the ingredients that families needed to participate in the ‘Cook-it’ programmes were provided by a majority of the 38 projects; the programme promotes healthy eating and cooking on a budget and projects reported that the provision of these resources encouraged greater numbers of parents to participate.



## Planning and support for Specific Groups

### Vulnerable families and children

In addition to following the guidance by the cross departmental [Vulnerable Children and Young Peoples Plan 2020](#) projects broadened their definition of vulnerable families to those affected negatively by the particular pressures of COVID-19.

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<sup>6</sup> [SureStart Belfast Message of the Month User Guide](#)



This included for example:

- parents suffering anxiety at this time as well as social isolation;
- families who live in multiple occupancy home with less space; and
- families suffering from job loss and poverty and big families engaged in home schooling but are struggling to support all the children at home.

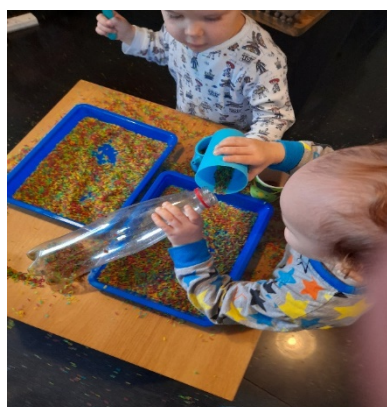
Project leaders who spoke with inspectors reported that families, not previously identified as being vulnerable, were identified as being more in need of support due to the impact of COVID-19 on their personal circumstances. The support provided by Sure Start enabled the families to adjust and adapt to their changing circumstances and signpost them to other support agencies previously unknown to them. Most of the leaders reported that while identifying a vulnerable family was complex, the projects provided varied support tailored to the needs of families within their catchment area. Vulnerable families received more face-to-face support and help with signposting to external services such as, housing executive, counselling services, medical services and health agencies. Project leaders reported that staff provided vulnerable children with one-to-one sessions for an hour per child every week for those attending the 2 Year Old programme, as well as buggy walks for younger children in the local park.

### **Children with additional needs**

Project managers who spoke with inspectors reported difficulty in providing effective remote support for children with additional needs (including educational and medical needs, speech and language delays and newcomer children) during the first lockdown in 2020. As a result, during the second lockdown, support was delivered more effectively through shorter, onsite one-to-one sessions with the parent, child and relevant staff. Staff reported that the children made progress with this one-to-one approach with improved speech and language and confidence; however, social interaction with other children was limited and parents felt isolated from their usual parental support network.

Most projects reported in the questionnaires that they encountered delays progressing children's referrals to external system services such as, speech and language therapy, child development clinic, health visitor and educational psychology.

### **Supporting speech, language and communication**



In some projects Speech and Language Therapy (SLT) staff were temporarily redeployed by the Health and Social Care Trusts in response to the COVID-19 pandemic. Project staff, with the support of the SLT team, continued to promote and embed universal Speech, Language and Communication messages into their everyday activities and virtual service delivery. In response to parents feedback on preferred choice, they moved many services online using social media, such as

[‘Help Kids Talk’](#)<sup>7</sup> Facebook, Instagram & Twitter, BBC [‘Tiny Happy People’](#) and signposting to the Children and Young People's Speech and Language Therapy interest Site.

In addition staff were supported and encouraged to provide online rhythm, rhyme and story time sessions and more targeted sessions including [‘BookStart Corner’](#). This is an early years programme linked to [BookTrust](#)<sup>8</sup> and provides families with resources, activities and support to develop a love of reading.

‘Play and Discover’ sessions, considered to be a key programme for families with complex needs, had to be paused during this period. However the SLTs worked together to develop an online parent workshop and 1:1 interactive coaching sessions to continue supporting parents at home with daily routines and tailored speech, language and communication support.

