**Scotland**

- Integrated community schools deliver services to families in some areas. Further investment in early years services may be channelled through these community schools rather than through Children’s Centres.

**Northern Ireland**

- The NCT is not aware of any current plans to roll out Children’s Centres.

**References:**


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**Sure Start: supporting transition to parenthood**

**By Kim Thomas, member of the NCT’s Ren Panel**

**Sure Start** is a government initiative designed to make sure all children have the best start in life. The idea is that children from poorer families are already disadvantaged by the time they start school, so by tackling those inequalities from an early age, the government can begin to redress them.

There are now 524 Sure Start local programmes in England, designed to help up to 400,000 children living in disadvantaged areas. The programmes, which are delivered by the NHS and other agencies, offer improved childcare and educational opportunities for the under fives, as well as support for parents.

An evaluation in England of the first 260 Sure Start programmes has been carried out. Local Sure Start programmes have also carried out their own evaluations, and their reports, which are published on the National Evaluation of Sure Start (NESS) website (address: www.ness.bbk.ac.uk) are often illuminating. While some evaluations look at each Sure Start programme in its entirety, others look at specific initiatives, such as projects to support younger mothers, attempts to increase fathers’ involvement or efforts to encourage breastfeeding through training other mothers in the community.

**Peer support**

For almost all mothers, one of the most important elements in aiding the transition to parenthood was peer support. One project in Sheffield worked specifically with women who had recently moved into the area. Designated **New to Area Workers** visited mothers and gave them information about local activities, such as mother and toddler groups, swimming sessions and coffee mornings. Many women found the visits helpful. As one woman said, ‘A lot of people don’t realise there’s all these things going on and I think if somebody did go to visit them, or give them a phone call, they’d get out more and probably meet people. It’s how a lot of people get depressed, staying in and stuck with the kids all day…I just think it’s a really good idea’.

**Fathers**

A few of the programmes addressed the needs of fathers. Fathers proved to be much harder to reach than mothers - working fathers weren’t available during the day, and were often too tired to do anything at night. Younger fathers were particularly hard to reach. North Leyton Sure Start had some useful ideas for reaching fathers, including targeted activities such as football and bowling, and Sure Start barbecues aimed at the whole family. It thought that a mix of men-only, father-and-child and whole family events was particularly successful.

**Single parents**

In the Swindon Sure Start area, there was a high proportion of single-parent families. The evaluation found that single parents, and poorer parents, were less likely to know about services in the area than other parents. Take up of parent support services offered by Sure Start was high, the two most popular services continued overleaf...

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being financial advice and drop-ins to meet other parents.

**Different approaches**
Some of the projects took strikingly different approaches. In the Stoke-on-Trent area, an informal sewing class was set up, which attracted an average of six women a week. A crèche was supplied for the hour the class ran, and this seems to have been crucial to its success - and indeed to the success of most of the projects requiring parental attendance.

**Breastfeeding peer support**
The Sure Start breastfeeding projects all focused on peer training - using health professionals to train mothers to support other new mothers who wanted to breastfeed. There has been a positive response to these projects, both from the trained mothers and the ones being supported. One project took place in Foxhill and Parson Cross, Sheffield, an area that had very low rates of breastfeeding (12% at four weeks after birth). The report says, ‘The mothers who were interviewed and those who completed the questionnaires found the peer support service to be very good. The peer support workers were seen as friends by the breastfeeding mothers and they were easy to communicate with because their role was purely as breastfeeding supporters. From the interviews and the questionnaires, evidence has been collected that demonstrates that with extra support mothers have sustained breastfeeding for longer than they originally intended.’

If you want to find out more about Sure Start services in different areas and how support has been provided to specific groups such as young mothers, fathers or parents from ethnic minority groups, there is a wealth of further information on the NESS website.

**Action suggestions for NCT branches**
Make sure that your nearest Sure Start Initiative, children’s centre or family centre knows about what the NCT offers in your area. You could send a copy of your branch newsletter, provide NCT leaflets and find out whether they would like to work more closely with NCT, perhaps employing a discussion leader, breastfeeding counsellor or antenatal teacher to contribute to drop-in sessions.

**Royal College of Midwives Campaign for Normal Birth**

*Carol Bates, education and professional development officer explains the Royal College of Midwives’ (RCM) Campaign for Normal Birth.*

The RCM recently launched its Campaign for Normal Birth. The campaign is underpinned by the RCM philosophy that pregnancy and birth is a normal physiological process and a commitment to reducing unnecessary medicalisation as outlined in Vision 2000 (RCM 2000). The campaign positions the College at the forefront of maternity care in terms of promoting and enabling normal birth and improving the childbirth experience for both women and midwives.

While developing the campaign, the College consulted midwives in a variety of practice settings throughout the UK. In addition, the College has engaged with partners and allies in other professions and with user groups including the NCT. The RCM has heard that normality needs to be positioned as the norm once again, and as a desirable choice for all. There is a consensus that core midwifery practice skills must be valued, and women and midwives are entitled to question the way things are done, including unnecessary intervention.

The campaign will generate new knowledge and understanding, and promote a well-being approach to childbirth that will have consequences for long-term health, social and economic gains for women. The aim of the campaign is to inspire and support normal birth practice with a portfolio of products, services and activities, and the website is now live www.rcmnormalbirth.net. All the campaign materials aim to provoke debate and discussion about normal birth, inspire best practice ideas and build confidence that normal birth can still happen despite the challenges. At this stage, the primary focus of the campaign is the midwifery profession, but it is anticipated that it will eventually embrace a wider audience.

During the next year, there will be campaign activities across RCM events, education and training, research, publications and media relations. In addition the RCM is collaborating with women’s organisations to ensure the views and needs of potential parents and mothers are represented, and reflected in the campaign agenda. Ultimately the campaign wants to build an evidence and experience base for normal birth practice, promote normality as a key political agenda item, and provide information to lead and inform policy and strategic decision-making.

Reference: