Working in partnership with the voluntary sector: Early Explorer clinics

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Abstract
The first three years of life have been identified as key to promoting children's later wellbeing, and partnership working across the statutory and voluntary sectors has been proposed as one of the best ways to meet the needs of families. Child health clinics are attended by parents seeking reassurance or help and advice from a health professional regarding child health and development. They have been used in Oxford to develop Early Explorer clinics, in which the statutory health visiting service and voluntary sector Peers Early Education Programme work together with the aim of improving outcomes for children and families. These Early Explorer clinics provide the opportunity to engage parents in supporting their child's development through interaction and non-directed exploratory play. They also offer opportunities to identify vulnerable families, who are provided with additional support. This paper examines a model of partnership working between statutory and voluntary sectors aimed at maximising opportunities to promote the health and wellbeing of infants and their families.

Key words
Child health clinics, partnership working, early child development

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Introduction

Child health clinics continue to have a role in promoting the wellbeing of young children by providing a non-stigmatising, regular, and open context within which parents can weigh babies, meet other parents and discuss problems with the health visitor. However, many child health clinics can feel clinical and business-like, with practitioners often presiding over a 'production line' of babies in need of being weighed, and contact limited to brief exchanges that are designed to enable overworked staff to 'keep the line moving'. Furthermore, increasing knowledge about the importance of early interaction and sensitive relationships (Schonkoff and Phillips, 2000) has shifted the focus of child health clinics toward primary preventive work focused on the emotional wellbeing of infants.

This paper examines the development of an innovative model for child health clinics, which is in keeping with aims of the Healthy Child programme (HCP) (Department of Health/DH, 2009), and expands on the increasing opportunities available for partnership working across sectors.

The changing context

Emotional and behavioural problems are now the major source of disability in childhood, and advances in the fields of psychotherapy, neuroscience and biochemistry (Barlow and Underdown, 2008; Gerhardt, 2004; Tierney and Nelson, 2009) have contributed to an understanding of the importance of the first three years of life as key to promoting the later wellbeing of children. For example, we now know that the intense brain development that takes place during the first and second year of life is dependent on the sensory experience of the infant, and the sensitivity of early relationships. During this period the infant develops key emotional, behavioural and physiological regulatory functions in relationships with main carers (Gerhardt, 2004; Schore, 2001). The sensitivity of early relationships are also fundamental in terms of the child's developing 'internal working models', which are central to their growing sense of self (Gerhardt, 2004; Schore, 2001), to the development of a 'secure base' from which they can begin to explore the world and learn (Bowlby, 1988), and to the capacity for trusting relationships with others later in life (Mikulincer, 1998).

The revised HCP (DH, 2009) recognises the importance of this period and supports primary care practitioners in providing evidence-based interventions ranging from the use of 'promotional interviewing' and 'anticipatory guidance' through to the delivery of more complex interventions such as infant massage and video-interaction guidance. The HCP also designates a lead role for health visitors in co-ordinating and supporting a range of practitioners in delivering preventive and promotional services during the first few years of life.

Voluntary sector: partnership working

Partnership working was made a priority for children's services at a policy level following the Laming Inquiry (Laming, 2003), and the Children Act 2004 (HM Government, 2004) required local public bodies to work together through children's trusts, which were required to be in place across the UK by 2008. Although partnerships can be formed between statutory sector organisations such as the health and social services (Lester et al, 2008), it was also envisaged that partnerships would be developed between voluntary sector organisations and the state (Spratt et al, 2007), and that voluntary sector organisations would be a key part of children's trusts.

The voluntary sector is traditionally independent of the statutory sector, and this is often reflected in its way of working and its vision (Spratt et al, 2007). Usually small, flexible and easy to access for clients, voluntary sector organisations often manage ways of working with families that are not possible for statutory sector organisations (Lester et al, 2008; Spratt et al, 2007). These advantages have been recognised by the state and have been exploited in order to connect

with hard-to-reach communities (Spratt et al, 2007). As such, the voluntary sector is fulfilling an important role not only by supplementing statutory provision (Dyson and While, 2002) and filling gaps (Andrews et al, 2003), but also by innovating new solutions and mediating new relationships between state and citizens (Spratt et al, 2007).

Promoting early interaction and learning

A range of voluntary sector organisations are involved in delivering services to children, particularly within the early years sector and children's centres, and the development of Early Explorer clinics is one example of how explicit partnerships are being forged across the two sectors with the aim of improving outcomes for children and families.

Early Explorer clinics are one strand of the services offered to parents from Peers Early Education Programme (PEEP) and its 'Learning together' programme. PEEP is an Oxford-based charity that was set up in 1995 as an early learning intervention aiming to improve the life chances of children, particularly those living in disadvantaged circumstances (Evangelou et al, 2005; Street, 2009). The 'Learning together' programme has a distinctive approach to supporting parents through a focus on sensitive early interaction to promote early learning by listening, talking, playing, singing and sharing books. It is underpinned by the ORIM framework (Hannon, 1995), which recognises that parents and young children need:

- Opportunities to learn
- Recognition and valuing of early efforts and achievements
- Interaction with adults to talk about what they do and how they feel
- Modelling by adults of behaviour, attitudes and activities.

The delivery of the 'Learning together' programme is via home visits, a home programme, groups or open access activities, of which the Early Explorer Clinics – introduced in 2009 – are one example.

Early Explorer clinics

The idea of PEEP practitioners working alongside health visitors in established baby clinics was proposed in order to 'work collaboratively with a locality health team to increase awareness of the possibilities for and values of early non-directed exploratory play in infants and toddlers' (PEEP manager).

The clinic environment offered PEEP a new context and opportunity for engagement over time in order to establish relationships with both partner professionals and also with babies and families.

The clinics were established in two areas of Oxford that are among the 20% and 30% most deprived areas of England (Department of Communities and Local Government, 2008). The areas exhibit multiple levels of deprivation, low skills, low incomes and high levels of crime, and presenting families have a range of needs including English as a second language, low self-confidence and social isolation. The research literature shows that children are at increased risk of early onset emotional and behavioural problems, and thereby school failure, as a result of compromised parent-infant interaction (too passive or too intrusive) and the use of less than optimal parenting practices (Shaw et al, 2001). The latter can include chaotic lives and the failure to introduce regular routines (eg 'bath, book and bed') alongside the use of other ineffective and harmful parenting practices such as shouting and hitting (Waylen et al, 2008) and a negative emotional environment (Bjorkgvist and Osterman, 2006).

Early Explorer clinics provide the opportunity to engage parents in supporting their child's development through interaction and non-directed exploratory play. Prior to the start of the clinic, the PEEP practitioner sets up a play area that includes 'treasure baskets', consisting of play items made from household materials. PEEP practitioners aim to meet and greet everyone attending clinic and engage with as many families as is possible. The engagement with infants and families has a focus on parent-infant interaction, with the aim of introducing the 'social baby' and enhancing 'mind-mindedness' or 'mentalisation' (Fonagy et al, 2002; Slade, 2002). The concept of mind-mindedness is described as the parent's ability to interpret the baby's feelings. PEEP practitioners help parents to see their baby as an individual with likes and dislikes and a mind of their own, factors that contribute to effective attachment. This is undertaken alongside sensitive affirmation of parental confidence and self-esteem. Being present in the clinic on a weekly basis allows the PEEP practitioner to have more effective contact with clients, and the opportunity to develop trusting relationships over time. Through this process and in keeping with a progressive universal approach, Early Explorer clinics offer opportunities to identify vulnerable families who may then be offered additional input from PEEP including referral to a targeted group, home visits, or other suitable services through the use of the Common Assessment Framework.

Enhancing the partnership model

Preliminary evaluation of the Early Explorer clinics involving in-depth interviews with a range of stakeholders found that parents valued having access to practitioners who were seen as more accessible than health visitors, and who could mediate on their behalf in terms of approaching the health professional. Health visitors felt that the intervention had improved the environment of the clinic, which they described as more 'social and interactive' and less stressful and pressurised. They also described it as leading to more satisfying and meaningful dialogue with clients. Service users described the group as offering opportunities for learning, enhancing activities, and as being 'enabling'. They described spending more time in the clinic and were very appreciative of PEEP who they valued for their knowledge, approachability and non-judgemental attitude, leading to more satisfying parenting. The clinic environment gave PEEP practitioners the opportunity to work with a range of families, and alongside the health visitor to identify and support those with additional needs.

Despite these perceived benefits, interviews with parents reveal somewhat narrow views of practitioners within these clinics, with the

Table 1. Enhanced partnership working

Co-located services	Partnership working
Child health clinic and PEEP	Early Explorer clinic
Primary purpose: to provide access to health visitor	Primary purpose: to provide access to Early Explorer practitioner
PEEP have 'guest' status	Equality of status
Separate aims and objectives	Shared aims and objectives
Minimal sharing of information	Complete information sharing
Health visitor is the lead practitioner	Lead practitioner role delegated as appropriate
Limited joint training to raise awareness about PEEP	Regular joint training to develop shared agenda, goals and philosophies
Primary care trust- and PEEP-funded	Joint funding across primary care, voluntary sector and local authority

health visitors described as focusing on weighing, feeding and symptoms of illness, and the PEEP practitioners viewed as focusing on child development, interaction and play. Furthermore, although this new model of clinic appears to be highly successful in terms of satisfaction across all stakeholder groups – with early concerns about confidentially and data sharing having been successfully addressed as trust and confidence between partner practitioners evolved – questions remain as to whether an increase in the extent of partnership working would further improve outcomes for families.

A number of different models in terms of the levels and degrees of service integration have been identified, ranging from low-level collaboration involving increased communication and co-operation through to higher levels of collaboration involving co-ordination, coalition and ultimately integration (Barlow and Scott, 2010). A recent Department for Children, Schools and Families (DCSF) review (2007) identified the typical characteristics in terms of both structures and process involved in effective integrated working, including factors such as multi-agency governance and management teams, strong personal relationships between co-located staff, a deep commitment of staff to working in multi-agency settings and effective information sharing, and standardised referral processes. This review suggests that integrated or partnership working appears to be a two-stage process during which the service moves toward greater integration and sustainability.

The current model being employed in the Early Explorer clinics may be contrasted with a full partnership model (see Table 1).

A full partnership model would as such involve a shift in the name and purpose of the clinic, and the devolution of status and power to enable the two groups of practitioners with their distinctive but overlapping skills, to work more effectively in terms of the needs of families. Indeed, the involvement of a partner agency in the clinic to meet, greet and involve parents in an appreciation of their child's social and emotional development appears to lead to gains for all stakeholders.

Conclusion

Health visitors have a lead role in the management, organisation and delivery of the HCP, and thereby the opportunity to begin to develop innovative partnerships with the voluntary sector. The beginning of the 21st century may be the optimal time to start to work toward changing public perspectives about the role of child health clinics from an emphasis on physical wellbeing to a focus on the development of the 'social baby'. Working in partnership with the voluntary sector provides a range of opportunities for health visitors to maximise provision via child health clinics, particularly within disadvantaged areas, in order to better support the developmental needs of infants and toddlers, and indeed, the needs of disadvantaged parents. For many families these clinics represent a real opportunity to get to know others in a similar situation in their own locality, to develop friendship and support, and thereby to increase social capital, factors that are not only important for healthy families but also for healthy communities (Wilkinson, 1997).

A number of models of partnership working are available ranging from the simple co-location of services, to the type of more fully integrated service highlighted by the DCSF as being the most effective. Early Explorer clinics provide an exemplary model of the first stage of such partnership working, and we have attempted to examine what further changes might now be introduced to move toward further integration. It is suggested that such provision may not only be more effective in meeting the needs of 21st century families, but may also prove to be an investment for the future.

KEY POINTS

- Early Explorer clinics enable statutory and voluntary sector services to work together to maximise opportunities to promote the health and wellbeing of infants and their families
- Partnership working with the voluntary sector appears to provide a range of opportunities for health visitors to maximise and support infants and families' wider developmental needs
- All stakeholders perceived benefits in working together in Early Explorer clinics and felt that they provided a much more enjoyable experience for everyone
- A range of models are available in terms of the level and degree of integration, and further integration is likely to reap even greater rewards for both families and practitioners

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