Through discussions with the Regional Speech, Language and Communication coordinator and senior SLT, they reported:

- there was a wide variation in the participation of parents with online SLT services; some parents did not engage at all and others dropped off with ‘Zoom fatigue’;
- the therapists found that not seeing the children face-to face was less effective as facial nuances and body language cannot be seen on a Zoom call;
- many parents did not like the online SLT sessions and so didn’t engage which resulted in the child being discharged from the service due to non-engagement, despite the parents being very concerned about their child’s significant needs;
- there was a lack of necessary privacy for confidential discussions with parents via zoom;
- there were longer waiting times for core and specialist services to provide early intervention; during March-June 2020 many children were not able to access appropriate Educational Support and subsequently missed out on appropriate educational placement and additional support; and



<sup>7</sup> [Help Kids Talk](#) through The Resurgam Trust provide awareness sessions for parents/carers on what speech, language and communication development should look like, encouraging a child’s development and where to go for help and support. They also provide training and programmes for organisations that provide services for children.

<sup>8</sup> BookTrust received a contribution of £50k from DE towards BookTrust’s Babypack programme in 2020/21 which is a universal book gifting programme. Every child aged 0-12 months is eligible for a free pack of books and resources, designed to support and encourage families to read with their child as early as possible. The Department will also make a £75k contribution to the Babypack programme in 2021/22.

- the delay in re-opening of early years and clinical services meant a lack of clarity on how SLT provided face-to-face services for the parents and children which impacted those children who were making limited progress through online support.

In light of these considerations, SLT reviewed their support to families and children and adapted and tailored the support so that parents and children received speech, language and communication support that was best suited to their child's individual needs.

***An example of how support by a SLT virtual support was adapted:***

*A family who stopped joining the virtual 'Stay and Play' sessions was contacted by the team. The family explained that the sessions were too difficult and they felt more stressed after the session. The SLT and session staff discussed the option of a small group session with the parents and child and offered one-to-one support onsite. Parent and child attended support with SLT and felt more supported with their child's speech and language.*

**Newcomer Families**

A minority of projects reported in the questionnaires and through discussions that families for whom English is an additional language, encountered difficulties in trying to access the services provided by the projects. Language barriers resulted in them lacking knowledge of what support was available remotely and support services provided by the centre. In response, project leaders used the translation services available in the Health and Social Care Trust or online digital translation services to communicate with parents and provide them with information. The introduction and use of the [Bilingual Language Profile \(BLP\)](#) enabled staff to monitor progress of bilingual children in the Developmental Programme for 2-3 Year Old children and provide additional language support to them.

**Response to the remote support provided**

**Levels of engagement from parents and children**

***Overall projects responses in the questionnaire returns indicated that there was a decrease in the numbers of families accessing their services this year as compared to last year as fewer face-to-face services were available.*** Managers reported that at a local level, the additional number of phone calls made to individual registered families often resulted in increased contact and communication with a wider range of families than in previous years.

For some 'new mums' Sure Start services were reported to be an important support network to them after the birth of their baby as services delivered by hospitals was limited. 'New mums' reported that the one-to-one phone calls and online support provided by Sure Start breast feeding support was a vital service before and after the birth of their child.

*Really enjoyed the coffee and chats every Thursday. Can we keep it as a weekly thing? Hard during isolated times to have a good conversation with other mums and this makes it a lot easier especially as a first time mum. Thank you!*

