Empowering Parents in Sure Start Local Programmes

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Executive Summary

Background

Sure Start Local Programmes (SSLPs) formed a central part of the Government’s anti-poverty agenda, seeking to integrate and expand health, childcare, early education and family support services to families with young children living in economically deprived areas. Through providing services that are flexible, respectful, transparent, inclusive, involving and responsive to the needs of parents, the aim was to engage with and to empower parents. Such an approach marks a significant break with past professional practices, which had a more hierarchical, formal and expert basis to the provider / user relationship. Such engagement was also considered to bring benefits for parent-child relationships and to combat social exclusion by developing community cohesion.

Existing evaluations of Sure Start have noted the capacity of programmes to generate new networks of mutual support for parents and family members and to activate volunteers (NESS 2001; Tunstill et al 2002). This study was commissioned by the National Evaluation of Sure Start (NESS), to take a closer look at parents’ experiences of empowerment, at the forms and effects of mutual support, self-help and community action that have been developed, and at the significance of these for work in Sure Start programmes. The study investigates how and in what ways the practices of SSLPs in six case study localities programmes are facilitating individual and community empowerment.

Methodology

The study used qualitative, in-depth, and semi-structured interviews with parents, volunteers, staff and other local stakeholders in 6 case-study areas. This was supplemented with participant and non-participant observation of groups, activities, meetings and events in the localities, and analysis of relevant local documents and reports. We used purposive sampling methods to select the case studies and parent interviewees (see Chapter 2 and Appendix 1). The interviews, carried out in 2004 and 2005, were recorded and transcribed, and analyzed with the help of computer software. A total of 81 parents, 41 Sure Start staff and 38 stakeholders were interviewed. All names of people and places have been changed.

The analysis was informed by an understanding of empowerment as a process that operates through personal, institutional, and wider social relations. We were therefore concerned to understand how the activities and practices of SSLPs built up individual parental self esteem and confidence, friendship and mutual support, as we well as how far this enhanced individuals’, groups’ and communities’ capacity for self-determination (Chapter 1).

Key Processes of Empowerment

- We found substantial evidence for experiences of individual parent empowerment in all the case study areas. Each SSLP provided a wide range of activities from, for example, baby massage, parenting classes, young mothers’ groups, playgroups, training opportunities, exercise and sports groups, fathers’ groups, breastfeeding support, peer support, befriending services, community allotments, support to local community groups, healthy eating activities, fun days and community events (Chapter 3 and Appendix 5). These activities empowered parents in different ways. We found that SSLP activities provided at least 7 different routes to empowerment, some individual, some more collective (Chapter 4) These were:
Individual oriented empowerment:

- **Getting by** – coping, surviving and overcoming a particular crisis, and feeling more able to cope on a daily basis as a parent.
- **Getting better** – greater confidence, health, skills sociability, warmer relationships, mutual respect.
- **Getting on** – realising new aspirations, children happy and flourishing, achieving new things including employment.
- **Getting out** – leaving the neighbourhood in order to access new opportunities elsewhere.

Collective oriented empowerment:

- **Getting together** – enhanced family relationships, feeling a sense of belonging and integration, expanding and diversifying one’s social networks leading to enhanced support and opportunities.
- **Getting involved** – getting informed, developing a positive community identity, having influence, gaining a voice and having more of a say.
- **Getting organised** – taking action to improve and support your community.

This was achieved by not only providing activities, but by encouraging parents to identify and define their own, their group’s or their community’s needs as a key organising principle (Chapter 3, 5, 6).

We found greater variation in the extent to which this had generated collective empowerment. This variation was influenced by the strength of programme ethos, how it interpreted empowerment in practice, and how its messages were communicated to the local community. Other important factors mediating this were: duration of the programme; specific interventions (such as developing a core of involved parents to become ‘community ambassadors’ who could mobilise at the grass roots); resources; the concerns of the lead agency; and local political and social context. These are explained further below (and in chapters 5,6).

Parents expressed the value of Sure Start in terms of increased confidence, skills, self esteem as parents, and friendship (chapter 4). For example:

- They felt less isolated.
- More valued (especially as mothers).
- More confident in their parenting activities and experienced closer bonds with their children who they felt were learning more and mixing better.
- One-to-one home based support helped many parents deal with personal crises.

Key factors influencing possibilities for empowerment

The key factors that influenced the possibilities for empowerment involved:

- Transforming professional relationships with parents
- Providing responsive services
- Strengthening programme ethos
- Working with communities and understanding local context
- Developing communities
1. Transforming professional relationships with parents

Many parents commented that Sure Start staff treated them differently from other professionals in the health, education and welfare services. They said they were more like ‘friends’. We found this would involve:

- Being welcoming, friendly, informal, facilitative and respectful.
- Being supportive and non-judgmental.
- Valuing parents’ own experience and knowledge.
- Encouraging parents to articulate their needs (Chapter 5,6).

2. Providing responsive services

When SSLPs provided responsive, accessible, available, flexible and inclusive services this also enhanced parents access to resources and gave them greater capacity for self-determination (Chapters 4,5,6). This involved:

- Dedicated outreach work.
- Flexible times and location for activities.
- Regular information in the community targeted at those with and without English language skills.

We found greater variation in the extent to which mutual support amongst parents, parental involvement and volunteering and community-oriented actions had generated group and community empowerment. Services that were responsive to local needs and were able to balance particular groups’ needs with general needs that were sensitive to local political histories and cultural composition seemed to have greater success in involving parents. Where parents got involved, these consolidated personal aspects of empowerment while also adding to community capacities and resources. This was helped by a personal development approach to parental involvement (Chapters 4,5).

3. Strength of programme ethos

This influenced the extent of involvement and development of mutual support. Particularly important was how the SSLP interpreted empowerment in practice, and how its messages were communicated to the local community (chapter 5,6). It was important for parents and volunteers to see this ethos in action; and it was important that it made sense to the experiences of parents, volunteers and staff. Where it did, then it tended to generate greater trust, reciprocity and greater capacity for individual and community self-determination. It was also helpful for staff empowerment. A strong ethos usually, but not necessarily, involved:

- Combining the goals of personal development and community development.
- Putting a premium on responsiveness, respect, inclusion, and involvement and on using outreach work to achieve this.
- Having a vision of alternative ways of developing the provider/user relationship.
- A holistic and preventative approach to problems and problem-solving.
- An interdisciplinary approach to professional expertise.
- A constructive rather than blaming or judgemental approach to the capacities of parents and communities.
- Being prepared to go outside the Sure Start remit and be less ‘target driven’.

4. Working with communities and understanding local context

It was important that a programme’s ethos connected to the local context. This meant understanding how parents experienced their community, its strengths and the constraints it posed. This was where people lived and to which they had attachment. The ethos that programmes developed worked when they were tailored knowledgeably
and sensitively to the community’s needs. Skills or past experience in community development helped here. Where Sure Start teams worked with such a view, where they held regular and well attended events celebrating parents’ achievements or the diversity of the community, they had a better chance of involving parents. Where staff stereotyped the community or ethnicities/groups within it, where they indirectly blamed them for not taking advantage of what Sure Start had to offer, they found parents less forthcoming (Chapter 6).

Areas with ethnic diversity generated added complexities and costs to strategies and priorities; this was because they had:

- a history of lower use of public provision, especially by women in Pakistani and Bangladeshi households.
- costs of translation services in order to assure access.
- transient white families and refugees.
- mobility problems due to fears of physical insecurity.
- to have knowledge of different cultural practices and incorporation into service provision and delivery.
- to have sensitivity to completing claims which could create ethnic divisions.
- to balance particular demands from parents with the efforts to mix and unite communities.
- to have staff with knowledge, background and experience appropriate to the composition of the area (chapters 5, 6).

5. Developing communities

Empowering local communities was also an element of SSLP work. This meant that teams needed to have community development skills as well as family support and preventative health expertise. Successful strategies involved:

- The development of a core of involved parents as ‘community ambassadors’ who could mobilise at the grass roots.
- Creating a community presence through outreach work, street committees, regular information, such as newsletters and leaflets to every household, translated for minority languages.
- Creating bridges within and outside the community – funding playgroups and community groups.
- Opportunities for more involved parents to learn the processes of local politics providing their premises for existing groups to use.
- Offering training opportunities or group facilitation.
- Joining together with other organisations for community events.
- Building community identity and challenging negative perceptions (Chapters 5, 6).

Parents’ and staff concerns

While there was evidence for significant success in engaging parents, there were also tensions which parents and staff expressed as follows:

- Parents feeling that too much is expected of them when they are drawn in.
- Programme targets are not always the same as local needs or local culture.
- Parents feeling that young people were more in need of support than under 4s.
- Raising aspirations which then cannot be met.
- Informality leading to unintentional partiality.
- Training up ‘ambassadors’ whose skills enable them to leave the area.
- A focus on more equal relationships, between providers and users and on social mixing, may obscure inequalities between groups.
- Parents acquiring skills to gain employment within Sure Start but cannot get work outside the area.
- Lack of eligibility because of geography.
- Practical barriers to accessing services to do with timing, location, transport, mobility and domestic demands.
- Lack of language and literacy skills.
- Waiting lists and unexpected charges.
- Feeling labelled as 'deprived' parents.
- 'Closed' and exclusive groups.
- Difficulties in engaging fathers as a group rather than just an individual.

**Issues of sustainability and lessons for the future**

Sustainability was threatened by internal factors (such as key parents and staff moving on) and external (insecurity of future funding and autonomy). This meant programmes had to constantly review local needs and adjust their priorities according to the human and material resources available. (Chapter 5, 6)

One particular success of Sure Start is its **multiplier effect**. That is to say, that the messages parents absorb, they pass on to other parents. This meant that a robust ethos could influence parents’ own relationships with each other, with their children and families, as well as with the community at large. A number of parents spoke about having been helped and ‘wanting to give something back’. This worked the other way too, in that the capacity to shape parents’ confidence and self-determination also depended upon staff teams in SSLPs having the conditions to shape their own work and priorities. Processes of empowerment affected staff as much as parents and volunteers. The advent of Children’s’ Centres was seen as a mixed blessing in this respect as it was feared that autonomy would be reduced. Nevertheless there are some key lessons to be drawn from the successes of parental empowerment in Sure Start programmes:

- A new approach to professional working and engaging parents **across all professional disciplines and levels** which places a premium on openness, accessibility, informality, non-judgementalism, listening, respecting and learning from parents’ own experiences. This involves a recognition that respect begets respect between staff, parents, and their children.
- A supportive environment which enables parents and communities to articulate their needs, and to create respectful dialogues when there are competing needs or perceptions of unfairness.
- An understanding of the different levels and routes to empowerment and parental involvement. Along with an understanding that individuals go at different paces.
- The importance of accessible and responsive services backed up by ongoing outreach work to reach all parents.
- The ability, of staff teams to construct programmes which respond creatively to local needs, requires a significant degree of programme autonomy and staff self-determination.
- A holistic and robust ethos and for local communities which makes sense to the grass roots.
- A multidisciplinary approach which combines community development skills with the expertise of family support and health prevention work.
- Creative and sensitive working with cultural differences which does not blame or shame but fosters diversity, community links, solidarity and belonging.
- The importance of recognising the universal appeal of children’s well-being and happiness as the basis for engagement with different kinds of parents.
PART 1. BACKGROUND AND METHODOLOGY

Chapter 1. Empowerment and self-help

1.1. Introduction
SSLPs are required to empower parents in the sense of enabling parents to have greater access to parenting support, to become more active users of services, and more confident parents. The importance of parental empowerment lies in its positive implications for parent-child relations and the well being of children (Pugh, De’ath and Smith, 1994) and in its contribution to community building. This report describes a study conducted into the empowerment activities of a sample of SSLPs. Its chapters examine the kind of activities that SSLPs have offered in order to foster self-help, mutual support and participation, describe what empowerment means for parents, families and communities and identify practices which encourage empowerment. In order to evaluate the processes which enable these developments to take place, this chapter

- summarises the literature on both empowerment and self-help.
- draws from this the key issues about individual, group and community empowerment which informed this study’s research questions and analysis.

1.2. What is empowerment?
Empowerment can be understood and applied to the delivery and provision of services in different ways (Starkey 2003; Taylor 1999; Ungerson 1997). Common to all is a notion of change from a position of vulnerability or lacking power towards a position of enhanced power. However, there are differences in whether the focus is on the individual, on institutions and professional practices, or on the wider community and cultural, social and structural factors.

1.2.1. Individual empowerment
Individual empowerment is about personal development, and harnessing ‘power within’, such as self-esteem, confidence or feelings of self-worth that have been shaped or damaged by experiences of, say, poverty, stigma or emotional deprivation. Empowerment for parents might involve personal development in the form of new awareness of their own strengths, assets, skills and resources to enhance their lives (e.g. in order to gain employment; have more knowledge / resources / social networks of support as a parent) (Taylor 1995).

Another form of personal empowerment has been the development of the notion of ‘voice’, that is, having a say in local service provision. At the individual level, this tends to be restricted to the possibility of encouraging people to become ‘consumers’ of services, to be aware of their choices, to exercise their choice according to their needs, and to have the possibility to voice dissatisfactions (Starkey 2003; Smale et al 1993).

On their own, these individual approaches to empowerment have their limitations. Experiences of disempowerment may have less to do with lack of personal attributes and more to do with continued lack of resources, forms of disadvantage such as unemployment, poor housing or pervasive racism. Increased self-esteem can only enable someone to manage these effects rather than minimise them. Similarly, while having a say in service delivery and being able to look elsewhere for better services is a vital component of empowerment, it is often the most articulate and assertive who
tend to have their voices heard and who have the real power to search out good services. (Taylor et al 1992).

Even so, giving someone the confidence to act in purposive, autonomous and creative ways is important. In academic literature this has been referred to as people’s ‘agency’ (Williams and Popay, 1999; Hoggett, 2000; Lister, 2004). Although ‘agency’ is shaped by wider structural factors, it is not entirely determined by it. Furthermore this sort of self-determination may be an important bridge to acting collectively with others in self help groups, voluntary activities and campaigns. Having an awareness of agency is important to a person’s identity and self-esteem, and is in turn influenced by them. Lister (2004), for example, applies four aspects of agency to the lives of people in poverty:

- ‘getting by’, which involves everyday coping strategies;
- ‘getting back at’ through day-to-day resistance to experiences of disrespect;
- strategies to ‘get out’ of poverty;
- strategies to ‘get organized’ and effect change.

Expressions of parental agency might therefore be found in everyday coping strategies, accessing, receiving and providing forms of care and support, advice, information, training, education, employment or enjoyment, individually or with others. What then becomes important is how far and in what ways professional practices enable or constrain these possibilities for agency.

1.2.2. Institutions and practices that empower

Concerns about the disempowering effects of hierarchical professional practices emerged from many of service-user movements, such as the women’s health movement, the disability movement, and survivors’ organizations, and has been central to the rethinking of how services should be delivered (Williams et al, 1999). Such practices included the bureaucratic and formal nature of professional working; use of unfamiliar jargon; lack of consultation; professionals ‘know best’ attitudes; problematising particular social groups or family forms (Baloch and Taylor 2001; Byrt and Dooher 2003; Ball 2002). These are especially relevant for parents in deprived areas. A survey of parents and support in poor neighbourhoods reported that: ‘[T]hey described the services as providing too little help, of too little practical relevance, too late, and with such a heavy hand that parents felt undermined, belittled and even threatened…Paradoxically high-need parents have the most to gain, and the most to lose, from accepting social support.’ (Ghate and Hazel 2002: 177-180).

A new approach to professional practice is concerned with how professionals impart their knowledge, how professional practices develop more ‘equal, responsive, participatory and respectful’ relations (Starkey 2003), how they ascertain the needs and aspirations of parents who use services, how they are more inclusive and recognize the diversity of those needs, how they encourage parents into services, and avoid inducing feelings of stigma; how they recognize the strengths that parents bring and not simply the problems they bear: in other words, how they enable parents’ capacity for self-determination to flourish.

1.2.3. Social and community empowerment

What sorts of practices might empower neighborhoods and communities and undermine these more entrenched aspects of structural deprivation? The community development or ‘liberationist’ model of empowerment aims to challenge oppression, exclusion and power imbalances in society in a broader sense (Freire, 1972; Graham 2002). This approach to empowerment recognizes the way our social positioning impacts on our ‘power within’, ‘power to do’ and ‘power over’ others. A community or social change approach to empowerment will seek to tackle discrimination, inequality
and disadvantage at this local level through awareness raising, access for collective action and community development. This might involve challenging perceptions about particular communities, finding issues which unite otherwise diverse communities, making priorities about different groups' needs, ensuring more grass roots involvement in local and national decision making.

This study utilises an understanding of empowerment that applies to all three levels described above – individual, institutional and community / structural. This has enabled us to think about the possible outcomes that empowerment at all levels might achieve.

1.2.4. What are empowerment outcomes?

Freedom from violence, access to an independent income, or to employment or education, are examples of outcomes of empowerment. These types of outcomes enable us to evaluate empowerment in tangible ways, and in terms of this study, outcomes for parental empowerment could include:

- **Enhanced confidence** – in relation to competence and capacities for parenting; feeling in control / less stressed.
- **Enhanced relationships and well being** - especially for children, but also with partners, family, friends, neighbours and local community.
- **Enhanced resources** - e.g. improved health; income; skills; networks of supportive relationships; pooling resources; increased shared community resources.
- **Enhanced role in strategic decision making** – from individual therapy to consultation to participation to direct control (Arnstein 1969).
- **Enhanced choices** – greater choice of services to fit needs / aspirations.
- **Enhanced recognition of strengths, assets and worth** – feelings of moral worth, included as part of society with a contribution to make rather than inferior / failing; seeing oneself as having the right to not be harmed, treated with respect and seeing others in these ways (Honneth, 1995; Williams, 1999).
- **Enhanced participation** – access to and influence over engaged and respectful dialogue with others in the community; increased sense of belonging (Featherstone, 2004).

However, seeing things in terms of outcomes can lead to a rather static picture, and an assumption that, once achieved, one is 'empowered' regardless of time or place, and that therefore those lacking outcomes are disempowered. Empowerment does not only lead to outcomes but is a dynamic process in and of itself and it affects people in different ways. Mothers and fathers may experience the same outcome in different ways. Also, power works in mysterious ways. There are subtle power processes at work on personal, interpersonal, institutional and structural levels which means power flows in and out of relationships between people. While professionals have considerable power over service users, service users also possess some recourse to voice, silence, action or avoidance. Like agency, this is about acquiring the 'power to' do things that benefit you (Kabeer, 1999). However, this could also lead to taking power away from another vulnerable person, so it is important to understand how these processes of empowerment shape wider social and structural relations of power.