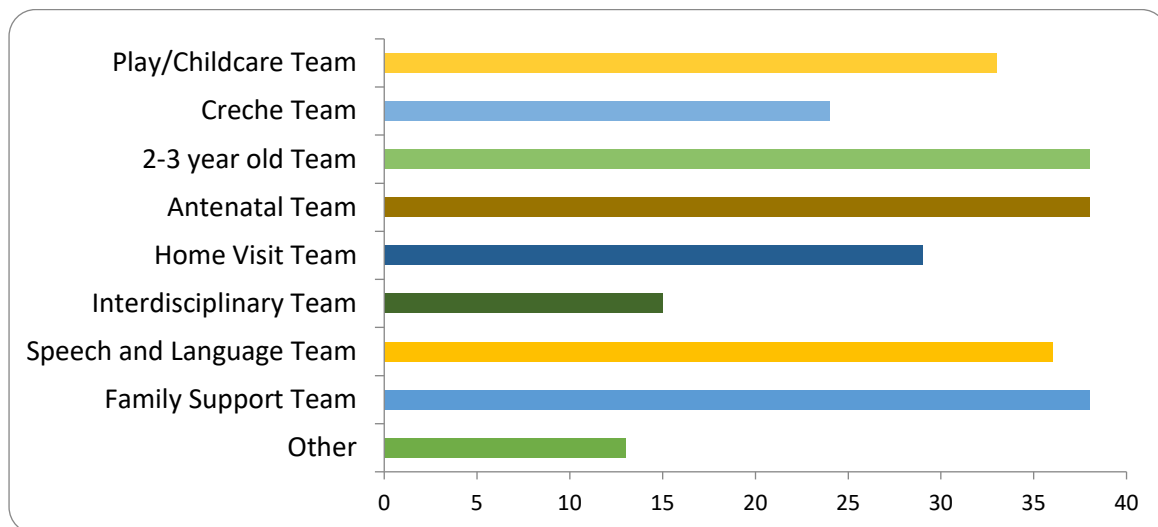
**Parental Feedback**

All staff monitored the number of families who engaged with services that were delivered through 'live' online sessions and the number of views of their pre-recorded sessions and reported these back in their quarterly returns to Childcare Partnership Managers.

*This is such an amazing group. We gain so much comfort and good routine during lockdown. We have something to wait for. The staff are amazing. It was a precious time for us.*

**Parental feedback about a weekly group**

The graph illustrates which teams were operating successfully online. Some teams were able to support and engage families more easily than others as the type of support usually provided was more easily adapted to remote online approaches.



Projects used a range of approaches to gain feedback from parents to inform their practice and improve engagement. All projects sought feedback from the sessions that were delivered through remote digital platforms. Others used surveys, garden gate visits, phone calls, emails and in a minority of cases, parental focus groups, to gain an insight into parents' needs and obtain feedback on the delivery of services and how the project could best support them.

*I'd like to know more about therapeutic play as I'm all about talking through problems and being open about feelings and emotions and want [my son] to grow up in an environment he knows he can do the same.*

**Parental Feedback**

In response to feedback from parents, Sure Start service delivery was more closely tailored to their needs which increased effectively the level of engagement of families. For example, the provision of evening sessions to accommodate the ever changing needs of the families. Project managers reported that their new methods of engaging with parents which have had positive results will be carried forwarded into their future business planning for support and services.

## Safeguarding

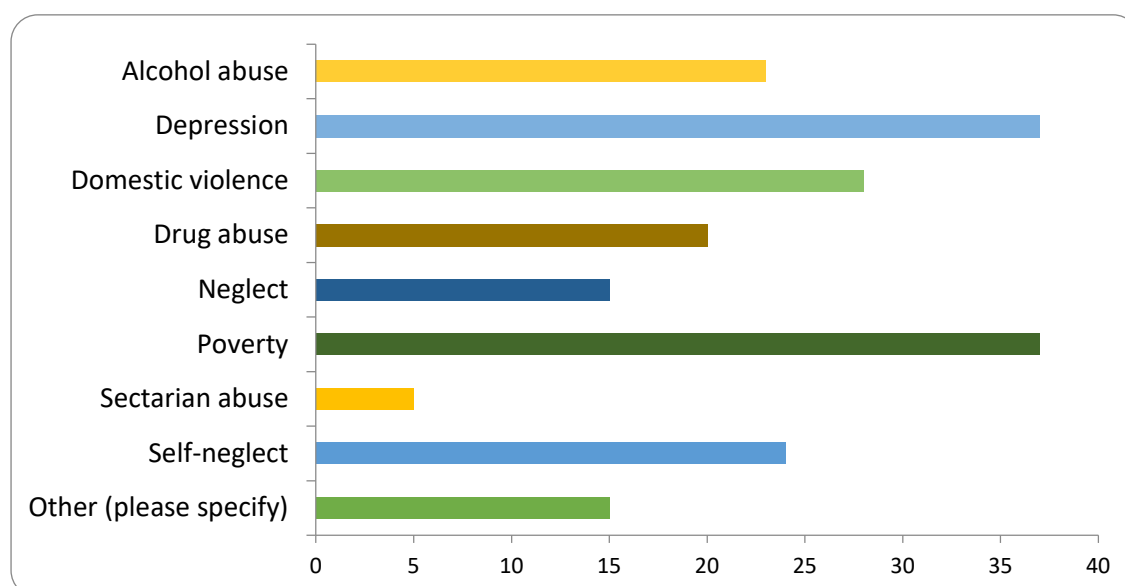
A significant minority of project managers reported in the questionnaire that they updated safeguarding policies and procedures, such as their online and social media policies, to reflect the increase in online interaction between staff, parents and children during online activities. These were communicated to parents and staff.

The Programme Support Specialists (PSS) reported the need to develop a Zoom etiquette for staff and parents on how to speak and behave during Zoom calls and keep online security and safeguarding under review.

A minority of Sure Start projects reported in the questionnaire that there has been an increase in safeguarding referrals. Leaders highlighted concerns that not being able to undertake home visits to observe vulnerable children in their home environment may have impacted on the referral process. Although garden and doorstep visits provided support for registered families, they are not the most effective way for the family support worker and health visitor to monitor and safeguard the children and parents.

In the questionnaire, project managers reported that they believe that there has been a rise in domestic abuse in their communities and other factors that negatively impact on family life and circumstances; however, the full extent would not be fully known until staff can resume their face-to-face support and home visits.

The graph illustrates the reported rise in factors which have impacted negatively on families during COVID-19, as identified by projects in the questionnaire:



## Support for the emotional health and wellbeing of parents and children

The negative impact of COVID-19 on the emotional health and wellbeing of families and staff is widely reported by the Sure Start projects. Four projects accessed additional training focusing on [Solihull](#), infant mental health and emotional wellbeing of parents to support the increased need for this aspect of their work.

Project managers reported the most common factors impacting the emotional health and wellbeing of parents as:

- anxiety and other mental health problems due to COVID-19 and feeling isolated especially for new single mums;
- an increase in anti-social behaviour in their community as more young people are not engaged in other activities and youth services;
- struggling to support children with additional needs and other children in the home;
- relationships/marriage breakdowns or separation exacerbated by COVID-19 restrictions, being furloughed or job losses; and
- issues relating to housing including the fear and risk of homelessness due to loss of income as a result of the pandemic.

In response to the emotional health and wellbeing issues of parents and children, online activities have focused on preparation for birth and post-natal depression, self-care, stress management, relaxation techniques, behaviour management and making secure attachments. Projects have drawn on a wide range of relevant resources from existing programmes such as [‘Five to Thrive’](#), [‘Take 5’](#), [‘Mind your head’](#) and the Solihull approach to containment and building resilience, as well as developing their own tailored resources. They have also supported emotional health through physical activity for families with socially distanced ‘walk and talk’, exercise challenges, walking groups and mini mover sessions for children.



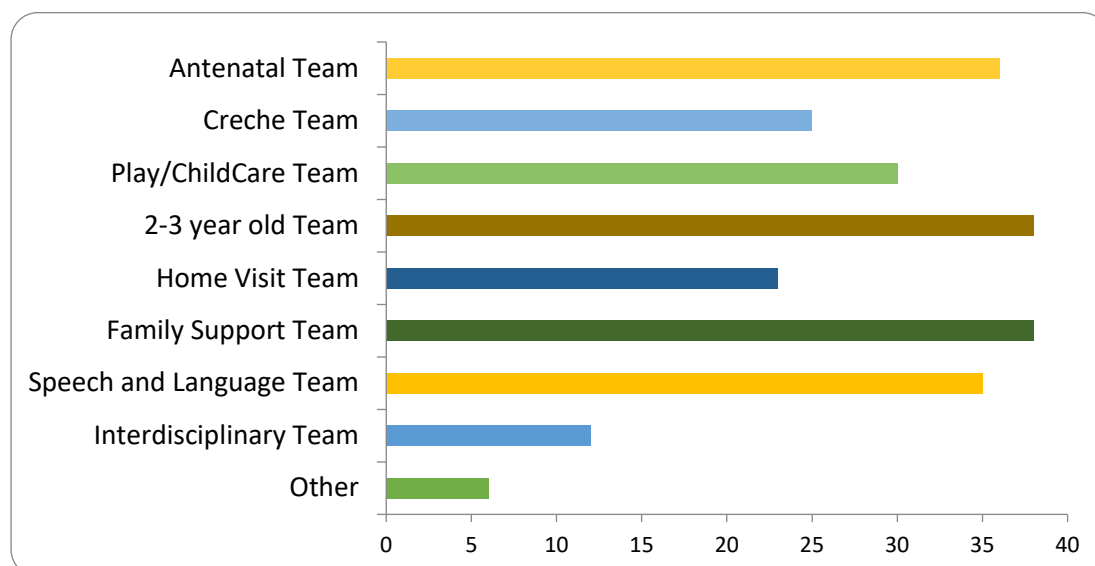
Projects have built further on their normal working practices of partnership working to link with [Relate](#), [Barnardo's](#) and others to meet the need for counselling services and have accessed resources from organisations such as [Woman's Aid](#), [Aware NI](#) and [Men's Action Network](#).

# Staff development

## Staff Training

- All 38 projects reported that staff participated in COVID-19 health and safety training and remote/online training to build their capacity to work online with families. Other training, delivered to almost all of the staff, included speech and language support and Supporting Children's Play and Development during COVID-19 for staff to promote play and development in the home environment.
- 'Green Screen'<sup>9</sup> training was delivered to all Sure Start SLTs regionally and the core SLT team WHSCT. It provided staff with a platform to enrich the online delivery of support for the children and families and promote the development of speech, language and communication.
- The PSS provided support remotely in response to the individual needs of groups and also on topics for all such as, emotional wellbeing, outdoor environment and practical ideas to support parents at home.
- It was identified by the PSS that the staff they support are confident working with the children, but with the use of online platforms where the focus is on parents, they were less confident and require more training in how to work effectively with parents.

The graph illustrates the extent to which individual teams across the 38 Sure Start Projects accessed training and support:



Online training was reported as a positive means of delivery; more staff were able to access the online sessions and less time was spent travelling or re-scheduling work commitments for staff to attend.

<sup>9</sup> Shooting with a **green screen** involves filming a person or adding visual effects in front of a solid colour. Then, by digitally removing or "keying out" that colour, you can drop that scene onto the background of your choice in post-production.

## Professional development through sharing practice

A positive outcome of using online platforms was the increased opportunity to share resources and ideas regionally. All projects report that they have shared practice with other groups and settings, facilitated through cluster webinars and training. Sure Start managers and SLT recognised the benefit of this regional approach of sharing practice is a more consistent service delivery to their families and children.

Staff continued their close working with local schools and nurseries and shared virtual open days and prospectuses online with families. They also built further their relationships with other support networks such as charitable organisations, family and community hubs, church organisations and local food banks. One project worked in collaboration with the Waterside Theatre to share practice with other projects in other regions in Northern Ireland to promote the mental, health and wellbeing of both staff and families. Project managers plan to build on this collaborative approach with other networks so that families have a collegial support network within their local community.