### Box 1.1. Key dynamics of parental empowerment

Drawing from this literature, we propose four key dynamics to parental empowerment that operate at personal, group, institutional and community levels:

- **Respect** – feeling valued as an individual, secure and not judged, having a sense of dignity, confidence and self esteem for what and who you are; developing mutual respect.
- **Voice** – having the capacity and means to articulate one’s needs, to participate and be listened to.
1.3. **Self help as a form of empowerment**

This study is particularly concerned with the role played by self help and mutual support in the generation of respect, voice, self-determination and inclusive recognition. Self-help initiatives can involve a wide spectrum of activities from providing for one’s own daily care needs to organising and running a weekly toddler group (see Box 1.2). What distinguishes ‘self help’ from other forms of care and welfare provision is the emphasis on using parents’ own skills, actions and knowledge to help oneself or one’s community, be that a locality or a community of interest.

**Box 1.2. The spectrum of self-help and mutual support within communities**

It is possible to classify self help along a spectrum of activities moving from informal and autonomous self help towards the more formally organised and regulated:

- **Informal self-care and DIY** – for example, household cooking, cleaning and emotional / practical support and activities where participants repair or make their own essential everyday resources, such as household repairs, clothes making or decorating.
- **Direct reciprocity** - direct exchange of help and support between people known to each other, often on the basis of friendship or shared group belonging (i.e. family, relative or ethnic group member). Examples of direct reciprocity are babysitting arrangements between families or friends.
- **Mutual support** – this could include parents’ groups based on shared interest or adversity e.g. having a child with a particular disability; lone parenthood; experiencing bereavement, etc.

More organised and collective forms of community self help and action such as **organised mutual aid or community volunteering**. The more organised forms of community self help may not involve the expectation of direct benefits but involve being involved with socially beneficial activities. Examples here would be LETS Schemes and Neighbourhood Watch Schemes.

Studies show that everyday acts of informal support are more characteristic of working class areas while the more formally regulated are more prevalent in more affluent areas (adapted from Burns et al, 2004; Bruegel and Warren, 2003).

1.3.1. **Perspectives of self help**

Like empowerment, self help is subject to different perspectives. One view is that self help is about self sufficiency, being able to ‘stand on your own two feet’ and not be dependent upon state support. In this view, public support is seen to substitute for and undermine forms of familial and community self help and lead to social fragmentation (Popenhoe, 1996). However, objections to this idea suggest that this is not borne out by the evidence. People tend to create packages of support for themselves from self-help, voluntary and public sources depending on their different needs, and do not simply substitute public services for informal support (Balbo, 1987).

A second perspective proposes that public support generates greater mutual support. So, in relation to, for example, care of older people, increases in public provision for older people have not been accompanied by any perceptible decrease in informal care. Indeed, it has often enhanced it. A corollary of this is that people in greater deprivation may lack some of the resources necessary to maintain forms of family and communal exchange. In this respect, Williams and Windebank (2000: 363) found that people in
unemployed households in deprived areas were less likely to be involved in self-help activity than those in employed households. This was because they lacked some of the pre-requisites that furnish reciprocity: financial resources necessary to the give-and-take of exchange; fewer people in their social networks to call upon or to help; the necessary skills / equipment to help people; a fear of being reported as being involved in fraudulent earning or activity which made them unavailable for work; and, for people in low paid work, lack of resources was compounded by lack of time.

In other words, self help can contribute to parental empowerment at individual, institutional and community levels, but there are also difficulties and limitations attached to it.

1.3.2. The positives of mutual support and self help

- Reciprocal relationships that emerge from self help groups can be highly valued and enhance community members’ attachment to their localities as well as providing essential support (Burns et al, 2004; Williams, 2004b). Ghate and Hazel (2002) found that practical, emotional and financial forms of support flowed from parents’ informal networks in poor neighborhoods. These forms of social support were found to contribute to coping and adapting to changes in family life, times of stress or community economic decline (Ghate and Hazel, 2002).
- Self help can enable people to go beyond family and friends for support, although it may also involve family and friends. Parents in self help groups say they value informality, trust, reciprocity and mutual respect, going at their own pace, and non-judgemental commitment (Williams, 2004b).
- Self help can be the ‘vital first step to taking control of your life, and developing self esteem and independence’ (Big Issue Foundation, 1995-7 in Burns et al, 2004). It draws on people’s own resources, skills and knowledge; it allows them to define the problem and overcome it on their own without interference from an ‘outside expert / authority’ (Glassman, 2000). Parents may develop skills for employability.
- Self help based on a shared adversity can provide a basis for challenging inappropriate or high-handed professional practice and knowledge. Being an ‘expert-by-experience’ is important and can turn groups into both receivers and distributors of information as well as the providers of expertise and new knowledge (Williams, 2004b).
- Sharing problems can break down feelings of isolation and marginalization, or being stigmatized as a bad parent. Sharing experiences provides both a cushion and a social understanding for individualised feelings of stigma or disrespect. (Hooper, 1996; Ghate and Hazel, 2002; Williams, 2004b). It helps promote positive self image.
- Self help may involve forms of ‘bonding’ with people who are similar to you, but it also can involve forms of ‘bridging’ where you meet and appreciate people different from yourself. Both of these processes are an important part of community building (Perri 6, 2001; Putnam, 2003). Further, where people are engaged in forms of collective self-help, they feel more supported and happier (Guardian 20th Sept 2004; Home Office 2003). It helps promote positive community image.

1.3.3. The limitations of self help

- With concerns of a growing welfare budget and ageing population, self-help can be a means to save money by encouraging self reliance and self regulation within the informal sector (Burns and Taylor, 1998; Milewa et al, 2002). People might feel they’re exploited and that services are being provided on the cheap. (Saving costs could also be cited as a benefit).
• Self help tends to be suited towards particular kinds of support for parenting such that it is less likely to include financial support or intensive multi-faceted support (Ghate and Hazel, 2002). People who are coping with many demands do not have time to get involved.

• The very informality of self-help groups may lead to self-help groups only to attract like minded people and to exclude others. Men, for example, have traditionally not joined self help groups. Non-English speakers are disadvantaged. Groups may also find themselves competing for funding which divides rather then unites communities. Or groups such as vigilantes may go beyond the bounds of law. Low income also restricts the capacity to be involved in leisure and community activities. It has been argued that tight knit communities can only draw on a limited pool of resources and relationships, while networks with a mixture of close and 'loose' relations can widen access to resources (Perri 6, 2001). Rural areas may suffer from lack of transport militating against community support.

• Ghate and Hazel (2002) found that low levels of community facilities hindered the development of community wide activities. Indicators such as concentrations of empty housing, poor public transport, few recreational facilities, low levels of childcare, high crime rates and a lack of services were all positively correlated with lower involvement in community life and social networks. If people perceive their neighbourhood to be unsafe, dirty or crime ridden, they may restrict their own or their children’s movement and mobility within the neighbourhood (Ghate and Hazel, 2000). The decline of landmark buildings such as churches or factories can be particularly related to a loss of community identity (Forrest and Kearns, 1999). This may pose a chicken and egg question of whether to prioritize strategies to improve the infrastructure or strategies for mutual support, especially as networks of social support may require time to build.

• Not all family and friendship relations are trusting and can induce vulnerability, conflict and coercion. Similarly, informal relationships of self help may not offer the security of professional confidentiality, and some parents may want to keep their problems to themselves. Fear of being judged is powerful in this respect (Beresford et al, 1999; Williams, 2004b).

• Self-help parents’ groups may be offered participation without any prospect of power to influence. The Report of the Commission on Poverty, Participation and Power (UK Coalition, 2000) was particularly critical of what it called ‘phony participation’ where participation was part of political rhetoric.

1.4. Summary

This chapter has set out an integrated approach to the study of empowerment which informs the study. This sees empowerment as a set of dynamic processes involving social relationships and marked by self-determination which may operate at individual, interpersonal, institutional, and wider community and social levels. It leads us to focus on how far the activities, practices and ethos of SSLPs create the conditions which enhance and sustain the key dynamics of parental empowerment and foster parents’ and children’s well-being:

• respect: parental self-esteem and mutual respect;
• recognition: feelings of belonging, inclusion and recognition;
• voice: the articulation of needs and aspirations;
• self-determination: access to knowledge, resources and services which increases the capacity for self-determination.

In investigating these we focus particularly on the range of opportunities for self help, mutual support and collective action, cognizant of the potential of these activities for empowerment, as well as their limitations.
These ideas framed our research questions:

- What kinds of parental involvement and collective self-help activities exist?
- What practices of reciprocity and strategies of self help do parents negotiate? What resources do they draw upon? What is the nature of the support they provide, and what are the issues they deal with?
- How have these activities developed since the SSLP started?
- What are the organizing principles for these activities?
- What are parents’ views of the practices of local formal and professional provision/services in the development of reciprocity and empowerment? How have they and their children benefited?
- Who is involved in collective self-help activities? What are the main barriers to involvement? Do strategies exist to promote the activities of marginalized individuals/groups, particularly with regard to ‘race’, ethnicity and gender?
- In what ways do local context, professional discourses and political priorities influence opportunities and directions for collective self-help activities?
- What claims have emerged from the more involved parents and organized self-help groups, and what facilitates/ prevents such claims from finding a voice or having influence?
Chapter 2. Methodology

2.1. Introduction

2.1.1. Research aims

The overall aim of the study is to investigate how far and in what ways Sure Start Local Programmes are facilitating self help and mutual support among parents and contributing to overall parental empowerment. With this focus, the study was guided by three main inter-related research aims, leading to a variety of methods of data collection:

- To describe and map self help, mutual support and parental involvement activities and practices.
- To identify and analyse the impact of self help and parental involvement activities from the perspectives of those involved.
- To identify and analyse the factors and processes shaping the development, impact and effectiveness of self help and participatory interventions according to a framework of empowerment.

The questions which flowed from this are detailed on the previous page.

2.1.2. Data collection and analysis

The research questions were best suited to a qualitative-led case study approach to evaluation (Pawson 1999). This involved selection of 6 case study SSLPs; in-depth qualitative interviews with parents (81), staff (41) and community stakeholders (38); ethnographic and observational methods in the SSLPs and local areas; and documentary analysis.

2.2. The six case study SSLPs

The 6 case-study SSLPs (called Programme A, B, C, D, E, F) were chosen through purposeful sampling to reflect a mix of particular local and programme characteristics. These were:

- A mixture of urban and semi-rural settings.
- A mixture of areas with high and low-medium representation of minority ethnic groups.
- A mixture of areas with high to low pre-existing community activism / involvement.
- A mix of programmes with different lead bodies (SSLPs are led by multi-agency partnerships of which 1 partner was designated the lead, typically, the health authority, social services, or a voluntary body).
- Different local political leadership (in terms of local government).
- Different rounds of Sure Start funding.¹

¹ SSLPs were commissioned in 4 rounds with about 60 batches per round. Round 1 included 264 programmes. Data from the NESS Local Context Analysis Reports on SSLPs in Round 1-4 (Barnes et al, 2004,5,6) (as well as previous research conducted by the CAVA Research Group) were analysed in order to select potential SSLPs suiting our selection criteria. We also used information about the geography of family formations from the ESRC CAVA Research Group (Williams, 2004a; Duncan and Smith, 2002).
Table 2.1. Summary of the six case study SSLPs and the localities they serve

<table>
<thead>
<tr>
<th>NESS Category</th>
<th>Programme A</th>
<th>Programme B</th>
<th>Programme C</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LEAD BODY / FUNDING / ROUND</th>
<th>Health, Round 1 1999</th>
<th>Early Years, Round 1 1999</th>
<th>PCT, Round 3 2002</th>
</tr>
</thead>
</table>

A detailed description of each case study area can be found at Appendix 1.

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2 NESS Local Context Analysis Report (ibid) Classified SSLP’s into most deprived, less deprived, ethnic diverse, typical and large family units. More details are provided in the descriptions in Appendices 1 and 2.
2.3. Data Collection

The main method of data collection was via in-depth interviews and observations.

2.3.1. Qualitative interviews

These were conducted with samples of parents, local programme staff and others working in the community, in order to gather a range of perspectives and to analyze perspectives, experiences and practices in family support and family life. We aimed to interview around 15 parents within each case study site, recruiting those who represent the following forms of involvement:

1. Parents who are involved in Sure Start programme activities with a significant degree of mutual support – e.g. parent led groups / volunteering;
2. Parents who are involved on the management/ board or consultative structures of the programme.
3. Parents who are involved in the organization of other community support self-help groups
4. Parents who use Sure Start resources but are not involved in any collective groups.

These parents have been differentiated within the report identifying where a parent is a mutual group members (1), parent representatives (2), self help member (3) and service user (4) (where parents are involved in several ways, this is also indicated).

Within each SSLP we sought to include at least one father, one parent of a child with disabilities, and one member of a minority ethnic group as these groups can have lower rates of involvement with children’s services. Additionally, research discussions / semi structured interviews were held with local programme staff and other stakeholders / local community members involved in the development of parental empowerment or mutual support activities. Interviews with staff members included programme managers, deputy programme managers, team leaders and parent involvement / outreach workers. Other stakeholders such as community workers and local forums were identified through recommendations from Sure Start staff, contacting local authorities and visiting local organizations such as community centres. Details of the data samples are given in Table A1.9, 10 and 11 in Appendix 2.

The interviews were tape recorded with permission of the interviewee (some refused this), transcribed, entered, with all notes, into NVIVO, a computer assisted programme. This was used to analyse thematically according to our concern with SSLPs activities and impacts. All names of interviewees have been changed for the report.

Topics covered in the interviews

With parents \(^3\) (N=81)

- History and nature of involvement in SSLP.
- Parental and family biography.
- Social networks, social support and use of, and views of parental informal self help activities.
- Perceptions of the locality and community.
- Perceptions of needs, constraints and support.

With programme staff\(^4\) (N=41)

- History and Aims of the program.

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\(^3\) See Appendix 4 Interview Schedule for Parents.
\(^4\) See Appendix 4
- Needs and the Local Context.
- Impact of SS.
- Partnership Working and Parental Involvement.

With other stakeholders \(^5\) (N=38)

- Background about the group.
- Perceptions of the community and the support needs of local parents.
- Support services and self-help within the locality.

2.3.2. Observations

Another central feature of the research design was to observe parental involvement and collective activities within the case study SSLPs. Our aim was to observe activities and social relationships with a view to exploring the inter-personal aspects of power discussed in Chapter 1, such as the degree of feeling comfortable, voice, inclusion and exclusion that operated in programme settings (e.g. meetings / group activities) and, where possible, alternative community action / participation settings (e.g. local community forums). Observational methods can be useful in gaining first hand insights into interactions rather than merely relying on people’s memory or accounts of these interactions. Features such as the language used, the structure of decision making and the formality of events / activities can all be telling of the nature of power relations between participants and for whom the event is aimed at. Table A1.12 in Appendix 2 indicates observational activities per programme.

2.3.3. Documentary evidence

This included for each programme:

- Delivery plans;
- Local Evaluation Reports;
- Information for parents;
- Partnership membership details and minutes of meetings;
- Service reports.

\(^5\) See Appendix 5
Chapter 3. The Development of Self Help, Mutual Support and Participation in the Case Study Programmes

3.1. Introduction

This chapter describes key activities in the development of self help, informal support and community action in the SSLPs. In chapter 4 we look at the impact of these actions for parents and their children through parents’ own experiences; and chapter 5 identifies the principles, processes and practices which facilitated parental empowerment. Key empowerment activities operated at individual, group and community levels, as follows:

- Building self confidence and skills.
- Reciprocal informal support.
- Organised peer support and volunteering with Sure Start services.
- Parental participation in programme planning and decision making.
- Collective community action and supporting existing self-help.

3.2. Enhancement of self confidence and basic skills

By involving parents in courses, parent groups, and one-to-one professional advice and support, SSLPs enhanced parents’ confidence and skills. And, as the next chapter shows, this had positive effects for children well-being in terms of greater warmth between parents and children, improving children’s capacity for learning, and their interaction with other children.

- Sometimes this was merely a matter of, as Kelvin and Emily explained, ‘being reassured that as a parent you were doing the right thing’.
- Parents also valued learning new skills and strategies as parents and in other areas of their lives, as citizens. So Sara and Habidah told us how becoming more involved in Sure Start had improved their ‘organisational and time keeping skills’, and ‘confidence in dealing with others’ and ‘speaking out’.
- We found much evidence of parents learning new skills and practices, such as healthy cooking, or sewing, which then furnished their ability to draw on these skills to care for themselves and others. A younger mother explains:

“I have learnt how to cook, I am doing my maths GCSE again. At the young parents’ group we did two sessions on cooking for Christmas. I made a mince pies and a Christmas cake. We got to keep the recipes as well and we were given some scales, a wooden spoon and an apron. I have those things now and can cook them at home.” (Elaine, Group member, Programme D).

3.3. Reciprocal informal support: developing friendships

Organising group activities and events within the Sure Start programmes was important in bringing families into contact with one another. Such contact could lead to the development of friendships, which in turn involved the giving and receiving of informal support. Within four of the Sure Start programmes there were activities that specifically aimed to generate informal support between parents:

- A ‘buddy system’ in the parents’ consultation group as new members were finding longer standing members had formed ‘closed cliques’.
Melanie was typical in that Sure Start had helped her forge friendships with others who lived close by and changed her life:

“Well, we had known each other long before. The kids were in the same class, so we were sort of like, hi, and that was it, and the kids would end up going their separate ways, but now we’re, we just can’t get rid of each other!”

Box 3.1. The value of friendships formed through Sure Start

Making friends with other mothers and fathers in the area with similar aged children was significant to those new to an area, longer term residents, employed parents and mothers giving up employment temporarily to care for children full-time at home. The extracts below show how parents, for different reasons, valued expanding their social networks.

**Combating isolation:**
“When I look back, when I used to go to college I had loads of friends and I really enjoyed it but I didn’t have children. When I had children I stopped going. I was back at home again, and I felt on my own again. When I started coming to these groups, I made loads of friends, you know, it’s just a good way because the children have things to do and it meant I could go out and make friends and it just gave me my confidence back.” (Marissa, Parent staff member, group member, Programme A).

**Keeping sane:**
“It’s helped me be a bit more sane, a bit more myself, plus seeing other parents, it gives you ideas on what to do, you swap stories don’t you.” (Shelley, group member, Programme D).

**Mutual support:**
“If we’re down a bit we can ring each other up, or go round to each other’s houses, baby-sitting, just simple little things that some people take for granted. Things like that.” (Sara, white married woman, Programme D).

**Sharing knowledge, problems and experiences as parents:**
“It is nice to talk to other mum’s and find out what routine they found best for their baby. Because I was taking her up to bed ten minutes before I went to bed, and they were like I took my baby up from this time and they were fine. And you think, will it work for my baby? So then I took her two hours before I went to bed and got some time to ourselves.” (Courtney, Programme D).