## Leadership and management of services

The **key successes emerging** from discussions with leadership and management were:

- the creativity and innovation displayed by projects in responding to the need for change;
- the timely guidance and support provided to managers to maintain the safety of staff and families;
- the rapid response of projects to transferring some services and support for parents online; and
- the regional approaches developed in the work of all of the groups promoted shared learning and networking between and across projects.

The **key challenges emerging** from discussions with leadership and management were:

- managing the technological roll out to ensure all managers and staff had access to Wi-Fi and laptops and related policies and protocols were updated;
- managing and interpreting the range of information and guidance from different departments for the range of Sure Start employees and premises;
- staffing and recruitment issues due to COVID-19 infection spikes in some areas and the re-deployment of HSCT Sure Start staff back to core HSCT responsibilities;



- supporting projects to understand and manage the complex governance arrangements for HSCT employed staff in a partnership model; and
- the risks of vulnerable families not attending services creating a higher risk of early developmental issues emerging due to a lack of early identification of additional needs.

## Considerations for going forward

### Planning next steps and lessons learned

All 38 projects report that they plan to reflect on and build further on the many lessons learned, new practices and approaches that have been trialled and developed during this period.

**Increased online presence** will be used to extend the reach of services and engagement with: working parents; parents (including dads) who lack confidence to leave home and participate in a group setting; those in a rural locality; and, parents with caring responsibilities who cannot easily leave the home.

**Virtual meetings for staff** will allow for flexible working, less travel time, increased opportunities to connect with and across teams and to facilitate accessible training.

**A blended approach** for delivery of programmes and services will enable parents to engage at a time that suits them; access online antenatal registration and support; and, receive online leaflets and newsletters.

**Use of social media** will be continued to connect and communicate with families and staff teams.

**Use of resource packs** in conjunction with online programmes can support play and enhance learning in the home environment.

**Individual connection with families** through regular and systematic phone calls, online platforms and garden-gate visits can help to build trusting relationships and increase the involvement of families who are registered but did not previously engage with activities.

**Use of outdoors will** be used to encourage attendance by parents in a safe way in line with COVID-19 restrictions.

**Partnership working** will continue in recognition of the need for all agencies within an area to work together for maximum impact.

**Developing a technology** infra structure and associated staff training will be considered to embed the increased use of technology to support services.

## **Wider strategic considerations**

Leadership and management recognised the benefits of the additional cross departmental work that was implemented during COVID-19 and would welcome continued joint working between all relevant both Departments to optimise and manage effectively the use of staff and resources and the interfaces between both health and education. In addition, communication from the Departments needs to take account of the unique remit of the work of Sure Start with both children and parents which does not always fit neatly into other educational organisations.

# Appendices

## Appendix 1: Reporting terms used by the Education and Training Inspectorate and Methodology/Evidence base

### Quantitative terms

In this report, proportions may be described as percentages, common fractions and in more general quantitative terms. Where more general terms are used, they should be interpreted as follows:

Almost/nearly all	-	more than 90%
Most	-	75% - 90%
A majority	-	50% - 74%
A significant minority	-	30% - 49%
A minority	-	10% - 29%
Very few/a small number	-	less than 10%

The ETI's Inspection and Self-Evaluation Framework publication is available on the ETI website: [The Inspection and Self-Evaluation Framework \(ISEF\): Effective Practice and Self-Evaluation Questions for Pre-School](#)

### Methodology/Evidence Base

A questionnaire issued by the ETI was completed by all 38 Sure Start projects during the week of 8 March 2021.

District inspectors engaged via video conferencing and telephone with a sample 10 Sure Start Project managers across each region and with representatives from a number of groups who hold leadership roles and responsibilities for the Sure Start projects.

These groups were:

- Childcare Partnership<sup>10</sup> (CCP) managers;
- Lead Bodies<sup>11</sup>;
- Programme Support Specialists (PSS) for the Developmental Programme for 2-3 Year Old children; and
- Regional Speech, Language and Communication Coordinator and lead speech and language therapists (SLT) for Sure Start.

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<sup>10</sup> Childcare Partnerships work includes the management of a range of early years and childcare programmes including Sure Start, DE Capital and the Early Years Development Fund.

<sup>11</sup> The Lead Body facilitates development of a local partnership and promotes a partnership approach to delivering services through Sure Start to address identified needs.

## **Appendix 2: Sure Start Projects & Lead body Representatives from Focus Groups projects**

Sure Start Projects who participated in Focus Discussions with ETI colleagues:

- Arke Sure Start
- Bangor Sure Start
- Clan Mór Sure Start
- Coleraine Sure Start
- Colin Sure Start
- Gold Sure Start
- Rainbow Sure Start
- Saul Úr Sure Start
- Star Sure Start
- Waterside Sure Start

Lead body representatives from Focus group projects who attended meeting with ETI:

- Upper Springfield Dev Trust
- Early Years Organisation
- Southern Trust
- Clan Mór Sure Start
- Bryson Charitable Group
- South Eastern Trust
- Barnardos
- Harpurs Hill Children and Family Centre

## Appendix 3: Examples of Practice shared by projects

### **Focus Area: Play & grow programme to support parents and children who have additional needs**

A 'Play and Grow' programme was developed to support children with a developmental delay, displaying signs of additional needs or waiting for referral to Child Development clinic. It was reformatted to run remotely to provide emotional and wellbeing support to parents and children; however, parents wanted a more structured programme and face-to-face support. In January 2020 the project developed an 8 week structured programme which was delivered face-to-face at the centre (in line with PHA guidance) by Family support team and early learning co-ordinator.

The programme is adapted and based on the needs of the child and parents and staff link with the occupational therapist, health visitor, speech and language therapist and other professionals to support parents and child for a combined approach.

### **Impact/Benefit to families and children**

Staff have developed a good working relationship with other agencies and agreed sharing of a background information for any referral. Parents are able to spend focused, quality time with her child who has additional needs. Staff are able to scaffold the parent with the one-to-one sessions and build up their confidence to continue the work at home.

### **Lessons learned**

Zoom is not appropriate for this programme. Its needs to be delivered face-to-face to support the parent and child. Staff acknowledge that maintaining the flexibility of the programme is important and one size does not fit all.

## **Focus Area: Continuity of promoting speech, language and communication**

In preparation for the absence of the Sure Start SLT, a member of staff was identified to be a 'Speech and Language champion' to maintain the high profile of improving the speech, language and communication (SLC) skills of the children.

The role was clearly defined to focus on promoting the universal messages of speech and language as 'being everybody's business' to maintain and promote SLC skills but also recognising that the Speech and Language Champion was not a qualified SLT. Training was provided to recognise when a child needs referred to a professional SLT services and guidance on how to access those services. The SLT champion was coached in the role by the SLT and had a trail run with parents.

Speech and language packs and online remote services such as "Toddler talk online" were provided for families who needed them. The SLT had pre-recorded videos that were used by the Speech and Language Champion to initiate focused sessions with parents on topics such as sounds, expression and dummies, baby sensory videos on topics such as parent and child bonding and toddler talk online for late talkers.

The speech and language champion also focused on embedding the 'Learning Life and Loving it' training delivered to all Sure Start staff.

### **Impact/Benefit to families and children**

The approach of a trained SL champion has meant that the SL specific universal services have continued online and children were still referred to relevant services when identified.

### **Lessons learned**

While online services started well, it was clear that some parents began to experience 'zoom fatigue' and were becoming less engaged while others have engaged more as they are more comfortable interacting from their own home.

In future they may develop a combined approach using both face-to-face and online approaches with parents.

The SLTs are anticipating high level of need for SLT once services re-open.

### **Focus Area: MUMS (Mid Ulster Mums) breast feeding peer support service**

A midwife in a mid-Ulster project was redeployed to community work during the first lockdown. There was no midwife support for antenatal mums' in the Sure Start project from April to June 2020. In response a breast feeding support service was created.