**An alternative to professional services:**
“You learn a lot from other mothers, like just sharing your experiences you learn a lot.../..If I went to the doctors it would be three trips, like all the way to the doctors and then with your pram, you’ve got to get all your kids and getting them ready, and here you can just come here, and they can just play, and you can have a conversation and it is not a big deal. It’s just, like something may be little but it is still important in your life.” (Darla, Volunteer, group member, Programme D).

**The importance of support outside of ‘family’:**
“Just somebody being there and listening to you and somebody there to talk to. The staff and the friends that you make. Sometimes my family have their own problems, and there’s some things that you don’t feel like talking to them about, well I don’t want to get... I don’t want to get my parents upset and... I kept everything in and I was getting really... but then when you hear other people and you think you’re not alone, other people that have got those problems as well” (Marissa, parent staff member, group member, Programme A).
3.4. Organised peer support and volunteering with Sure Start services

Some SSLPs organised for peer support and this focused more on training and providing support for community volunteering. The peer support scheme for breastfeeding organised in two of the SSLPs is a very good example of professional – parent partnership within the SSLP, offering training, support and resources in a responsive way that helped to make the scheme sustainable and effective.

Example: Peer support for breastfeeding mums in Programme A

Aims:

- To increase the incidence and duration of breastfeeding in the area.
- To increase the awareness of the nutritional and emotional needs of babies and the role breastfeeding can play.
- To establish a permanent structure for support and information to breastfeeding mothers.

This scheme was set up by a Sure Start Health worker, who has worked in the area for 12 years as a Community Midwife. As a community midwife she felt passionately about the vital role that breastfeeding played in the mother-child bond and in enhancing the physical wellbeing of children. Initially recruiting from mothers who had successfully breastfed, the scheme grew through word of mouth drawing on the informal networks of mothers in the area. The midwife developed a training programme for peer supporters, delivered by herself and two other part-time health visitors, based on La Leche League, using a participatory and informal style. This involved:

- Devising a system for receiving information from the local maternity hospital about pregnant women in the locality.
- Recruiting mothers who breastfed for three months to be peer counsellors.
- Arranging with local health professionals for peer counsellors to attend their antenatal care sessions.
- Delivering a 12 La Leche⁶ based training course for peer counsellors.
- Providing a pack of 55 leaflets (translated into the five main local languages and including Muslim views on breastfeeding gained from a local Muslim Imam) and a textbook for information used for home visits and given to the mother.
- Providing support and encouragement to the peer supporters.

The role of the peer supporters was to:

- Undertake the training.
- Support friends, family members and referrals with advice and support by telephone or home visiting.
- Maintain records of support sessions and contacts.
- Attend monthly group meetings and provide support for each other.
- If available, attend the baby café and antenatal sessions to gain more experience and offer support.

The meetings were held at the Sure Start Children’s Centre in a specially designed playroom so that their children could play. The scheme had also established a baby café for breastfeeding mothers, a telephone helpline and was building links with local antenatal classes and health professionals. The SSLP health worker felt the peer supporters were very successful in having a particular role to play distinctive from professionals. They helped create awareness for people who had a low take up of services (i.e. non-Sure Start midwives and GPs). And there were other benefits. Living

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⁶ The La Leche League is a national charity that campaigns for breastfeeding support, produces medically informed information and training materials for health practitioners and peer supporters.
in a predominantly Pakistani British locality, and being a white Irish woman herself, the SSLP worker felt the peer supporters could sometimes be more effective at supporting other women:

“It is about the peer supporter having the expertise, and being able to observe the lady and see things that she might be doing wrong and point them out really. But in an encouraging way. They are supposed to give information and not advice, this is vital, being able to sit back and watch and perhaps point things out that may be helpful. Two ladies, Pashto speaking, went to a mother’s house and I went with them to the house because they didn’t have the confidence to go themselves. I was listening to the advice one was giving in English and she was spot on.” (Helen, Staff, Programme A).

Programme D had more established breastfeeding peer support, led by a core group of parents. In addition to the sorts of activities described above it provided:

- Packs for mothers with vouchers and items for breastfeeding.
- A weekly drop in.
- Advertising their services on local notice boards.
- Campaigning activities: they had got a local large retailer to establish facilities for breastfeeding mothers after a group of mothers arranged a sit in at the store and breast-fed their babies.

The SSLP funded the packs at £4 a pack because they felt that the system of giving milk tokens to non-breastfeeding mothers discriminated against breastfeeding mothers, so they gave out nappies, vouchers and breast pumps.

3.4.1. Developing parents as volunteers: different approaches

All of the programmes had parents involved as volunteers7. These involved the following sorts of activities:

- Having staff with specific responsibilities for recruiting, coordinating, training and supporting parent volunteers.
- In Programmes A, B and C which serve areas with many residents whose first language is not English, volunteers act as interpreters to assist professional staff in delivering locally based services.
- Volunteers to assist in specific service provision mainly family support home visits, breastfeeding peer support or a community allotment.
- In programme B and E, two longer standing programmes in our sample, there was more evidence of Sure Start supporting volunteers in establishing projects arising from their own ideas and articulation of community needs.
- Almost all of the programmes provided a range of training for volunteers namely committee skills, basic maths and English, food and hygiene, health and safety and first aid.

The different approaches to volunteering were reflected in different aims:

- Enhancing parental employability.
- Assisting in service delivery.
- Personal development.
- Helping the community.
- Ambassadors for Sure Start and family support.

- Volunteering as enhancing parental employability
Programme B and C had an extensive programme for recruiting and training volunteers led by a volunteer coordinator. In Programme B, there was an additional member of

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7 We have distinguished between volunteering as providing support and services and as parent participation in decision making.
staff who assisted the volunteer coordinator, both of whom were of Pakistani British ethnic origin reflecting the local area demography. The schemes had been running for two years at Programme B and one year at Programme C and both had recruited a number of volunteers from a diverse range of backgrounds. Enhancing the volunteers’ employability was seen as a major objective in these two programmes. There were currently around 15 volunteers in Programme B and 10 in Programme C who were supporting staff with interpretation, undertaking home visits to assess parents’ needs for support, catering support within the community café, assisting with an after school food club, organising a community allotment project and befriending new parents.

Box 3.2. Example of volunteering schemes to get people into work

Programme B:

• Volunteers recruited through advertising to current parents involved in Sure Start and informing parents of opportunities on registering with Sure Start.
• Full-time volunteer coordinator in post.
• Weekly support group for volunteers.
• Regular training sessions.
• Parents consulted on training needs and interests.
• Personal development planning.
• Opportunities to support any services and activity within Sure Start current provision.
• Befriending service operating run by volunteers.
• Volunteers acted as interpreters for professionals on home visits.
• Speakers from outside agencies brought in to talk about their services for the community.

• Volunteering as assisting service delivery
Volunteering in this sense is support for professionals involving tasks that do not demand professional qualifications. The scope of the volunteer role could vary between individuals and across services / programmes. For example, in Programme B it appeared that the majority of volunteers worked under close supervision by the professionals in the delivery of services helping with children in an after school club. As we note in the next chapter, whilst volunteers could play an important befriending and problem-sharing role, parents valued confidentiality and wider experience from paid professional workers.

• Volunteering as personal development
Programme B, E and F ran volunteering schemes aimed at individual personal development, not necessarily for employment, although improved employability might have been an indirect outcome e.g.

• Confidence raising.
• Team working.
• Basic maths.
• Spoken English.
• Time management.

Programme B responded to parents’ own wishes for courses. One such course was called ‘Islam for Women’ and was designed by the volunteer coordinator with the volunteers suggesting, and sometimes delivering, weekly topics.

• Volunteering as helping the community
Here volunteering was a means of improving the community, again responding to parents’ views about what was needed in the locality. This often acted to instil a sense
of belonging, ownership and pride in the local community. Sheila describes her role and impressions of these activities:

“We have organised picnics in the park and got football matches going on the local park. You know, we have just knocked on peoples doors, told them about it, used some of the fundraising money and organised a big event on the park in the summer. It gets people out, gets people enjoying themselves. We just organise them and then people can come along.” (Sheila, Volunteer, Parent representative, Programme A).

Box 3.3. Developing community led volunteering – Programme E

In programme E parents had approached the Sure Start programme with specific ideas for new community services, which the programme had supported the development of. This programme had been successful in engaging some fathers in this way, who pursued practical support and community sports activities:

- Many parents were concerned about the state of their gardens and felt unable to improve them. A local father approached the programme manager about starting a community gardening scheme. The programme manager supplied some funding for the necessary equipment and the parent set up a gardening service.
- A mother wanted to set up a scheme selling discount arts and crafts materials to local groups, schools and individuals. Sure Start provided a place for this parent to store these materials, which she opened up as a shop on a weekly basis, generating funding for materials from sales.
- Parents operated an organic food scheme. The programme manager supplied the vegetables and fruit on a weekly basis while parents arranged the weekly orders and delivery.
- Several fathers and mothers were trained in organising community sports events and coaching, from which they proceeded to set up community events and courses for youngest 0-16.

• **Volunteers as ambassadors for the community and Sure Start**

Another key role that volunteers played in programmes activities was as ‘community ambassadors’. What we mean here is that as parents got more involved with Sure Start services they could become key figures representing Sure Start to the local community and the local community to others, acting as a role model to their own and others’ children, as well as a mediator for parenting advice. For example, Ikram, a volunteer in programme B, described how she informed other parents about the services at Sure Start that she believed could offer support and advice:

“And it was stuff like that, just simple things but they worked so much within your child’s life, which I say to anybody, go on the parenting course, if they’re having trouble with their children, try the parenting course because it does help. I tend to tell people a lot about accessing stuff, friends, people that I know, people that I come into contact with, accessing different organisations, services, anything like that, it tends to be word of mouth a lot of the time.” (Ikram, Volunteer, Programme B).

BD a parent volunteer with programme E describes getting involved with one of the local sports groups for children part funded by Sure Start, and then proceeding to represent the programme at a national Sure Start event:

“I am the parent chair of the Partnership Board. I have been to national conferences, I gave a speech at the national conference for Sure Start. I was terrified but I stood up and told them how much Sure Start has helped me. I have done that three times since and I go to the Early Years meetings in town.” (BD, Parent Rep, Programme E).

### 3.5. Parental participation in programme decision making
Participation in programme planning and decision making activities could lead to more of a local say in defining the needs of the area and how resources should be allocated. Programme A, D and E had more numbers of parents involved at the partnership level. In Programme A this involved parents from diverse ethnic backgrounds including white British, Pakistani, African-Caribbean and African women. Parents were supported with a crèche facility, transport and committee training skills. Two of the programmes had parent representatives that acted as the chair of the partnership board – programme E and F.

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<thead>
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<th>Parents’ involvement in community café</th>
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<tr>
<td>In Programme F a community café subgroup involved 5 parents, under the supervision of the Sure Start food worker. Parents had been involved in undertaking a feasibility study, the design of the café, and constructing a business plan to ensure it would be sustainable and affordable in the long run.</td>
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</table>

In practice, even though parents might be involved in partnership meetings, they still were very programme-led with the agenda determined by the programme manager and discussion rarely moving away from implementation and planning to overall policy decisions. In some cases, programmes had established mediating committees or groups, whereby parents got together to formulate their views before passing them on to the partnership board via a representative or to discuss sub-topics within the programmes overall activities. Parents also found that such activities absorbed a lot of time and energy (these issues and parents’ experiences of them are discussed further in Chapter 4 and 5).

3.6. Collective community action

Collective action involves community members getting together and seeking to improve their community. This was not as common as individual empowerment, but SSLP activities often enabled parents to act more collectively, for example, in programme E, parents were supported with advice and photocopying resources to prevent the closure of a local school. Programme D was in the process of developing a business plan with a group of parents in order to buy a vacant property for the use of domestic and DIY skills training. The community café in Programme F was a scheme developing as a community business.

In Programme A, a system of local street action groups were formed as part of the programmes consultation and participation activities. Makayla describes the development of the group she convened and how this form of participation led to succeeding to gain regeneration funding for improvements to the local environment:

<table>
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<th>Box 3.4. Parent street committees in Programme A</th>
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<tr>
<td>“So we set up a street group. Rather than looking for information about the needs in the area, why can’t we have parent reps? So we developed a parent street committee where each parent was representing each street. What we did was, we gathered some people from the street, the neighbours, anybody just for a very informal thing, or you know I mean you could come and just have a cup of tea and not feel that you are going to an office where there is a group of people there with suit and tie speaking out, so just in people’s houses you see. We were given support from Sure Start as well with staff with the administration side, you know they had to, if they wanted to drive the minibus, so that support was given to us [transport], and coffee and teas was provided for us. So we gathered parents and we talked about everything, literally, talked about, what do you like about this street? Are you happy where you are living? what would you like to change? What’s happening? going on? for example, litter, drugs, crime, you know, all that kinds of issues, you know, “oh I’ve got rats in my house, what can we do about it?”</td>
</tr>
</tbody>
</table>
So we discussed all sorts you see, and then this information was taken back, the staff took it back and fed it to the agencies so, what we did was then we developed a neighbourhood action plan, and of course we were getting all this information, “Oh we’ve got loads of rats in the street, you know, there’s too much litter, there’s too much crime going on, there’s drugs abuse”, this kind of thing, so we said “right, ok we want to...” So then we devised the neighbourhood action plan so we said “OK we want to spend money and target areas where we could work, to deal with litter, crime, and that kind of thing so...”. We applied for a funding for, which we were successful and we got £5000 and with that we had a neighbourhood action day.” (Makayla, Parent Rep, Programme A).

Another important way of encouraging community action was by supporting existing self-help activities. Essentially this was in the form of:

- Funding agreements.
- The offer of use of premises.
- Advice and support.
- Auditing existing self help.
- Asking groups what support they needed.

3.7. Summary

This chapter has detailed all the different ways in which SSLPs promoted forms of self-help, from the individual, group and community levels. Such volunteer activity serves a number of different functions:

- It helps parents build their confidence as parents and improve their relationships with their children.
- It provides good role models for children, it furnishes parents with skills for future employment.
- It enables parents to pass on experience, skills and knowledge to other parents, such as through breastfeeding support.
- It enables service delivery to be more in tune with parents’ needs and cultures.
- It helps and empowers practitioners through learning from parents.
- It gives parents greater confidence and knowledge and enhances forms of reciprocity, a more active role in representative politics, collective actions and self-help activities of benefit to the local community.

In many programmes **encouraging parents to identify and define their own, their group’s or their community’s needs was a key organising principle**. In order to be effective in involving parents, SSLPs had to:

- Develop a systematic approach to getting to know the community, its human and other resources.
- Understand what people valued as well as disliked about their community.
- Respect and listen to parents for personal confidence building, and respect people’s views of their community in order to encourage people to work together at group and community level.
- Develop staff teams with not only child care and health care knowledge, but also listening skills, local knowledge and community development skills and knowledge.
- Be prepared to learn from parents.
- Be informal, open and non-judgmental in their approach.
- Represent the ethnic and linguistic diversity of the community.

What was less well developed was parental involvement in decision-making partnership bodies; nevertheless, what was crucial was that SSLPs were tapping in to
a real concern of parents whose mainspring for action was a concern for their children’s well being and futures. It was this positive aspiration, rather than notions of a deprived community, underachieving children, or problem parents, that could more easily serve as the basis for involvement.
Chapter 4. Empowering Parents, Families and Communities: Parents’ Perspectives

4.1. Introduction

Having described the forms of informal support, self-help and participation occurring across the case study programmes, this chapter analyses how parents and communities said they benefited from support and involvement. Drawing on the interviews with parents, we illustrate the different processes of empowerment and parents’ experiences of these. Developing and adapting Lister’s forms of agency experienced by people in poverty (Lister 2004), described in Chapter 1, we have identified seven processes of empowerment from an enhanced ability to ‘get by’ to more collective organisation and action. Box 4.1 sets out these interrelated routes to empowerment. The following discussion relates these ‘getting’ outcomes to Sure Start interventions.

Box 4.1. Routes to empowerment

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<thead>
<tr>
<th><strong>Individual oriented empowerment:</strong></th>
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<tbody>
<tr>
<td>• <strong>Getting by</strong> – coping, surviving and overcoming a particular crisis, and feeling more able to cope on a daily basis as a parent.</td>
<td></td>
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<tr>
<td>• <strong>Getting better</strong> – greater confidence, health, skills sociability, warmer relationships, mutual respect.</td>
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<tr>
<td>• <strong>Getting on</strong> – realising new aspirations, children happy and flourishing, achieving new things including employment.</td>
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<tr>
<td>• <strong>Getting out</strong> – leaving the neighbourhood in order to access new opportunities elsewhere.</td>
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<th><strong>Collective oriented empowerment:</strong></th>
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<tr>
<td>• <strong>Getting together</strong> – enhanced family relationships, feeling a sense of belonging and integration, expanding and diversifying one’s social networks leading to enhanced support and opportunities.</td>
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<tr>
<td>• <strong>Getting involved</strong> – getting informed, developing a positive community identity, having influence, gaining a voice and having more of a say.</td>
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<tr>
<td>• <strong>Getting organised</strong> – taking action to improve and support your community.</td>
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4.2. Getting by

In Chapter 1 we noted the issues facing parents such as ill health, high caring demands, debt, low income or adjusting to being a parent. ‘Getting by’ refers to this sense of coping and surviving through on a day by day basis. We found some parents felt they were able to cope better with the support and resources drawn from their involvement with their SSLP. Some were helped to overcome a crisis, such as drug addition, unemployment, mental illness or bereavement, whilst others received more informal and professional support to cope, and to feel more positive about everyday life. In many cases, providing support for families on the brink of a crisis was the consequence of dedicated, ongoing, outreach work.

4.2.1. Sure Start facilitates personal empowerment: getting through a crisis

Kelvin’s story is a good example of how Sure Start facilitated personal empowerment and social integration for one family. Kelvin, a 23 year old father with three children,
lives on the north-side estate in the locality that Programme D served. Six months prior to our interview, Kelvin’s partner had been convicted of heroin possession, Kelvin had lost his home and become solo responsible for their three children aged 2, 4 and 8. He then moved into council accommodation within the locality served by Programme D. This crisis prompted Kelvin to seek medical help for his own drug addiction and to seek the help of his local Sure Start programme. He particularly valued the regular one to one support he received from the family support worker at Sure Start and the practical help the programme offered through its practical support scheme. He describes undergoing a process of becoming a more aware, confident and responsible parent, and the positive effect of this on his children which he partly attributes to the non-judgemental, friendly, practical and available nature of the support he received from Sure Start:

“I was in and out of jail since having the kids. I missed out a lot on the kids when I was in jail. But since getting off the drugs and getting the support from Sharon at Sure Start, I am now around for the kids. I have changed for the better and the kids have changed too. I had a social worker but she only used to come round every now and then. Sharon from Sure Start, she came round every week. When I got this house, I had no money to buy what we needed like washing machine, furniture, curtains and carpets. Sure Start has helped me get those things. But also I didn’t know how to look after the kids, I wasn’t used to it, I didn’t know how to set up a home. Sharon told me how to set up a home, although the main thing she did was tell me what I was doing was alright.” (Kelvin, service user, Programme D).

Kelvin describes reaching a new understanding about himself and his parenting through the reception of practical, non-judgemental and reassuring support:

“Sure Start gave me that kick. They stressed to me about what my kids needed. They didn’t need a drugged up dad, they needed a role model...I spend time with the kids now. I believe in myself a bit more now. I think more about the children’s welfare, we have more respect for one another as a family. The children are going to school now, they didn’t before. We have come off drugs...It was like a new start for me and Sure Start was someone there for me. Our older one who is 12 has also calmed down a lot more. She has been getting better reports from school, and good behaviour certificates, before we wouldn’t have put them up but we do now.” (Kelvin, service user, Programme D).

Box 4.2. Sure Start provides a reason for getting out of the house

In the context of feeling it difficult to cope, involvement in Sure Start could give ‘something to do and look forward to’: In this sense there was a relationship between getting involved and getting by:

“You’ve got something to look forward to, or an activity or somewhere to go. You don’t feel as ill then. It can be – ‘I’m feeling a bit down today, I feel ill, I have a headache, well I will just sit on the sofa all day’. But if you have something to do to at 2, it’s like – ‘I’m not going to lie down, I’m going to get this done and get busy and go out’. And that helps my headache, it helps… [without Sure Start] I would have lost it... It was showing me a side that I could still do things, be me, even though I had a little one you know.” (Sabreen, group member, Programme A).

Box 4.3. Sure Start provides a way for parents to meet others

“It helped keep my sanity...and it meant that I could sit down and talk to parents that were going through the same problems, that had the same situation, and I could discuss with other people that were fairly detached how to handle problems” (Sara, parent rep, group member, Programme D).
4.3. Getting better at everyday living

‘Getting better’ involves:

- Gaining confidence and self respect.
- Enhancing one’s capacities, competence and skills.

4.3.1. Sure Start peer groups enhance self-esteem and motivation

Poverty and disadvantage can lead to psychological effects of poor self esteem, self worth and low confidence (Hoggett 2000; Lister 2004). Perceiving oneself as incompetent or incapable, as much as others’ low expectations and disrespectful treatment of us, can act as a major constraint on the aspirations and opportunities we seek. These issues of self perception and self identity were common themes in parents’ discussions. Parents gained confidence by receiving reassurance and encouragement from other parents and staff members:

“I can’t stand up in front of people I thought, but then yes I could, yeah I could do, Before it would have been like ‘I’m a single parent with 4 children, and I was off’, 6 months before I started that, there’d have been no chance. I’d have said, shut up and go away! ... and now it’s like no, I want a career, I want to go and do this, I’m going to do that, and I’m going to do this, I’m more motivated now.” (Audrey, group member, Programme E).

Peer support can engender feeling good about helping others, especially if parents feel proud of their achievements. Darla described feeling more capable and ‘positive’:

“It gives me a lot of satisfaction, being able to do things that help people. Also I feel like I have achieved a lot since I’ve been coming [to Sure Start]. And that makes you feel more confident as well.” (Darla, peer supporter, parent rep, Programme D).

4.3.2. Sure Start provides parenting support in managing children’s behaviour

Parents gained new skills and competences as parents and as citizens. As parents, this could involve developing new emotional responses, caring strategies or practical skills for self-reliance and self help. As citizens they gained skills and competences towards networking, advocacy, voicing opinions or seeking funding for self help.

Parents described how involvement in parenting courses, cooking classes or baby massage, as well as informal communication with other parents, had introduced them to new practices, ideas and approaches to parenting and led to reflect on their own practices and problems. The two forms of problems solving identified in Chapter 1 were evident – that of changing one’s emotional response and of practical problem solving (Ghate and Hazel, 2002). Parents described becoming warmer, calmer parents and some fathers described becoming more engaged with their children:

“I mean I’ve learnt not to shout at him so much, they’ve taught me that there are other ways than just to smack and shout and scream, that then you’re actually acting more like a child than what the child is. And I’ve sort of been taught in many ways how to compromise which is quite nice.” (Sara, Parent rep, Programme D).
Box 4.4. Sure Start develops parents’ relationships with their children:

Parents were concerned about a range of issues relating to parenting and children’s well-being. Common issues among parents with very young children were those to do with establishing a routine, sleeping, feeding and weaning, breastfeeding and safety. Among parents from minority ethnic groups a common concern was for opportunities to improve their English for them and their children. Parents also sought advice on children’s behaviour; the chance for them and their children to mix with others and to go on affordable holidays and family trips.

“I have never been into baby massage before, I went to the group with open eyes. But it was brilliant! They showed you how to calm your baby down. And it helps to relieve colic. And it helps with sleeping, it helps to relax them. So now I give him a massage and he gets a sense of calming down and I think that is really good.” (Courtney, self help group member, Programme D).

Parents’ improve their children’s learning

“Going to the play sessions opened my eyes to what you can do as a parent. It is just playing with him, but doing it in a more educational way. And I didn’t praise him as much when he was good! Just basic things!” (Hope, parent rep, Programme D).

Sure Start enables communication skills

“I get to practice my English, and my son improves his English too.” (Maria, service user, Programme A).

Sure Start provides a perspective on family dynamics

“If they were arguing over a toy, we’d treat him like the youngest the same as the oldest, because we were just fed up with them arguing. And we would say, right no toys for all of you! …//… But they suggested [SSLP parenting course] pulling the oldest to one side and explaining, you know, they are looking up to you, you are their big brother, you should be trying to do this and making sure they’re ok, and things like that which really did help. Just different ways of dealing with things.” (Christopher, Parent staff, Programme E).

4.4. Sure Start support for ‘getting on’

4.4.1. Improving parent-child relationships

Getting on was when parents started to realise their aspirations and to become more self-determining. They felt their children were happy and flourishing, and they respected them more:

“I think as a mother, I learnt quite a lot of new things, how to go with them, how to communicate with them, how to keep your temper when you’re feeling quite angry you know, not just clashing and banging there and I think, and respecting them more” (Karam, parent, Programme B)

Parents had developed new skills or re-mastered old ones beyond parenting, such as making clothes or decorating, or organising events which in turn made them feel more disposed to be involved in community oriented action.

4.4.2. Learning new skills

“I mean obviously organisational skills, it certainly helped me there, and things like that, I’m realising how to get money from sort of funding organisations,…//… I mean a lot of the skills I’ve already had but they got rusty, so it hasn’t so much been learning new skills, it’s been trying to remember how to do the old skills that I’ve already got. Things like accounting, book-keeping, using the computer in many respects, just simple things like using a computer other than on the internet, writing letters.” (Sara, parent rep, Programme D).
4.4.3. Achieving qualifications and employment

Several of the parents felt that involvement in Sure Start activities had given them the chance to think about paid work in family support and community work. This was often the more involved parents such as Sabah, Ikram, Christopher and BD, all of whom were longer standing parent volunteers through ‘a job with Sure Start’. Parents discussed with us the profound and inspiring effect their volunteer work had had on them and their new aspirations to seek employment in similar areas:

“I’m looking for a job now...//..., I’ve got that much into sport now I don’t think I could do a menial job, you know, so if I could get a job out of it that would be brilliant. I had no interest in community sports before.” (Melanie, group member, Programme E)

For some parents Sure Start had become their employer. Here parents valued flexible work practices which fitted in with their responsibilities as a parent. For example, BD in Programme E and Jemma in Programme D trusted and respected the childcare provision at their SSLP and the flexibility and access of on-site childcare for paid work.

4.5. Getting out

While some parents had gained the confidence and skills to want to put these back into the community, others had aspirations to move out of their area, in order to seek better paid work, school or housing opportunities. Krista expresses this sentiment:

“We’re planning on moving anyway in a year, we’re moving down south ...//... That is so different to where we live now, and so we’re hoping, I don’t want the kids brought up here, and he goes to school next year so we’re hoping that we’ll be there when he starts school, because we don’t want him starting school round here.” (Krista, parent rep, Programme E).

4.6. Getting together and mixing

Chapter 3 described how SSLPs group activities generated friendships and informal support. This is encompassed by our notion of getting together: parents helping each other, learning from one another, doing activities together, pooling resources and gaining information about local opportunities and services. Getting together also often led to a change in parents’ perceptions of their neighbours and fellow residents. Getting together brought parents into contact with people from different backgrounds to themselves and their family / informal networks. This is evidence of the ‘bridging’ effect (Chapter 1), whereby meeting others generates contact with ‘people not like you’, perhaps those from different cultures or class background, a process that can lead to a greater awareness, understanding of diversity, strengthening of community ties, and a sense of belonging.

4.6.1. Sure Start provides broader horizons

“I am from this area, but before Sure Start I didn’t really know anyone on the estate. I didn’t really get to know people who lived nearby me. I used to be a bit shy. I wouldn’t probably have gone [to these courses and groups] before. I know loads of people and I just go anywhere now. I go to all the community centres. I know loads of people on the estate. So I definitely feel like I am part of the community now, which I wasn’t before [getting involved in Sure Start..//.. [Now] I know those on the management committee, I know a lot who are people in business positions, sometime in the future that might come in handy like if I want a job I can ask them about interviewing me.” (Darla, peer supporter, Programme D).
4.7. Getting involved

Getting involved in organising, planning and designing Sure Start activities led to many empowering outcomes, such as parents being more confident about voicing their ideas. For some of the more involved parents, being more informed of local services and opportunities was a major reason motivating factor. Some of the parents felt this information had benefited them in the opportunities they could access for themselves and their families, while others described being able to share this information with other parents and community residents.

Box 4.5. Sure Start provides a supportive ethos

Some stories of involvement could entail a progression from facing a crisis, receiving appropriate support and realising new personal trajectories Rohanna, a Pakistani woman who left school with no qualifications at 16 and has suffered three bereavements through her children’s fatal illness. Rohanna got involved with Sure Start at the time of nursing her third daughter who died a few months later. Rohanna described the support, home visits and information about opportunities that she received from the Sure Start health visitors as instrumental in changing her aspirations. This example illustrates the significance of the Sure Start ethos in building more facilitative and encouraging support, which we discuss in Chapter 6:

“It [the training course] was just two months after my daughter had died and I thought to myself right, you know if I stay at home I will probably will have a nervous breakdown, and this was, she rang me up [the health visitor from Sure Start] and told me there’s this course. And I thought, well I won't be able to cope with a course at this stage, because I’ve just lost my daughter...//.. I mean I left school at an early age anyway because of my family background, girls don’t go to school, they don't get an education (Rohanna, parent rep, Programme A).

4.8. Getting organised: Sure Start facilitates community development

- Improving the local environment through collective clean ups (Programme A).
- Getting funding for improving the safety and security in a children’s park as in localities (Programme E and F).
- Collective campaigns that brought pressure on local businesses or council officials to make the area more child friendly. A breastfeeding group had successfully campaigned for more facilities for breast-feeding mums in the locality (Programme D).
- Involvement in parent consultation exercises led to the development of community action groups (Programme A, E and F). These groups, often headed by a highly motivated core group of individuals and facilitated by the professional expertise and networks within Sure Start programmes, gained funding and organised significant changes to their local communities.
- Putting on community events such as community fun days, sports days and picnics (Programme A, C, D, E and F).

4.9. Summary

We found many examples of how Sure Start empowers people as individual parents, workers and community members. Sometimes, one to one support, often through dedicated outreach work, enabled families on the brink of crisis and enabled them to get on top of their problems. Often, the encouragement to use services and to join groups gave parents the support of others in similar situations. Where SSLPs provided a supportive and valuing environment for parents to articulate their concerns, these parents reported increased self esteem and greater confidence and knowledge about
parenting as well as improvements in their relationships with their children, in their children’s well being and learning skills. They also gained knowledge and skills to help them as future workers, or simply to satisfy their interests. We termed these processes of individual empowerment as ‘getting by’ getting on’ and getting better’. At the same time, parents’ involvement in SSLP activities also stimulated mutual support and could lead to more collective forms of supportive empowerment, which we identified as ‘getting together’ ‘getting involved’, and ‘getting organised’. Often these two sets of processes overlapped in that being supported to ‘get by’ could lead to getting involved. Some empowerment clearly benefited individuals as against their community – when for example community organisers moved out of the community, or when parents sought to place their children in better schools outside the community. Some Sure Start activities were better able to secure empowerment than others; these, as well as some of the difficulties involved, are discussed in the following chapter.
Chapter 5. Encouraging Parental Empowerment

5.1. Introduction

In this chapter we pull together the findings of the previous chapters with more detail of the practices and ethos of those SSLPs we studied in order to provide a picture of the processes that enhance personal, group and community empowerment. We look at two areas: working with parents and working with communities. We show how, in each case, the question of provider/user relationships, programme ethos, and strategic use of resources shaped the possibilities for empowerment.

We also look at the tensions and difficulties associated with this, which revealed themselves in the accounts from parents as well as in the concerns of staff and stakeholders.

5.2. Working with parents: transforming relationships between providers and users

Going back to the key dimensions of empowerment that were outlined in chapter 1 – respect, recognition, voice and self-determination – it is clear that the style of programme delivery was extremely important making these possible in a number of key respects: in drawing parents into the services, in how they felt recognised, valued (especially as mothers), and in enhancing their trust, self-esteem and respect for themselves, for service providers and other parents. It acted as an important baseline, not simply in influencing parenting practices, but in leading to further involvement. It could have a generative effect in encouraging parents to follow by example, leading to ‘bonding’ between parents, and on to parental involvement. Characteristics we observed were:

5.2.1. Being welcoming, friendly, informal, facilitative and respectful.

In many cases this was structured into the programme through a conscious development of ‘welcoming behaviour’ by staff – smiling, talking to parents, and introducing them to others; or by establishing a buddying or befriending system provided by parents to new parents. This was particularly important where befrienders shared a minority language. These approaches were highly valued by parents and made the difference between returning or not.

“it’s like we’re Sure Start, and it probably sounds really awful but we have our own little groups and we won’t let anyone else in and that’s starting to change now because we’ve got buddies, we’ve started a buddy scheme, so if we get a new parent coming in, a buddy will take them under their wing because a lot of the parents have been coming and then they haven’t been coming back” (Krista, parent, Programme D)

Nevertheless, informality created its own problems, and left programmes open to accusations of favouritism; it therefore had to be balanced by a conscious strategy of inclusion (see below).

5.2.2. Being supportive and non-judgmental.

This was often described by parents and staff as engaging parents from ‘where they are at’. It was common to compare Sure Start staff favourably with other professionals, especially in the statutory sector. One mother said she valued the way Sure Start staff got to know what was going on for her and she compared this with her relationship with her health visitor who, she felt, was more judgmental and ‘didn’t get to know your
circumstances’. This ethos too had an important multiplier effect on parent volunteers, as Farah, a parent volunteer with other minority ethnic parents explains:

“Well I never get at anybody else and what they’re doing, whether it’s right or wrong, I don’t say ‘oh that’s wrong and you should do this or you should do that’, I give them guidance, you know, say if they, like my niece, if my sister in law gives her juice in a bottle, I say to her mum, using a cup is better because you’re giving her motor skills and she’s being more independent and causing less sugar on her teeth, you get round it as well, and a lot of people, it’s not that they don’t care, it’s not that they’re being ignorant, it’s just that they don’t know that it causes problems, it’s making them aware.”

Many parents said of Sure Start staff that they were ‘more like a friend’. At the same time, however, many said would turn to staff to discuss problems rather than friends because they felt more secure in staff’s commitment to confidentiality.

5.2.3. Valuing parents’ own experience and knowledge.

It was important to recognise the strengths of parents’ own commitments, background and experience in order to develop skills and competences, and this provided a good basis for both parental involvement (such as in breast feeding peer counseling) and a wish to develop employability skills. A personal development approach encouraged reflexivity about being a parent through courses and parent groups, and avoided blaming or shaming. An important part of this was going at parents’ own pace. In one area, a dispute between staff and parents over the direction of a women’s group was about different perceptions about what the mothers felt ready and able to do (they felt more independent than the staff realised). In Programme F a family support worker had been undertaking regular weekly home visits with Stephanie, a disabled parent who was relatively housebound. She visited her for three months, befriended her, and went out to local places with her until it ‘felt right’ and ‘Stephanie had decided that she was ready for a group activity’. In a number of areas the skills parents brought with them were harnessed to provide support for others - sports coaching, for example.

Respect for parents’ own ethnic or cultural backgrounds also contributed to this. Many programmes engaged with and learned about the different cultural practices within their locality. For example, a white British health worker leading the peer support programme at Programme A consulted with a local Muslim Imam, minority ethnic health professionals and a national Muslim paediatrician on the etiquette protocols for home visits to Muslim mothers. She changed her practices as a result, translating her materials into the five local languages and re-writing the La Lèche advice to include Muslim views on breastfeeding. The recruitment of staff who reflected ethnic composition was an important part of showing value for diversity.

5.2.4. Encouraging parents to articulate their needs.

Valuing parents’ experiences and encouraging reflection was part of the process of getting parents to articulate their needs. In turn this provided a better basis for consultation and for providing a responsive and participative service. But importantly it could be the basis for parents to bond. Encouraging parents to define their own problems could provide opportunities for discussion and dialogue about different needs, and in this way opened up choices, disagreements and strategies to parents. Talking about community needs could also reinforce a sense of common identity and belonging, and it could put staff priorities into perspective:

“…regular face to face contact is the way to do that. You need to go to them and let them communicate their wants and needs. Find out what the issues are, massive debt, people taking furniture off you, then smoking is your last worry” [Programme manager, Area E]
At a formal level, programmes also consulted with parents, by, for example:

- Surveys of parents’ views on services, asking all parents attending activities.  
- Visiting local community groups and playgroups to consult with parents and children about their needs for local services and activities.  
- Stall at local community events inviting suggestions for Sure Start developments.  
- Inviting consultation on the formation of a child protection policy.

5.3. Providing responsive, accessible, available and inclusive services

**Box 5.1. Attributes of responsive services**

- Being flexible in order to enhance accessibility.  
- Getting to know parents’ circumstances and facilitating parents’ own definition of their needs.  
- Applying professional knowledge to parents’ specific circumstances.  
- Offering extensive professional knowledge of service and activity options.  
- Being flexible in service development.  
- Doing outreach work.

5.3.1. Being flexible to enhance accessibility

Many of the programmes had expanded their range of services and activities in response to local need. One of the most significant of these was a new women’s centre which took four years to establish was built with a developing programme of activities and facilities. Programmes had also expanded activities as more parents, especially fathers, got involved. One programme responded to local community members’ requests for support in seeking to establish community businesses or organise community events.

Four programmes had established groups in response to requests for autonomous group activities, a Bangladeshi women’s group, for example, and a young parents’ group. In responding to these requests, however, programmes encouraged participation in other activities and one of the groups later became merged within a longer established parents group.

Some of the programmes also offered flexibility in the location and timing of an activity or service. One, in recognition of the high number of fathers employed on night shifts as taxi drivers, opened up the Sure Start café during the night hoping to offer some collective informal space for fathers to get together.

**Box 5.2. Ways of enhancing accessibility**

- Providing services and activities at a number of local sites.  
- Providing a transport service for those with mobility constraints.  
- Taking services to people through home based service delivery.  
- Regular outreach to inform parents of services and opportunities.  
- Telephone contact with parents to inform them of new opportunities and services.  
- Information, such as a newsletters and leaflets to every household;  
- Free or low cost provision.  
- Information translated orally or as texts for minority languages, use of pictures in advertising etc.  
- Parent befriending service.
5.3.2. Problems in accessing services

Despite the efforts made by SSLPs to recognise and respond to the constraints that parents faced in accessing support and opportunities, barriers concerning accessibility often remained.

Time, transport and place

Several parents indicated that practical constraints such as a lack of time, the location, timing and cost of an activity could inhibit them from getting involved. There was no straight-forward relationship between cause and effect here, as a constraint for one parent such as the time involved in cooking and cleaning for a large extended household among many South Asian families did not deter others. The parents we spoke to identified several constraints, which to them felt like considerable barriers:

“I probably will not go at the moment, I have to walk all the way down as well so it’s takes about twenty minutes, half an hour and I will have to go over the very busy main road” (Shazia, group member, Programme A).

“Hmmm, I just don’t like that, it’s a really rough area as well, I wouldn’t walk there, it’s one of the roughest places here.” (Stephanie, service user, Programme F).

“I am dependent on my husband taking me, especially if the weather is bad.” (Victoria, group member, Programme D).

Family Circumstances

Some parents seemed to experience particular constraints in accessing services such as those with larger families, or with high care demands such as having a child with a disability or who are employed full-time. They described the pressures on their time and the constraints they experienced in getting involved:

“With the leaflets they had a lot of information but because I was so, you know, tied down with my one, my daughter because she was special needs and everything I never really went to any of them.” (Rohanna, parent rep, Programme A).

“It is so far to walk, and I have bad health problems, a very painful hip. It is about a 15 minute walk, and with three children..” (Participant in a focus group with the Bangladeshi Group, Programme B).

Waiting lists

Three of the programmes had waiting lists for childcare provision. In Programme A and B the waiting list was for nursery provision, the playbus, and children only play sessions. In programme E this was for childcare for parent-only courses or activities.

Paying for services

Some of the parents were critical of having to pay for services or felt unable to pay. Programme A operated a gym, at low costs prices and at a discounted rate for parents receiving Income Support. Most programmes charged for the trips that were periodically arranged. Four of the programmes charged for some of their activities. However, some parents felt unable to pay for these charges, especially for the cost of trips that could rise to £5 per family. Zak, a father in locality D, expressed this issue as a concern:
“they’ve only started [charging] and they’re getting money from the government and they’re supposed to help so we have to pay, it’s like ok, we’re paying a little bit less than over there, what’s the difference?” (Zak, volunteer, Programme B).

**Geographical eligibility**

The eligibility criteria set by Sure Start in the form of the age of one’s child and residency in a particular geographical area led to exclusion from services in some areas. Rebecca describes her son’s problems with speech and her own sense of isolation returning once they were no longer eligible for Sure Start services and involvement:

“my son had a learning difficulty, I was worried about that and I had a home help come home and help my son play games with him and get, I had a speech therapist and as soon as he started school. It’s like that’s it, you’ve gone now. It stopped like that” (Rebecca, former service user, Programme A).

**Compounding language and cultural barriers**

Some of the mothers and grandmothers of Bangladeshi and Pathan origins in Programme A and B made less use of Sure Start activities for a number of compounding reasons. Their families and households tended to be larger, have less of a tradition of accessing services, have higher levels of poor health and mobility problems, difficulties in understanding English especially in written form, have a high fear of racial abuse in public, and considerable housework demands and duties. In some cases what were often practical issues were interpreted by some staff as a particular cultural lack of interest, making it harder to tackle some of the practical issues. A focus group of six Bangladeshi women in Programme B commented (through an interpreter):

“I do not speak English”
“I cook for 15 people daily in my household; I don’t have time to go to Sure Start”
“We are always busy with our domestic chores”
“I don’t know anyone who goes there.”
“I don’t know what they do there.”
“We would like English classes, they do not have them there.”
“We would like to go swimming, we went swimming at home, we could keep healthy then. There is nothing round here like a swimming pool.”
“My husband works all night and I need to get things ready for when he wakes up in the early afternoon. I can only go out in the morning and then I am busy with the cooking and the cleaning.”

**5.3.3. The importance of outreach**

Sensitive outreach work had helped to counter these issues. The chair of the local Bangladeshi Welfare Organisation explained about the cultural and domestic constraints some of the Bangladeshi women face in accessing local services:

“You have to go out to them. You have to meet them where they are at, to empower them, you need to meet them, in their houses. There is considerable hardship and poor health in this community. The women come to me with letters from the school, they can’t understand it and they are worried. The women are starting from a very poor level of literacy and awareness. They live very local lives.” (Mrs C, Programme B).

Outreach work serves a number of important purposes: it reinforces the universal nature of the services and militates against perceptions of unfairness or cliquey-ness, or that services are only meant for one particular social or ethnic group. It involves parents (and staff) in ways that develop their own communication skills, and community
identity; it provides information to ensure responsive services; it creates the possibility for more preventative work especially in relation to family support and health; and it helps break down perceptions of staff as institutionalised or distant. The regularity of outreach, as with the provision of home-based services which occurred in two other programmes, ensured that those with mobility problems, due to health or domestic demands, could access services. Ensuring that services were inclusive also provided opportunities for valuing difference and for social mixing. An important part of the process for encouraging volunteering and the development of mutual support was to provide opportunities for parents to meet and learn from new parents but also to develop alliances and create ‘bridges’ across social groups. Meeting other people, as one parent put it, ‘opens your mind’.

**Box 5.3. Outreach work**

Programme E placed a lot of emphasis on the role of outreach for accessibility and responsiveness. Every family with a child under 4 that the programme was aware of received fortnightly outreach visits from Sure Start volunteers or staff members. Outreach was supplemented by a community wide ‘leaflet drop’ where SSLPs staff (including the Programme Manager) stood at the same places near particular shops / community facilities across the neighbourhood on a fortnightly basis, handing out leaflets about SSLPs activities and services. On average 5, 900 leaflets are distributed in face-to-face contact each month and direct contact is made with 780 families. Door to door outreach work leads to over 1,000 visits being made to 490 families monthly. This outreach work is shared across the whole staff and volunteer team and there is an objective to provide continuity by the allocation of particular staff for particular streets, with staff carrying out home visits in pairs. When doors are not answered, members of staff return soon after to follow up and attempt to talk to the residents.

5.3.4. Enhancing involvement and mutual support

All the programmes involved parents in many different ways. Mothers became friends and exchanged babysitting and childcare, for example. Some programmes set up groups that increasingly became mutually supportive and autonomous, such as a parents’ group that became a constituted parents’ action group, a young parents’ group, a community action group, an Arabic women’s group, a women’s’ centre, and a group for parents with children with a particular disability. The groups were based on the common experience as parents, on particular interests or ethnicities, or on specific circumstances which parents faced. They sometimes managed to bring in harder to reach parents, such as fathers. For example, the parents’ action group began to organize events for the community, orientated around children’s’ activities such as summer fun days, but which were attended by fathers and grandparents who previously had not been to Sure Start events.

Other key practices that facilitated participation were:

- Setting up a parents’ group so that parents could discuss their ideas and views on their own.
- Providing training; a personal development approach to skills acquisition.
- Providing a staff member to facilitate between parents and management.
- Encouraging and supporting parent representatives to consult widely with other parents.
- Explaining jargon in meetings.
- Inviting views in meetings.
- Establishing anonymous ways to give your views.

One of the difficulties in encouraging mutual support and self help is that groups could become rather closed and this had put off some parents from returning. Similarly the
emphasis on informal styles of service delivery and the involvement of parents as volunteers in those services led to accusations of favouritism. In relation to the first point, Krista a parent rep in Programme D explained:

“Well I wasn’t made to feel welcome and nobody spoke to me and I was left to sit on my own, and it is awful, because it happened to me the first time that I went and then you just feel, oh they’ve all got their own little group of friends but we do try harder now.”

Sometimes individual parents felt a core group was being favoured, such as Kalimah in Programme A who felt that it was always the same families who knew each other who went on trips, and this was reflected by the parents who said that if you became more involved in activities you got more attention.

Establishing ownership

An important aspect of participation was to encourage ownership of activities. For example, a father in Programme B was encouraged to establish a community allotment and to seek to involve the community. The ownership of events led to enhanced mutual trust and self confidence:

“So the course leader said right, this is your opportunity, because for sports team leaders we had to do 10 hours of voluntary work, so there were 4 fun days, so he said right, there you go, and he just threw the book at us and said get on with it, you arrange one of these! And we did, we got really, really good feedback, the kids really enjoyed it.” (Melanie and Audrey, group members, Programme E).

Training

The degree to which individuals and communities could be effective in establishing and managing self help and community action was enhanced by providing training, information, opportunities and support. Training opportunities could range from general courses and workshops on team working, confidence-raising and public speaking, to specific courses for community events such as football coaching or a sports leader award (Programme E). All of the programmes offered courses in committee skills and team working, particularly for parent volunteers or parent representatives.

Passing on information about funding and training opportunities was another way that professionals could parents in their aspirations towards self-help. A parent in one programme who was seeking to establish a local self help group for carers of children with disability had not received any information or support for this endeavour. In contrast, parent representatives in another programme had received training, information on local funding opportunities and invitations to attend local neighbourhood meetings to help them with their activities for youth and community events.

Other programmes consciously created stepping stones for parents to take up training that would equip them to become volunteers and then lead them into employment.

- Programme D and F were concerned to educate and develop parents’ skills for participating in formal management meetings. These programmes encouraged parents to serve an initial time as a parent representative observer. They also ‘trained’ parents in committee skills.
- Programme E emphasised choice of volunteering opportunities to parents and allowed interested volunteers to shadow a variety of professionals within the programme before deciding on an area of interest. Training and personal counselling support was then offered to enhance the individual’s skills, confidence and reflexive learning. In this programme 60% of staff are recruited
from the local area and many have moved from volunteer towards aspiring towards or being employed in family support.

**Progression and personal development**

Being mindful of personal development was a key feature of stimulating and sustaining empowerment processes. Personal development, as Chapter 3 details, could be an integral part of a volunteer scheme aiming to encourage volunteers to reflect on their aspirations and skills rather than merely seeing volunteers as assisting services delivery.

- Programme B and E formalised this within their personal development planning. In Programme B this operated within the volunteers’ scheme, where the volunteer coordinator held one to one meetings with volunteers and group events designed to discuss personal interests and aspirations for development.
- Programme E formalised this approach across the staff and volunteer team, with staff offering consultation on the nature of participatory weekly training workshops and free counselling support.
- Programme D also used a personal development approach for those parents involved in the parents group, where discussions regularly turned on what kind of training activities members would be interested in.

In some cases volunteers became active ‘community ambassadors’ which was particularly important in sustaining a momentum of mutual support. It is at the level of the volunteers that significant empowering effects could be identified with parents going on to use their skills learnt informally to find new volunteering or paid work (see ‘Working with communities’ below).

In relation to employability, valuing women as mothers made them more self confident mothers. This reinforced the idea of mothering as their ‘work’ and this did not necessarily lead to fathers’ involvement or in mothers’ wish to return immediately to work.

**5.3.5. Overcoming difficulties in engaging parents**

However, despite the efforts outlined above, SSLPs could continue to encounter difficulties in engaging some parents. Reasons for non-participation were predominantly to do with perceptions of the services and who they were for – on the part of parents and workers too.

**Rejecting Labels of Neediness**

The idea that services were for desperate or ‘bad parents’ was often a perception SSLPs had to work hard to overcome. Similarly, others felt it was demeaning to turn to public forms of support:

“I think it was, at that time, it was like you know, this is my child, I’ve had this problem sent to me from God, I mean a lot of it was faith and religion came into it. It was like as Asians, we don’t turn to people for help... it means I’m not coping with it.” (Rohanna, parent rep, Programme A).

“Well I’ve got 3 girls, I can’t help it, it’s just me, there’s no trust, and I’m not one of these that just dumps my children, no matter how hard I’ve got to struggle, that dumps my children on anybody, I’ll struggle through, and I’ll only ask for support or help if I desperately need it.” (Penelope, service user, Programme A).

In some cases SSLPs were successful in making a major shift – a community worker living in Programme A again:
“Five or six years ago the Asian community would not dream of accessing childcare. They would have been too proud, and worried about the safety of the child. But things are changing. The childcare here is now heavily used, by parents and parents have to go on a waiting list to access it.”

Some parents who used Sure Start services were critical of being labelled either as poor carers or poor working class parents. In Programme D, E and F, parents took aversion to the description of their locality as ‘deprived’:

“We don’t like to be labelled. We are not happy to be labelled the worst off. We are not the worst off in this city. We are parents doing our best, we may be not very well off but we look after our children well. Those who are working are in a privileged position.” (Self help group member, Programme D).

On the other hand, some employed mothers and fathers felt their needs for support and for flexible opening hours were not recognised in the current priorities for provision and opportunities.

Fathers

One of the most challenging issues was how to draw in fathers. Although all areas catered for fathers, in some areas attracting them was more of a problem, and this was sometimes because Sure Start was perceived as just for mothers and children, or because of employment demands. Typical comments from mothers in response to the question whether their partners were involved with Sure Start were:

“No, no he hasn’t [got involved] yet, no. I’ve been telling him to do courses as well, but because he’s at full time work he’s very tired and he hasn’t got the time you see.” (Fadwah, peer supporter, Programme A)

“No, no, I keep trying to persuade him, we’ve got a big push at the moment trying to get dads involved and that but, I don’t know, I think he maybe just feels daft, you know, he just doesn’t want to come. It’s not because he doesn’t play with them at home. I think he just thinks of it as like a woman’s thing.” (Darla, peer supporter, parent rep, Programme D)

“Reluctantly [he gets involved]. I think he views it as, it’s a woman’s thing, play group’s a woman’s thing, bringing up the children is a woman’s thing, he does try and get involved but sometimes work gets, work commitments” (Sara, parent rep, Programme D).

And different fathers’ views:

“I don't like the parent and toddler groups. I don't like meeting people there, they are different to me. I have had different experiences. Going to the groups isn't me.” (Kelvin, service user, Programme D).

“My partner worked for Sure Start and she was saying how good it was. But I thought it was just another Government initiative, it will come and go, just like all the others. But after I became unemployed, I went along because they needed help with a youth sports group. I really enjoyed it, and then I started to meet everyone and I got more involved. I did the community sports award and starting helping out at the group every week.” (‘BD’, parent rep, Programme E).
There was a sense amongst parents that it was a ‘good thing’ to get fathers involved:

“He’s not as involved as I am, he won’t go and sit in a playgroup with a load of women, but he does try to get involved when it’s like dads and things, which he never used to be interested in before.” (Krista, parent rep, programme D).

In many areas it was felt it was early days and just a matter of time before working out how best to involve fathers, however, one of the problems expressed by one programme manager was that if you run groups with low attendance it is not cost effective so it becomes difficult to sustain it as a priority.

5.4. Dealing with competing needs: gender and ethnicities

In other areas the ‘father question’ points to an issue of how to prioritise needs.

Programme A is an area with a majority of parents of Pakistani origins but also with Bangladeshi, and much smaller proportions of African, African Caribbean, Eastern European, and White English and Irish. Although the area had has some community activity, this had mainly been run by men and male religious leaders and had not addressed the needs of women and children. The norms of the more ‘traditional’ Pakistani and Bangladeshi families were low service users and that women should not go to mixed public places without their husbands. In that context, as a response to women’s expressed needs, a priority was placed on supporting the development of a women-only building, as well as developing sites that both mothers and fathers could use. Not only did this encourage women to use services via the women-only provision, but it influenced one pre-existing community centre to address the needs of women and children by setting up a crèche and training courses. And many mothers approved of this: Sabreen, a woman of Pakistani origin, said:

“Because this is a very Asian area of the city and Asian men don’t like their women to go out and do anything really, basically, so they feel, I mean I think they’ve been feeling threatened ever since Sure Start came about. Although they get a lot of benefits from it, the men aren’t as happy as the women are, but the women absolutely love it, and because it’s something they can turn to which they didn’t have before and I think the men would love it if Sure Start didn’t exist really because then they’d have their wives back in their houses, not doing anything, just cooking and looking after them and saying yes sir yes sir three bags full you know! ..I...So you know it’s difficult in that because he [husband] won’t support me and I just sort of think that’s why when I do courses I do the morning ones, I won’t do the afternoon ones because I don’t know what time he may wake up.” (Sabreen, group member, Programme A).

In this multi-ethnic area this wasn’t the only view, and this prioritising had the effect of creating the impression amongst some of the Asian fathers that the services were only for women, and some women found this difficult:

“I thought, well Sure Start are taking us [on a trip] so I might as well go with them and my husband said yeah, and he really wanted to come but it was women and children only so it was a shame I couldn’t take him with me. ..I...it’s not an advantage for ladies who want to take their husbands with them as well you see (Fadwah, peer supporter, parent rep, Programme A).

In other words, different family circumstances within the same ethnic groups, gave rise to different needs. For some women the Women’s Centre was a way of accessing services and getting out of the house. For other women, Sure Start services complemented the informal support they already received from their extended family. One mother, who was a white Muslim convert, said she felt supported by her husband’s extended Afghan family, but that the playbus was an important opportunity to prepare her two daughters for separation when they went to school.
Some of the white parents, like Rebecca, felt that the services were only for Asian parents and they wanted more diversity:

“The trips that we went to last, I would have liked to see some, some more English people, you know, I mean I don’t like, I don’t use it derogatory...some Afro-Caribbeans and more you know, just more of a mixed kind of batch...because that helps communities bond.”

This led to the Programme creating ways in which these groups could be drawn in to use services, for example, by drawing on the experience of an older white woman who had been a community activist for many years to reach younger white mothers.

At the same time, other interventions led to the surfacing of other tensions within the community: in Programme A one innovative strategy for accessing local needs was the organisation of street groups of parents; however one of the street groups organised to get local asylum seekers removed from the area because they were not ‘families’ but single men mainly from Eastern Europe.

5.4.1. External constraints on developing multicultural activities

Programme C is the most ethnically diverse of the areas we looked at and places a high priority on considering the separate needs of all of its different ethnic groups. However, in pursuing this the programme encountered difficulties. First, in responding to the request a Muslim Mums group, separate from the Parents Together group, was set up. The worker involved faced ‘a lot of stick’ from professionals in other agencies because they had not set up a Christian Mums group too (there had been no demand for this). The worker persisted and eventually the Muslim Mums decided to merge with Parents Together, an outcome which may not have happened had they not had their own group in the first place.

In addition, funding may not be adequate for the work that is necessary in a diverse area, both to meet the wide variety of needs but also because translation costs are high in terms of finance and of time.

5.4.2. Providing resources

Often the opportunity use of a room or a small injection of funding had helped to stimulate or sustain group and community self help. The women’s group in Programme E benefited from a £500 funding grant from Sure Start allowing the group to run two courses for members. The Women’s Centre in Programme A offered the use of meeting rooms for local self help groups to meet. Some of the programmes offered a crèche worker or crèche facilities to enhance community playgroups. For example, in Programme D a crèche worker was supplied to a local parents group in order to facilitate more opportunities for family support and group discussion within the group.

5.4.3. Different perceptions of needs

Activities did not always attract parents or fit their likes and dislikes. Sometimes this was just an issue about choice. Melanie and Audrey for example did not like ‘craft making’ type women’s groups, when what they wanted to do was sport, however, the people doing sport were all ‘skinny types’. In programme E, a mother had to go to an alternative Sure Start programme because her local programme did not provide the breastfeeding peer support training she was interested in.

While English language (ESOL) classes were common within Programmes A, B and C, there were criticisms that provision was of an elementary level. Some parents wanted
to move beyond basic level into further courses that could enhance their writing and language skills.

In other cases it was more of a conflict between Sure Start priorities and parents’. In programme F, a women’s group had been disbanded because the mothers were not ‘interacting enough’ with their children, but were sitting talking amongst themselves. There had also been an issue about sweets for children which conflicted with Sure Start principles on healthy eating. The former parent members said they felt ‘they had been told what to do’ and that their view of their needs and their competence as parents had been criticised. In the same programme there was a clear difference of views about parents’ needs for support. Members of the group were seeking funding for social events such as a bonfire night or a group meal out. However, the Sure Start group facilitator portrayed these needs as inappropriate to Sure Start’s objectives of providing safe and child-orientated activities.

Most programmes had developed activities as steps into employability and some programmes made it a priority to employ parents eventually in the Programmes. There were two tensions here. First, the focus of programmes in enhancing women’s self confidence as mothers could reinforce a sense that a mother’s place was at home until her child was older; and second, parents furnished with skills to work in Sure Start jobs could not always find work outside the area. But valuing women as mothers made them more self confident mothers and reinforced the idea of mothering as their ‘work’. It did not necessarily lead to a wish to return immediately to work.

However, parents can feel that it is a big leap from using services to getting involved in a programme. Some felt that only confident parents could do this, or that you had to be ‘selected’ to be involved. Meetings could continue to exclude parents, and jargon remained a problem. Sajidah pointed out:

“You know PCT, that is a very common thing but I didn’t even know what that was and then I figured out it was Primary Care Trust…”

Involvement could also conflict with how much time mothers felt they should spend with their children. And some of the developments which might seem to make SSLP activities more attractive to parents could put some off:

“Many parents, those really struggling, will find it hard to get to a group. They have low self esteem and going into a group situation in one of those new big Sure Start buildings is very intimidating. (Representative of Family Peer Support Charity, Programme D)

Many SSLPs worked very hard to recruit staff who were local, representative of the ethnicities in the area and spoke the languages of the area. But there could still be a feeling that:

“Those workers have their nice cars; they leave this estate at the end of the day. But for those living here, they have poor housing, no central heating and crime to deal with.” (Representative of local charity, Programme D)

5.5. Working with communities: understanding local context

5.5.1. A robust programme ethos

The scope given to SSLPs to design their own programmes gave rise in a number of areas to a strong programme ethos, usually centred upon a combination of personal and community development, community responsiveness, inclusion, and involvement. This ran through the priorities and actions of staff, and revealed itself in the degree to which there was a shared sense of purpose generated by mutual dialogue across the
staff (and parent) team, and particularly between team leaders, programme managers and front line staff. It often emerged from a programme manager or management team who had a vision of how things could be different, and this was about different ways of delivering services, transforming the provider/ user relationship in the ways described above, having a holistic and preventative approach to problems and problem-solving, an interdisciplinary approach to professional expertise, and a constructive approach to the capacities of parents and communities.

Box 5.4. Good Practice in developing an understanding of the community

Professionals in SSLPs needed to keep up to date with developments within their local programme and within the neighbourhood in order to keep parents informed. Sharing information between professionals was enhanced with networking across local agencies (partnership working). The following are examples of good practice in programmes:

- Encouraging staff to attend events and open meetings held by other local welfare agencies.
- Providing information on local services and participation opportunities at the beginning of weekly staff meetings and encouraged this information to be passed on to parents; providing a newsletter.
- Operating a community notice-board and information area at the Sure Start building.
- Sharing information about local services and events at partnership meetings.
- Encouraging external agencies to give short presentations at meetings; working together with specialist advocacy groups on issues such as asylum seekers’ needs or holistic health.
- Holding staff training events where developments within the local area relevant to families and young children were discussed.

The manager at Programme E described how the SSLP was trying to develop “a new profession of people engaging people in a different way and working in a different way” based on training up and employing local people because they could look at things in a fresh way whereas “people who are trained sometimes lose the instinct to provide a service in certain way”. From the beginning this programme manager had decided to:

“Try to develop a product around what the parents want. And regular face to face contact is the way to do that. You need to go to them and let them communicate their wants and needs. We have spent a lot of time engaging with the community, finding out about what they want. It is not about professionals saying what people need. The trust and respect and credibility then comes along”.

This ethos of empowerment was extended to the staff team as much as local families. New members of the family support staff ‘walked around’ for three weeks, meeting other staff, and selecting the areas of family support they would like to work in or to develop new activities in. Staff were encouraged to reflect and voice their training and development needs, and there were many training sessions running. There were also many activities that brought the staff team together and generated dialogue between people and the managers. These collective activities need also to be able to draw out concerns, criticisms and conflicts and have ways of working through them.

Box 5.5. Empowering staff

A staff training event was geared towards generating a ‘code of practice’ for outreach work. The Programme Manager introduced the task and asked staff members to move into designated small groups facilitated by a more experienced staff member or area coordinator. The groups discussed their actual outreach practice as well as working through a number of scenarios. The groups put all their ideas on a large piece of
paper, which was fed back to the main group, which reassembled. The following
discussion went through all the issues with the Programme Manager giving some firm
guidelines on expectations of the outreach workers. Some conflicting points of view
were aired in the small groups but discussed at large in an anonymous way. There
was a sense that staff felt listened to and actively involved in the process of generating
a code a conduct and that reflection on practice and assumptions became ingrained.
Staff also appreciated regular feedback sessions and support for their role in the
programme. This was mainly offered in the form of supervision support for new
members of staff or consultation and opportunities for training.

5.5.2. Connecting ethos to context: a positive approach to communities

Just as practitioners were able to encourage involvement if they worked with where
parents 'were at' so was it important to get to grips with how parents experienced their
community, its strengths and the constraints it posed. At a formal level there was little
evidence of a standardised way programmes got to know their areas. Some undertook
audits of area and pooled professional partnership knowledge; some commissioned
analysis of local services and health problems; others consulted widely as part of their
outreach work. What was important was that the sort of approach applied to parents
was also applied to communities: a robust ethos meant however deprived, however
tarnished its image in the outside world, it was where people lived and had attachment
to, and, as such, should not be viewed judgementally. It was noticeable that where
Sure Start teams worked with such a view, where they held regular and well attended
events celebrating parents’ achievements or the diversity of the community, they had a
better chance of involving parents. Where staff stereotyped the community or
ethnicities/groups within it, where they indirectly blamed them for not taking advantage
of what Sure Start had to offer, parents tended to be less forthcoming. However, other
factors contributed to this, such as low pre-existing community activity and duration of
the programme. The ethos of programmes worked when they were tailored
knowledgeably and sensitively to the community’s needs. Skills or past experience in
community development helped here.

This was evident in those programmes that developed their ethos in relation to the
multicultural areas they served. Programmes A and C both emphasised approaches
which recognized the diversity of the community but within an inclusive approach. So
Programme A Manager said her strategy meant recognising that historically women
from the Bangladeshi and Pakistani communities have not accessed services, and
trying to reverse that, but also attempting to engage with all groups in the community.
From the start they had engaged parents through informal gatherings rather than
meetings. These then focused around establishing a playbus and, from there, they
developed a number of ‘street committees’ (see chapter 3) to raise local issues. She
defined her role as ‘supporting communities to take control’. One outcome was the
setting up through a combination of funding, including Sure Start, a local Women’s
Centre. A volunteer, Mia, explains the process:

“I wrote out to all those who were involved in consultation and people who were
interested came along and it was, as I say an open door policy so anybody, you know
could come along. Women were saying they wanted a centre where they felt safe,
where they could go along. The other community centre they felt was dominated by
men. Because these women are saying they’ve got no places to go, they need
childcare, they need privacy, they need to be safe, they want to feel safe, so then came
[to the Women’s Centre].” (Mia, volunteer, Programme A)
Box 5.6. A Women’s Centre, Programme A

- Runs health drop in; Antenatal drop in; girls group; toddler groups; craft store; career guidance; wellbeing group; gym; aerobics; community lunch; trips; summer playscheme.
- 160 members.
- 14 committee members.
- On site childcare provision.
- Personal safety; ESOL; IT; Asian beauty; Mehndi; Islamic studies; Pre-School classroom assistance and dress making courses.
- 3 admin staff and one full-time manager.

This development, as noted earlier, caused anxieties amongst men and white women about the services only being for Asian women. In response the SSLP recognised their legitimacy and began “creating a dialogue about differences and overcoming that. If we are really into social exclusion then we have to allow people to express anxieties. It is about feeling safe to do that and listening to the issues.” (Programme Manager A)

Programme C’s ethos was similar in that specific needs were met (such as an Arabic women’s health day, A Somali holistic health course, a holistic health day for women, run jointly with the Pakistani Muslim Centre) but these were part of universal strategies for children’s and women’s health. Often setting up an activity for a particular ethnic group was a way of bringing them into the reach of universal services and activities. Similarly, while local cultural festivals were celebrated, these were part of general social occasions, ceremonies and certificates which celebrated parents’ and parent volunteers’ successes.

5.5.3. Creating a community presence.

Outreach work was very important here: using a community playbus, regular home visiting, and developing street committees which parent volunteers ran in their own homes. One particularly significant strategy identified a layer of ‘community ambassadors’ who could reach the parts of the community that Sure Start could not. These were people who had been involved parents and then been offered training or opportunities to develop their organising skills.

Box 5.7. Building Capacity: Identifying Community Ambassadors

Programme A identified a group of community orientated parents at an early stage and allowed the development a clear remit for these parents – to identify the concerns of local parents across the ethnic communities. A core group of four parents were established, who originally got involved following attendance at open public meetings to discuss the establishment of a Sure Start in the area. Representation to reflect the diverse ethnic background of the community was also a significant issue – there was a young Afro-Caribbean single mother, a married African mother, a white British grandmother and a married Pakistani mother. Each parent became responsible for an ‘area’ of the locality (split into North / South / West / East). This group of parents facilitated street action committees, conducted a community survey, successfully gained regeneration funding to establish community youth groups, set up a community allotment, organised community family events, visited other Sure Start parent groups and campaigned for better refuse services and traffic calming measures. The Programme Manager informed them of local neighbourhood regeneration forums and asked them to represent the community there. Each of these community ambassadors puts in considerable time and has gained additional skills and expertise. They have attended anti-racism, team working, committee skills and funding application training events. In the interviews the parents describe how they have become well ‘networked’ with local and national agencies.
In this programme over a period of a few years Makayla, an African mother with a disabled child, had set up a street committee, applied for funding to have the street cleaned up, and become a Director on the local Region 2000 Board. Such examples illustrate the ways in which individual empowerment can have a multiplier effect. It was noticeable that many of the people who became active were those whose life experiences had given them a more reflective edge – such as having a disabled child or being a divorced Asian woman.

Again, crucial to developing a community presence was the programme ethos and the extent to which it:

- provided a coherence between targets, values, strategies and priorities;
- offered key messages which resonate with and make sense for parents, practitioners, and especially ambassadors who could communicate these messages to other parents in the area.

It was noticeable where the ethos did this, then involved parents and ambassadors would reiterate in their own terms key aspects of it. It was common for mothers to say that the Sure Start experience meant that children gained socially and educationally, as Fadwah explained: “this year they [the school] found a big difference, that they were so easy to settle and so many children knew their numbers 1 to 5 in advance and at least 3 colours…. so they had a really good bright start for their education”

But mothers like Fadwah also felt that they had benefited in similar ways: “when you go to things like this, your mind opens up and you’re like, you’re different, I think it’s because you’re sharing your experience with them and they are sharing theirs with you and it’s an advantage in that way.” By contrast, creating a community presence through a brand new building did not alone send out the right messages. One new building we observed had the design hallmarks of openness, but the people at the café which served good cheap food were usually the staff in the building and professionals from the surrounding area.

5.5.4.Going beyond the remit of Sure Start

Getting communities to articulate their needs and supporting community self-determination could mean tackling needs that were outside the remit of the programme and not part of the targets SSLPs were required to meet. Some programmes limited their remit to the targets, but those more in touch with their grass roots went beyond, and put effort into helping parents find new funds to meet their needs. For example, one of the street committees in Programme A said their main problems were rat infestation, drugs and crime. They were helped by Sure Start to develop a neighbourhood plan with other streets and gained £25,000 funding to clean up the streets. A deputy programme manager, from a different programme:

“We encourage generic working and to work in a different way. We have been very creative as a programme to not be bound by targets. We don’t say because you have turned four we won’t work with you any more.”

5.5.5. Building communities

Creating bridges within and outside the community:

As well as partnerships with statutory and voluntary services, a number of programmes added value to existing services by:

- Funding playgroups and community groups.
- Supporting new autonomous groups.
- Providing their premises for existing groups to use.
- Offering training opportunities or group facilitation.
• Joining together for community events.

These activities often required careful negotiation to prevent existing groups from feeling ‘taken over’ by Sure Start. The value of such activities was that they provided important ways of getting to understand the wider community’s needs, funding opportunities and opportunities for more involved parents to learn the processes of local politics and service provision. Some parents became involved in wider neighbourhood forums, one father became the parent chair of the partnership committee and now advocated for the programme nationally. Sabah, a member of a parents’ group said she had learned that “if I have an idea, then take it to someone and we can actually do it, maybe not single handedly, but if someone else shares the same view you can actually do it, it doesn’t really take that much, there’s always some way.” One programme had a champion in the politics of the wider city and this was very important in drawing in new resources. An important outcome of these links where parents were involved is that it led to greater attachment and commitment to the local community.

Building (and challenging) community identity

All of the above practice enabled some of the more established Sure Start programmes to work with parents to help create a better community identity by working for more resources for the community, dispelling myths about the community and celebrating achievements within the community. There were obvious tensions here with the material reality of some very deprived areas, and the wish of some more active residents to have the wherewithal to get out, However, one of the most important assets for Sure Start is the universal appeal of its central tenet – children’s well-being. Programmes that were successful in reaching parents and involving them were able to use this and other universal aspirations – such as community safety, or simply enjoying food - to bring together diverse interests, needs and identities.

5.6. Sustainability

In relation to involvement, self-help and community action one of the best ways of sustaining programmes was the approach of pulling parents into involvement with the motivation to go out to other harder to reach parents. However, in common with all the practices discussed above, there are inherent tensions. What mattered was the SSLP’s preparedness and responsiveness to them:

• Parents’ feeling that too much is expected of them when they are drawn in.
• One peer support counsellor said “you sort of feel like I can’t be bothered anymore, do you see what I mean, why should I bother if no-one wants to get involved but that was more the parents group than the breast feeding group. That can be a bit disheartening as well.../..But then you’ll see someone who you’ve helped and they’ll say something and you’ll think right, it was worth it.” (Darla, parent rep, Programme D).
• Programme targets are not always the same as local needs or local culture.
• Parents felt that young people were more in need of support than under 4s.
• Raising aspirations which then cannot be met.
• Informality leading to unintentional partiality
• ‘Ambassadors’ whose skills enable them to leave the area
• A focus on more equal relationships between providers and users, and on social mixing may obscure material inequalities between groups
• Parents acquiring skills to gain employment within Sure Start but cannot get work outside the area.

Another issue was staff shortages and funding constraints. Above all, programme managers talked about the insecurity of funding that could be ring fenced to do the sort of preventative, holistic and community based work that had established Sure Start’s
good reputation with local parents. The move to Children’s Centres was seen by some programme managers as a mixed blessing. On the one hand the child outcomes and emphasis on integrated working in Every Child Matters were considered helpful in reinforcing the mark made by Sure Start, but managers felt they would lose their autonomy to respond to parents’ needs. In particular there was a fear that outreach work, which had been the backbone of the preventative, integrated and community-based approach and had distinguished Sure Start from statutory services, would be undermined by the change.

5.7. **Summary**

This chapter has provided a picture of the ways SSLPs create the conditions for empowerment and greater self determination for individuals, groups and communities. Three elements have been highlighted: the style of service delivery, the nature of the services provided, and programme ethos. It has included some of the significant difficulties that SSLPs have encountered, including the practical barriers to accessing services and problems in engaging groups who have not used public services in the past, such as Bangladeshi and Pakistani mothers. But it has shown that the difficulties can be mitigated by carefully worked out strategies to reach less visible groups, and by sensitive outreach work.
Chapter 6. Summary and Report Conclusions

6.1. Individual empowerment through new ways of working with service users

Overall, we found substantial evidence for experiences of individual parent empowerment in all the case study areas. This was usually expressed in terms of feeling less isolated, more valued (especially as mothers), and more confident in their parenting activities, feeling a closer bond with their children who they felt were happier, easier to relate to, mixing better and better prepared for learning. This was the case in all areas, but it was enhanced where SSLPs consciously sought to transform traditional relationships between providers and users, to make them less hierarchical, more informal, to listen and learn from parents, to provide the conditions in which parents could voice their views and express their needs, to recognise and not to judge their circumstances, and to respect their differences. This led to parents feeling empowered in different ways – in gaining knowledge, support and information to cope with everyday living, in feeling more confident about their parenting skills, in getting to know and join forces with other parents, in developing warmer relationships with their children, friends and families, and in being encouraged to define their own needs. In terms we outlined earlier these contributed to respect, voice, and the capacity for self-determination and mutual support.

6.2. Universal access and outreach work

The nature and content of services contributed to this process especially when SSLPs put a premium on universal access through dedicated outreach work, through flexibility of timing and location and by creating a community presence with regular information targeted at those with and without English language skills. We found greater variation in the extent to which this had generated group and community empowerment through mutual support amongst parents and other family members, parental involvement and volunteering and community-oriented actions. Services that were responsive to local needs and were able to balance particular groups’ needs with general needs that were sensitive to local political histories and cultural composition seemed to have greater success in involving parents. In this way, they contributed to ‘inclusive recognition’ (Chapter 1) and, where parents got involved, this consolidated personal aspects of empowerment while also adding to community capacities and resources. Different levels of involvement gave individuals progressive opportunities for personal development whilst also sustaining both human and funding resources and enhancing local democratic processes. The development of a core of involved parents as ‘community ambassadors’ who could mobilise at the grass roots was important in this respect. All these enabled SSLPs to build bridges across the community and enable a positive sense of belonging in parents. However, it also had the effect of creating avenues out of the community for those who developed skills and confidence.

6.3. Routes to individual and collective empowerment

Sustaining parental empowerment meant recognising and supporting the different ways in which these happened for individual parents. In terms of different empowerment outcomes that we provided in Chapter 1: enhancement in confidence; resources; role in strategic decision making; choices; recognition of strengths, assets and worth; and democratic social relations, we found there were 7 different routes to empowerment which ranged from the more individual and more collective:
Individual oriented empowerment:

- **Getting by** - support for everyday coping – leading to confidence.
- **Getting better** at everyday living – parenting, partnering, sociability, skills – confidence, warmer relationships, respect.
- **Getting on** – finding paid work, children happy and doing well at school - realizing aspirations, more self-determining.
- **Getting out** – leaving the area/ community - realising aspirations, more self-determining.

Collective oriented empowerment:

- **Getting together** - getting and sharing/giving support within friends and family – leading to self-esteem, expanding networks, more knowledge.
- **Getting involved** - getting and sharing/receiving more types of support – skills, resources etc, meeting new people – leading to expertise, confidence.
- **Getting organised** - taking action to support community; expertise; recognition.

### 6.4. Working sensitively with cultural differences

Our sample deliberately included programmes which reflected contrasting ethnic composition. Three programmes were over 90% white British (D, E, F) while the other three had varying ethnic mixes as well as asylum seekers and refugees in their area. It should be said that even where there were ethnic groups categorised as, say, ‘Pakistani’ these geographical categories of origin were not necessarily homogeneous and were internally differentiated by region, religion and language. They were also differentiated, especially in the case of Pakistani households, along a range of more private, ‘traditional’ and gender divided to more gender different-but-equal.

Ethnic diversity created challenges, not because of any intrinsic ‘problem’ with multiethnic groups, but because of practical and historical issues that created further complexities and costs to strategies and priorities:

- A history of lower use of public provision, especially by women in Pakistani and Bangladeshi households.
- Transient white and refugee populations.
- Mobility problems due to fears of physical insecurity.
- The need for knowledge of different cultural practices and incorporation into service provision and delivery.
- The need and costs of translation services in order to assure access.
- Sensitivity to completing claims which could create ethnic divisions.
- The need to balance particular demands from parents (such as a Muslim Mums group) with the efforts to mix and unite communities.
- The need to have staff with knowledge or experiences appropriate to the composition of the area.

Some programmes felt that these greater complexities incurred cost implications which were not recognised in the funding allocations, and this is an issue which requires further research. It should also be said that diversity also created opportunities for those programmes to celebrate this as a positive feature of their community.

Programmes varied in the extent to which they were able to take on board these needs. Sure Start teams who were strongly embedded in and identified with the local community, and had staff with community development backgrounds were better placed, and were less likely to stereotype the characteristics of minority ethnic groups.

This should not suggest that the questions of ethnicity were not relevant to the other three ‘white’ programmes. In one programme an incident of racist abuse had led to
discussions about inclusion, but only one of the three areas mentioned awareness in this area as important.

6.5. The importance of a robust programme ethos

Variations in group and community involvement and empowerment were influenced by a robust programme ethos that could demonstrate empowerment in practice and communicate its key messages to the local community through staff and parents. It was important that such an ethos connected with parents, volunteers and staff and made sense to them. Where it did, then trust, reciprocity and greater capacity for individual and community self-determination followed more easily, and it also helped staff morale. A strong ethos usually, but not necessarily, involved combining approaches to personal and community development; it put a premium on responsiveness, respect, inclusion, and involvement and on using outreach work to achieve this. It sometimes embodied alternative ways of developing the provider/user relationship, a holistic and preventative approach to problems and problem-solving, an interdisciplinary approach to professional expertise, and a constructive rather than stereotypical approach to the capacities of parents and communities. A strong ethos also led to programmes being prepared to go outside the Sure Start remit and be less ‘target driven’.

However, there were other factors mediating the extent of parental involvement: duration of the programme; resources; the concerns of the lead agency; and local political and social context. These and the nature of the programme ethos shaped the capacity of programmes to deal with the sorts of particular tensions and difficulties that emerged.

6.6. Recognising tensions and difficulties

Tensions and difficulties centred upon practical barriers to accessing services to do with timing, location, transport, mobility and their own domestic demands, and these could be compounded by lack of language and literacy skills. Parents also complained about waiting lists and unexpected charges. Parents who felt staff saw them as ‘deprived’ were less likely to get involved, and parents who felt that groups were not open and welcoming were less inclined to return. Indeed, the very informality which enabled services to draw people in, for bonding and support to take place, could be experienced as cliquey or closed to those outside. The involvement of fathers, as a group rather than just as individuals, was difficult although prioritised in all areas.

6.7. Sustainability and the future of Children’s Centres

A number of internal factors (such as key parents and staff moving on) and external (insecurity of current and future funding, and autonomy) threatened sustainability, requiring programmes to constantly review local needs and adjust their priorities according to the human and material resources available. In this respect, it is important to understand the particular feature of a successful Sure Start experience is its multiplier effect. This meant that a robust ethos could influence parents’ own relationships with each other, with their children and families, as well as with the community at large. A measure of success was if the messages parents received from Sure Start they passed on to others. A number of parents spoke about having been helped and ‘wanting to give something back’. This worked the other way too, in that the capacity to shape parents’ confidence and self-determination also depended upon SSLPs having the conditions to shape their own opportunities for self-determination. For these processes of empowerment affected staff as much as parents and volunteers. One programme manager said of her team:

“The workers here are totally dedicated. I have seen a lot come and go. It’s a difficult job, it’s a difficult area, but the rewards are massive”
The successes of parental empowerment in Sure Start programmes contain lessons and challenges for the future of Children’s Centres. The most important to note are:

- A new approach to professional working and engaging parents across all professional disciplines and levels which places a premium on openness, accessibility, informality, non-judgementalism, listening, respecting and learning from parents’ own experiences. This involves a recognition that respect begets respect between staff, parents, and their children.
- An understanding of different levels and routes to empowerment and parental involvement, and that individuals go at different paces.
- The importance of accessible and responsive services backed up by ongoing outreach work to reach all parents.
- A holistic and robust ethos and for local communities which makes sense to the grass roots; a multidisciplinary approach which combines community development skills with the expertise of family support and health prevention work.
- A supportive environment which enables parents and communities to articulate their needs, and to create respectful dialogues where there are competing needs.
- The ability to staff teams to construct programmes which respond creatively to local needs requires a significant degree of programme autonomy.
- Creative and sensitive working with cultural differences which does not blame or shame but fosters diversity, community links, solidarity and belonging. The importance of recognising the universal and positive appeal of children’s well-being and happiness as the basis for engagement with different kinds of parents.
References


APPENDIX 1. The Context of the Case Study Areas

Programme A: inner city, high deprivation, majority Pakistani heritage

a. Local demography
Programme A is based within an inner city locality; the SSLP covers a relatively small geographical area bounded by main gateway routes into the city core and is densely populated. Recent programme data reported that around 1400 children under 5 lived in the area within 600 households, making this programme the largest in terms of number of children and double the average cohort for an SSLP to serve. According to city council health statistics, 67% of children under 4 are of Pakistani Asian British origin and 13% of Bangladeshi Asian British origin. The remaining minority is diverse including many children from British White (10% <5yrs), Indian (4% <5yrs), African-Caribbean and African (1% <5 yrs), as well as other Asian and Eastern European children. Reflecting this there are several local languages: up to 30 are known to the Sure Start management, although 95% speak the six main local languages - Punjabi, Gujarati, Pushto, English and Bangla.

With traditions and norms of larger families headed by married couples and extended family households among Pakistani and Bangladeshi families, the birth and marriage rates for the area are higher than the national average at 37 births per 1000 of women (UK average birth rate at 29 births to 1000) and 92% of births born to married women, many of whom live in outright owner occupied housing which, at 36% of households, is much higher than the national average. Asian extended families tend to also live near each other on the same or nearby streets. However, 17% of children, mainly of white British ethnicity were born to lone mothers in 2001 (Census 2001).

b. Locality
The stability of the South Asian population suggests strong local ties, and social support, which can also involve gifts of money, housing and business opportunities. However, we observed that not all South Asian mothers benefited from kin-based support. There was originally very low childcare provision in the area.

The neighbourhood has some long standing community organisations and figures, although these tend to be largely male dominated with women orientating to informal networks that are more home based. There is evidence of community divisions — with hostility towards male asylum seekers; parts of the white community are transient and feel ‘outsiders’. There are a number of longstanding voluntary agencies, such as the Family Service Unit, a Youth project, Home Start and an Asian Disability agency. The area has indicators of very poor literacy levels, health, high rates of poverty and high unemployment, detailed in Appendix 2.

Several regeneration programmes operate with one that focuses on improving the central roads into the city centre, clean up the local area and job creation, through attracting business. Its funding has contributed to a woman’s centre, training programmes, a Children’s Fund scheme and a drugs reduction scheme.

c. The Sure Start Local Programme
The SSLP was established in 2000 and led by the local Early Years department of the city council. The SSLP set priorities in response to local need and a process of consultation. From the outset it involved active community members, young and older, white British, Pakistani Asian and Afro-Caribbean who were highly motivated to get involved to better their community. It has a large staff team - 17 full time and 26 part-time staff - with a health, childcare and family support team. The programme has enhanced the health outcomes of children and local schools feel children’s speech and language has improved. However, there has been criticism of services not being sustained in recent years (associated with the funding of a new building which recently opened). The programme has recently set up a Dads’ Worker post, in response to
concerns of lower involvement by men. The priorities of the Delivery Plan are set out in Appendix 2, and the collective activities in Appendix 3.

Programme B: mill town; Pakistani, Bangladeshi and white; large families

a. Local demography
Programme B is based in an old mill town, also where some of so called ‘race riots’ occurred in the late 1990s. The area houses 62% of the town’s South Asian population, predominantly of Pakistani and Bangladeshi heritage. The area is near to the inner town and is densely populated with two distinct areas, one of which is predominantly Pakistani families and a smaller area of mainly Bangladeshi families. 41% of the residents are of Pakistani origin, 20% Bangladeshi and 33% White British.

Like locality A, this area has a higher birth rate than national averages at 29 births per 1000 women (see Appendix 2), with a majority of 85% of newborns born to married mothers (Census 2001). The majority of lone parent families are within the local white British population, with 15% of children born to lone mothers in 2001 (Census 2001). A large section of the population own their housing outright (36% of households in 2001) or were owner occupiers (21% in 2001), also suggesting a stable local population. However, many of the lone parent families live in local private rented and social housing.

b. Locality
The area has few amenities or children’s play areas. There were no playgroups or childcare operating in the area prior to SSLP. There are local Asian shops with a large supermarket a good 20 minutes walk away. A long-standing Bangladeshi Association is a vital form of support for the Bangladeshi communities, many of whom do not have English as a first language; many have poor health problems. There is also a well used Community centre. The area also includes two mosques and number of small voluntary organizations such as the Bangladeshi association, and a training access scheme. While not as stark as some of the statistics for locality A (and with a lack of local comparable data available), poor housing, health and speech and language development figure highly in this programme area (see Appendix 2)

c. The Sure Start Local Programme
Established in 2000 by the local Primary Care Trust, the staff team consists of 9 full-time, and 10 part-time members with 10 of South Asian ethnic origin. The team is organised into family support, a food project, parent involvement, childcare and health. There has been a major emphasis on improving the health of the community and child development outcomes (see Appendix 3).

The SSLP is housed in a newly built healthy living centre, built partly with Sure Start capital funding. This building integrates local health services in the area (midwives and health visitors) under one roof, with an award winning community café and food project. However, the building of the new centre has been viewed as causing severe financial difficulties within this SSLP.

Programme C: Residential area in industrial city; ethnically very diverse

a. Local demography
Programme C is based within a large residential ward consisting of two adjoining neighbourhoods. The area has around 1150 under 4s, making this also one of the larger programmes. The area is one of the most ethnically diverse of the region, encompassing a range of languages, cultures and religions. The local health data reports the ethnic breakdown of children under 4 as 42% Asian, 32% White British, 13% Black, 10% Mixed Heritage and 3% Chinese / Asian other. According to the programme records, while the majority of births are to Pakistani and White British mothers, a considerable number are born to mothers of Afro-Caribbean, Somali,
Yemeni, Bangladeshi, Indian and mixed ethnic origins (Local Evaluation Report 2004). The area also has a significant, sometimes transient, asylum seeker population. Birth rates were at 24 per 1000 women in 2001, with around 60% born to married mothers (Delivery Plan 2002).

Housing tenure is also diverse with 22% owner outright, 23% owner occupied and 34% council tenants. Council tenants tend to be lone parents placed in the area, while the owner occupiers are more likely to be larger married South Asian families. The area has above average levels of lone parent households at 10% compared with 6% for the UK average ward level.

b. Locality
The area has a history of community activism and multicultural events. There is a range of voluntary and community organizations, such as a recreation centre, a youth centre, two children's centres, a community centre, a Black women's centre, a library, a Yemeni project and a number of churches and welfare associations. The area has several annual multicultural and music events which are widely attended. However, the smaller of the two neighborhoods which make up the area is short of local community buildings and resources. Local employers are mainly in the public sector and small retailers with a large hospital in the southern area. The area has a reputation for drugs-related and gun crime as well as having considerable levels of economic deprivation although not to the same extent as programmes A and B (see Appendix 2).

c. The Sure Start Local Programme
The programme has undergone some changes since the previous lead agency, a community organisation, was taken over by the local authority, and is now led by NCH working closely with the Education department of the local city authority. It had to cope with some financial restrictions consequent upon this. However, creating more childcare and play opportunities as well as reaching local ‘hard to reach’ groups and inclusivity has been a major feature of the SSLP priorities. For example it focuses on home visiting to reach families; it has supported a number of groups and workers to reach particular minority groups; and it has extensive partnership working with local voluntary organizations. By 2005 the SSLP had opened a new Sure Start Centre. The staff team of 18, which reflects the ethnic diversity, is organized into parental involvement, early years, health and family support (see Appendix 3).

Programme D: Outer city local authority estate; mainly white population

a. Local demography
Programme D is situated in two adjoining 1970s – 1980s large council housing estates on the outer edge of a medium sized city. The programme was approved in 2000 and serves around 1,260 children aged 0-3. The larger of the two estates has more diverse housing tenure with a large number of owner occupiers, largely families that have bought their council houses and have participated in a tenant-led housing renewal programme. The other smaller estate is predominantly council housing of a much poorer quality, with small gardens and prefab style housing. 99% of the residents are of White British origin.

The area has high levels of teenage and lone parents. Only 19% of births are to married mothers, while 36% are to lone never married mothers. This is still not as high as in Programme E, but the births to teenage mothers are among the highest in the UK at 9% of all births. Conception rates among teenagers, however are declining in the area. In 1999 – 2001 conception rates among 13-15 year olds were at 12.8, while the national average stood at 8.2 births per 1000 girls; and conceptions to 15 – 17 year olds were at 74 births per 1000 girls compared to the national average of 44.
b. Locality
The area has a reputation for drugs, crime, alcohol addiction and has few local amenities and services. Within our interviews there appeared to be a difference between those born and bred in the area who had maintained strong family ties and newcomers who were seeking to leave, but unable to find employment or housing. The area also consists of high levels of economic and health deprivation (see Appendix 2).

c. The Sure Start Local Programme
A health led programme, this SSLP has a large staff base of 34 staff members, and operates across three main new Sure Start buildings. The staff teams consists of play and childcare, speech and language, special needs inclusion team, training and parental involvement, health team, and family support team. The health team built on earlier moves towards locally based joint up provision and has also established a number of health promotion projects. The Family Support team supports a befriending service run by a local voluntary agency and caters for intensive 'high needs' support, support for young parents and practical support to parents. The play and learning team have aimed to improve play and learning opportunities for young children in the area by supporting existing playgroups, running age appropriate groups, drop-in sessions, events and crèche workers (see Appendix 3).

Programme E: White outer city estate with strong community ethos

a. Local demography
Programme E is based within a large outer city council estate, five miles from the city centre. The housing varies from larger family houses, high rise flats and newer self contained owner occupier estates. While the area is large in geographical terms, the smaller family sizes of the 99% British white population leads to lower birth rates and number of children under 4 in the area compared with the programmes described above. This programme has the highest number of births to lone never married mothers at 39% of births in 2001 and the second highest rate of teenage mothers with 7% of births to teenagers. Only 20% of births were to married mothers in 2001.

b. Locality
The area has a strong local identity and community orientation in the face of city wide stigma, and in general has a stable population. Some of our respondents described a past era when there were more youth clubs and playgroups on the estate. Existing community buildings (there are three but mainly concentrated in the south side) are getting into disrepair although still well used by a credit union, pensioner groups, mother and toddler groups, drop ins and welfare advisers. There has also already been a tradition of family centre provision within the estate with three family centres already based there. A large college serving the eastern side of the city with adult education courses is also a significant local landmark.

The local MP has been particularly influential in keeping a high profile of the needs of the estate. A job creation partnership with a major supermarket created more local part-time employment and the area is due to receive regeneration funding over the next few years concentrating on improving transport links to the city core, job creation and learning / creative opportunities. Local concerns focus upon anti-social behaviour, drug and alcohol abuse, domestic violence, family conflict, poverty and unemployment, and poor schools (Local Evaluation Report, Community Survey Findings, 2005). See Appendix 2 for indicators of deprivation.

c. The Sure Start Local Programme
This is an Early Years led SSLP which has focused on providing more childcare, health and family support and has instituted a programme of fortnightly outreach to every family with a child under 4. It has a strong ethos which emphasises parental access and participation as both users and providers of services. The staff team is large with 25 core staff and 40 part-time. Part-time employment of local parents in the programme
has been in part a response to the high levels of unemployment, but also a way of breaking down divisions between experts and lay parents. 60% of staff live locally (see Appendix 3 for activities).