The breast feeding service is a telephone support service staffed by volunteers who are or have been breast feeding mums themselves. The volunteers are vetted through Barnardo's and receive regular training. Volunteers have completed the Open College Network breast feeding accreditation course delivered by the HSCT and a health visitor.

The volunteer coordinator and public health nurses link with midwives three times a week who pass on referrals about parents who are struggling with breast feeding to Sure Start. Peer support is especially important as due to the COVID-19 restrictions, mums are often discharged from hospital six hours after giving birth and feel overwhelmed with breast feeding. The volunteer sends an initial text to the parent and they phone for support and a chat as often as necessary (usually 1 to 5 phone calls).

#### **Impact/benefit to families and children**

There was an increase in the number of referrals of parents needing breast feeding support from June to September 2020. There was a significant increase in mums using the peer support service from the previous year.

Referrals from June to September 2019: 36, 44, 43, 49

Referrals from June to September 2020: 67, 57, 60, 62

Feedback from volunteers indicates that mums are breast feeding for longer and persevering with initial problems. Parental feedback reported that they were very content with the level of information provided by the service.

#### **Lessons learned**

There was regular support for volunteers to meet on zoom every month but will not replace face to face support. The responsive service is very beneficial for parents and flexibility to facilitate phones call with mums who are anxious or struggling. (Response within 48 hours of a referral).

### **Focus Area: Online cooking group for parents**

Prior to lockdown the project ran a popular lunch club in conjunction with a food bank charity to meet the need of families experiencing hardship and poverty within the area. The lockdown and restrictions linked to COVID left a gap in services for these families.

The project staff transferred their normal face-to-face parents' cooking group to an online forum.

The staff involve a group of 8 to 10 parents each week in cooking at home. The family support worker buys ingredients for an agreed recipe and any necessary equipment, such as a casserole dish, that will be needed for the session and delivers packs to the doorstep. The visit provides an opportunity to maintain direct contact with the families. The staff record a video demonstrating how to make the recipe and make facetime contact individually with the parents to support them further in the process.

The parents have input into what meals they would like to learn to make together for their families which have included stew, meat loaf and curry. The parents are encouraged to involve their child in the cooking activity. The sessions have developed to include guidance on how to budget and make healthy food for a family while integrated key messaging around speech and language development such as 'Words work wonders.'

### **Impact/Benefit to families and children**

Parents have shared photos and chat on social forums that demonstrate the fun and conversations that are being developed between the parent and the children in the family. The families have developed life skills to provide healthy food on a budget and developed meaningful connections between parents and Sure Start staff that add to their overall wellbeing.

### **Lessons learned**

The staff have learned that some parents are more confident to engage and have-a-go at an activity on an online forum rather than having to attend a building. Staff have also realised that parents experiencing poverty or other complex needs often need the additional support to participate by being provided with the necessary tools and practical resources required.



**Focus Area: Specific targeted sessions about children’s mental and emotional health using therapeutic play through a Zoom Health Fair**

Project would normally have a Health Fair to promote the health and wellbeing of families by offering support over a range of topics. They decided to adapt the delivery so that it could be offered on a Zoom platform. Families had asked for support with their children’s emotions, so the project offered therapeutic play with practical strategies delivered by a play therapist. They produced visual aids and resources to help the parents to assist their children to name and identify their feelings. Pictorial representations of the feelings were used which also provided support to non-verbal children or children with additional needs. In some cases staff also signposted the parents to other agencies for support.

The aim of the therapeutic play was to help the parent to be able to respond appropriately to the child’s need. It also facilitates and fosters better understanding between the parent and child and promotes attachment and bonding.

**Impact/Benefit to families and children**

Parents fed back that these strategies helped them deal with the changing emotions experienced by children in the home. Baby massage was well attended, but parents did not engage as well with breast feeding support.

**Lessons learned**

Project said that the zoom delivery was effective but it could not replace the face to face support for parents and they reported that additional staff training would be essential to provide support for parents and children affected by lockdowns and social isolation.

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