**Programme F: small ex-mining town, largely white population**

a. Local demography
   This programme serves the whole of a small ex-mining town, whose centre is run down in contrast with newer housing on the fringes of the town. The locality is predominantly a white area, with 99% of the population of White British origins. However, a number of Afghanistan asylum seekers have been housed in the area by the borough council. The family types in the area are diverse with 43% of births to married mothers and 26% to lone parents. Teenage pregnancies are higher than average although much lower than the previous two programme areas at 3% of all births to teenage mothers.

b. Locality
   A distinction is often made between ‘traditional local people’ who stay, shop and socialise within the town and the high street, and the ‘newcomers’ who have cars and shop, and work, in the large city nearby. The town also has a tradition for formalised community consultation and representation but these tend to be church based, consist of older residents and predominantly men. There has, however, also been a traditional of women organising into women’s groups (since the miners’ strike in 1984) and setting up playgroups, although these are now severely in decline. A Youth Inclusion project has been operating that has improved some of the local youth green spaces and buildings. While the area is an example of a less deprived area compared with other case studies, there are still signs of deprivation detailed in Appendix 2.

The town is currently undergoing major transformation with Objective One funding about to draw to an end. Much regeneration activity is underway. The central high street houses a new children's centre, leisure centre, library and shop fronts.

c. The Sure Start Local Programme
   The SSLP is led by Social Services with a staff team of 20 (Community Involvement, family support, health and childcare). The priorities for the SSLP emerged out of a community consultation exercise including community development workers, women’s groups, playgroups, church agencies, community association, Parish councillors, local midwives, social services, health, parents and children. The priorities consisted of reaching ‘hard to access’ groups - disabled parents, parents with disabled children, fathers, minority ethnic families, single parents and grandparents, improving childcare provision especially for the under 3s and ante-natal services, and providing opportunities for parents to improve their parenting and basic literacy / numeracy skills (see Appendix 3 for activities).
Appendix 2. Detailed Characteristics of the 6 SSLPs

Programme A deprivation indicators

- Infant mortality rates are over double the national average at 14.7 per 1000 population compared to 6.1 per 1000 population as the UK average.
- Unemployment rates for those of working age are 31% compared to 20% for the city in 1998.
- Recent cohorts of children under 4 have been found to have much lower birth weights with 12% of new born babies weighing under 2.5kgs.
- A survey of oral health in the area found that dental caries among children under 5 were the highest in the city.
- 34.6% of the local population live in overcrowding accommodation and 70.2% of households without central heating in the late 1990's.
- Local health surveys have found high rates of mental health especially post natal depression among mothers and a higher proportion of children with special care needs among South Asian families.
- Local Key Stage 1 results in 1998 were 10% below the national average with teachers in the area reporting that many children began school with low levels of English.
- A language needs assessment project found that only 52% of adult health users understood English while 25% spoke very little or no English. This survey also estimated that a third would not be literate in their own first language.
- The ward figures as the ninth worst on the index of deprivation for poor housing and environment, there is rubbish dumped along back lanes and a rat problem (Census 2001; Local Delivery Plan).

Programme A Delivery Plan Priorities

- Locally based services delivered 14 existing community sites and with considerable home visiting based services.
- Involvement of the voluntary sector.
- A home visiting antenatal and breastfeeding peer support service.
- A need for women's only services and a women's community centre.
- Childcare especially for the under 3 to tackle a severe shortage.
- A playbus for mobile childcare provision.
- Translation of information on services and activities (£5000 spent on average per annum).
- A diverse staff team (50% of staff team bilingual covering all the 5 main local languages).
- Services for parents with a child with a disability.
- Concern about children's' poor health and speech and language development.
- Concern to include the marginalised white, Bangladeshi and Patharn mothers, and fathers.

Table A.1.3. Birth rates and number of live births 2001

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<th>Programme</th>
<th>Birth rate per 1000 population</th>
<th>Live births in 2001</th>
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<td>A</td>
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<tr>
<td>E</td>
<td>16</td>
<td>232</td>
</tr>
<tr>
<td>F</td>
<td>12</td>
<td>205</td>
</tr>
</tbody>
</table>

Programme B deprivation indicators

- The area has one of the town's highest rates of life-limiting illnesses with 50% of households having a member with a life limiting illness and is among the most deprived wards according to health deprivation scales (Delivery Plan 2002).
- There are suggested high rates of disability and unpaid carers, with the town averages at 7% of the population in receipt of Disability Living Allowance (UK average is 5%) and 32% of the town’s residents are unpaid carers compared to 21% on average at the district level in the UK.
- Primary school attainment levels are well below average in numeracy and literacy (although they have been improving) and 53% of the local working age population has no qualifications, only 8% reaching NVQ 4 level.
- 53% of the local population have no qualifications.
- 53% of the local population have no car.
- 30% of children under 3 live in workless households.
- Local unemployment is 18%.
- Scarce local health services, especially for provision for disabled children for which a specialist hospital is located four miles away.

Programme C deprivation Indicators

- Unemployment is high in the area at double the national average.
- Economic inactivity due to long-term illness is equally nearly double the national ward average.
- Full time employment is at 28% of the working age population, nearly half the average level at 41%.
- The area has a New Deal for Communities Scheme seeking to improve employment and involve local people.
- People with a life-limiting illness is also higher than national averages at 43% compared with 34% at the ward level, but not as high as in the previous two programmes.
- Attainment at the primary school Key Stage 2 level was very poor until recently, moving from 63% in 1999 in English to 72% in 2004, bringing levels nearer the national average.
- The area has two mother and baby units, which caters mainly for teenage parents from outside Sheffield and from the two women’s refuges in the city.

Programme D deprivation Indicators

- The ward sits within the 5% most deprived wards in the UK.
- Unemployment in the area is high with 62% of children under 3 living in workless households.
- 22% of people of working age are in receipt of Income Support.
- 13% of the unemployed in the area have never worked (DP 2004) making 38% of the population long term unemployed (DP 2004).
- 46% of the working age population have life limiting illnesses.
- 58% of working age people have no qualifications and primary school rates, although improving, are very poor especially for literacy with only 58% attaining Key Stage 2 Level English compared to the national average of 73.
- The SSLP found a severe shortage of childcare provision in the area with no provision for the under 2s in 2000.
- Few playgroups on the central estate or peripheral one.
- Low rates of breastfeeding.
- High levels of drug addiction and burglary (Census 2001).
Programme E deprivation Indicators

- 56% of households rent from the local authority.
- Property theft is higher than average UK levels, with house burglaries and robbery at double average rates.
- The estate witnessed a racially motivated incident on a Portuguese family in early 2004.
- Amongst the top 300 deprived wards.
- The area has the second highest level of children in workless households in our sample, at 55% of 0-3 population.
- Unemployment levels were at 27% of adults aged 16-74 unemployed, while 31% of the adult population were economically inactive in 2001.
- The area was hard hit by the closure of two large local employers in the late 1990s.
- Full-time employment is below the national average and 50% of the working age population had no qualifications in 2001.

Programme F deprivation Indicators

- the area has the highest proportion of children under 4 for the local borough and the highest referrals to social services and local child and adolescent mental health services (DP 2002).
- The area has been hit hard by the job losses associated with the decline of mining and the local economy was described by the borough regeneration officers as ‘depressed’ with shops and businesses closing.
- Unemployment is high with 31% of children under 3 living in workless households and 9% of working age people reliant on Income Support.
- Poverty is concentrated in pockets of poorer housing and high reliance on Income Support particularly in the eastern part of the town.
- These eastern estates suffer from a reputation and evidence of social problems associated with burglaries and anti-social behaviour.
- Declining levels of childcare provision.

Table A.1.9. Parent interview sample per programme

<table>
<thead>
<tr>
<th>Gender / Parent status:</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<td>21-30</td>
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<td>31-40</td>
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<td>In receipt of Working Tax Credit</td>
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<tr>
<td>Employed part-time</td>
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<td>Employed full-time</td>
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<tr>
<th>Parental involvement*</th>
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<tr>
<td>Sure Start activities</td>
<td>11</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Management / consultation</td>
<td>5</td>
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<tr>
<td>Service user but not involved</td>
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<td>6</td>
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<td>TOTAL:</td>
<td>15</td>
<td>15</td>
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Table A.1.10. Community informants per programme

<table>
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<th>Informant</th>
<th>A</th>
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<tr>
<td>Local residents</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Community and Youth Workers</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Neighbourhood / Area Involvement Team</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Local Regeneration Council Officers</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Community group / centre</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Other statutory agencies i.e. health workers / teachers</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>Tenants Associations</td>
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<td>Local evaluators / researchers</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>TOTAL</td>
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<td>6</td>
<td>3</td>
<td>7</td>
<td>6</td>
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Table A.1.11 Staff interviews per programme

<table>
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<th>Programme</th>
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<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
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<tr>
<td>Programme Manager</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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</tr>
<tr>
<td>Childcare staff</td>
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<tr>
<td>Health staff</td>
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<td>Family Support Staff</td>
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</tr>
<tr>
<td>Centre / Project Manager</td>
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</tr>
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<td>Dads Worker</td>
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<td></td>
</tr>
<tr>
<td>Volunteer / Parent Involvement Coordinator</td>
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<td>1</td>
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<tr>
<td>Area SSLP Coordinator</td>
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<tr>
<td>TOTAL</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>9</td>
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</table>

Table A.1.12 Observational activities per programme

* Some parents were in more than one category

---

8 See footnote 4
9 2 staff were also local parents.
10 5 were local parents.
<table>
<thead>
<tr>
<th>Programme:</th>
<th>A</th>
<th>B</th>
<th>C(^{11})</th>
<th>D</th>
<th>E</th>
<th>M</th>
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<td>Partnership Meetings</td>
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<td>Staff Meetings</td>
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<tr>
<td>Parent Group</td>
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<tr>
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<tr>
<td>Area forums / open meetings</td>
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<tr>
<td>Independent self help groups in the community</td>
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<td>✓</td>
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\(^{11}\) Programme C was a late substitution for a demographically similar programme which was eventually unable to take part in the study and this led to fewer opportunities for observations and interviews in Programme C.
Appendix 2. Collective Activities within each SSLP

This section summarises some of the changes had been introduced within each SSLP and the type of activities that involved an element of group activity.

Programme A

Innovations

- Quarterly newsletter produced by a local parent.
- Home and outreach services: Listening visits, family support visits, breastfeeding peer support, ante-natal and post-natal care, oral health, diet through to talking to baby, dealing with toddlers, play in the home, special needs assessment and support, physiotherapy.
- Fast track special needs clinic and early paediatric assessments.
- Training for professionals to promote cultural awareness and sensitivity i.e. introducing the Punjabi Post Natal Depression Scale to health visitors and positive action anti-racism training for professionals and parents.
- Expansion of early years childcare and education: i.e. through establishing a range of literacy play sessions, toddler groups, refurbishing existing crèche facilities, building new crèche facilities, establishing playschemes, fun days and funding a local playbus for mobile childcare within the locality.
- Street Communities established aimed at widening involvement and based in community members houses.
- Job shadowing programme for parents to shadow Sure Start professionals.
- A women’s centre built.
- Children’s centre established.

Group / collective activities

- Parent Involvement activities.
- Parenting courses following the REU Parenting Programme.
- Shoppers crèche.
- Toddler groups.
- Library playgroups.
- Post-natal support Group.
- Breast-feeding support in the home.
- Baby massage.
- Peer support breastfeeding group.
- Baby café.
- Dads group.

Women’s Centre

- Health drop-ins: Weekly ante and post natal drop-ins (for women with 0-2 week year old babies) where women can come and talk to midwife without booking an appointment; cervical smear test for women.
- Girls group: Weekly group for 8-16 year old girls. The group is activity based with previous sessions undertaking dance, IT training, baking and arts and crafts.
- Toddler groups: three toddler groups weekly.
- Craft store: Discounted arts and crafts materials.
- Personal Safety Course: Three two hour sessions aimed at women to learn strategies for home and community safety.
- ESOL classes: English language classes for beginners / intermediate and advanced.
- IT classes: Beginners IT classes i.e. Leading to Clait qualification.
• Additional courses include: Wedding Mehndi classes; Beauty care courses; Asian Bridal classes; Islamic studies; Dress making courses; Flower arranging; Nail art; Hair dressing; Soft furnishing courses; Pre teaching assistant and childcare courses.
• Day events such as Eid celebrations; Career advice days; Kids activities days.
• Gym and steam room: daily gym open 9.30 – 4 at a discounted rate.
• Aerobics classes.
• Community lunch: Weekly discounted lunch drop in where women and children can have come without booking and have lunch.
• Weekly drop in: A weekly drop where women can attend without an appointment, crèche available and activities sometimes are run i.e. taster courses or alternative therapy sessions.
• Playschemes and childcare: there is a crèche facility at the centre for courses and the centre runs a summer playscheme for 8 – 16 yr olds.

Programme B

Innovations

• Established a healthy living and Sure Start centre.
• Established a community allotment producing food for the local community.
• Established a cooking and food project with local schools and community services.
• Established local health services with ante natal and post natal drop ins and a weekly health clinic.
• Expanded early child development checks.
• Expanded childcare in the area with more toddler and play groups.
• Extensive community volunteering programme.
• Introduced home services: family support sessions and support for families with children with special needs.
• Formerly ran a dads group led by a local parent.

Groups / collective activities

• Exercise classes for women – aimed at women only and involves a 30p charge.
• Gardening group – aimed at women only to learn about and enjoy gardening and growing food.
• After school cookery classes – cooking activities at the local school for children and led by a Sure Start professional with volunteer support.
• Men’s stop smoking group – aimed at men who want to stop smoking. Men can also access family support, health education and other services within Sure Start and the Health centre.
• Playgroups – organised according to a child’s age, there are groups that run across two local sites with structured activities led by nursery staff to improve children’s speech, language and cognitive development.
• Women’s health advice clinic – a drop in for women to receive advice from a qualified nurse; family planning advice.
• Playscheme for older primary school age children with an emphasis on health and fitness.
• Cookery classes for women in the locality at the local community centre.
• Breakfast club with a crèche aimed at enabling parents to get together and take up training for volunteering.
• Job centre drop in where a job centre professional offers weekly advice on job searching and training.
• Ante natal classes for pregnant women to offer advice and support for new parents on issues such as breastfeeding support; health eating and exercise.
• Mixed gardening group for men and women.
• Fun activity events held in the local community centre or Sure Start centre.
• ESOL classes for beginners and intermediate.
• Alternative therapy level one course.

Programme C

Innovations

• Expanded childcare in the area including toddler groups and crèche facilities.
• Expanded early assessment activities such as speech and language assessments.
• Expanded home based services such as early assessments, family support and breastfeeding support.
• Organised community events during the year such as a multicultural event, a children’s fun day, a library fun day and end of year party.
• Extensive partnership working with local health, childcare and family support including service agreements to provide childcare (or help fund services) with voluntary organisations, women’s refuge, mother and baby clinic.
• Established a number of literacy and child development sessions through encouraging creative and literacy based play sessions with parents and children.

Group and collective activities

• Baby massage courses are organised by a qualified professional.
• Parents group with crèche support for parents to get together monthly and to provide feedback and consultation for Sure Start.
• Dads and mothers groups with weekly sessions and child orientated activities.
• Young mums group – a playgroup for young mums and their children with Sure Start professionals available for advice and support.
• Arabic women’s health group formerly existed as a weekly group run by health professionals to offer support, advice and play sessions.
• Somali health group runs for 10 weeks covering planned sessions such as healthy eating, swimming and exercise and supported with an interpreter.
• Play groups, arts and crafts groups and toddler groups across the area for parents and children together.
• Antenatal classes for pregnant women.
• Breastfeeding drop in and home based support.
• Health and exercise classes for women only.
• Extensive information in Sure Start registration pack and newsletter that advertises other local services, community activities and groups. provision of a map of the area indicating all local services and community resources for families with young children.
• Parenting classes aimed at women and men covering topics such as managing behaviour, routines and boundaries, home safety and healthy eating.
• Volunteering programme.

Programme D

Innovations

• Expanded childcare in the area: two new purpose built buildings with play and crèche facilities, baby and toddler groups, playgroups.
• Extended local health services: locally based midwives and health visitors for ante natal and post natal drop in and services. home visiting services for health, family support, physiotherapy, speech and language, breastfeeding support.
• Established a programme of local training for parents and parenting classes.
• Established a dads group and young parents group.
• Established a high needs service with practical help, advice and family support for families with multiple needs.
• Expanded preventative services i.e. within sexual health education and early childhood assessment for development and health.
• Outreach to engage families with a parent in prison, families with a child with a disability and traveller families.

Groups and activities

• Baby and creative play and learning groups for parents and children that are structured according to age offering groups from birth to six months, up to 18 months, from 18 months to 3 and 3-5 years.
• Book and play sessions orientated around fun with books and story telling.
• Training courses with crèche facilities – including basic maths and english skills, committee skills, community development, parenting classes, cooking classes and fundraising.
• Young parents group for parents under 25 years old.
• Support for home start groups locally.
• Community parents group that provides feedback to Sure Start and organises / fundraises for parents activities such as weekend holidays / community events.
• Befriending project for young parents.
• Dads group and dads activities.
• Breastfeeding peer support activities.

Programme E

Innovations

• Established a fortnightly outreach programme to widen access to services and activities.
• Extensive community volunteering programme and employment opportunities within the programme.
• Expanded local childcare facilities and playgroup provision.
• Expanded locally based health services and drop ins.
• Established local resources and partnership agreements such as discount organic food, craft resources, credit union drop in and CAB / job centre advice.
• Expanded parenting courses orientated around age specific parenting advice and support.
• Counselling services and training opportunities for staff and volunteers.
• Support for domestic violence and anger management courses.

Group and collective activities

• Baby groups for baby massage and creative play.
• Parenting classes orientated around age specific behaviour management / child development training and support.
• Training opportunities such as community sports leadership, committee skills, alternative health training, childcare and IT training.
• A group for local childminders.
• Playgroups across five local sites.
• Exercise and sports groups for parents and young people.
• Men’s group for fathers.
• Craft shop and organic food delivery service.
• Healthy eating activities and events.
• Fun days and community events.
• Support for local women’s groups.
• Anger management courses (aimed at men).
• Cookery classes for parents.
• Community allotment scheme led by local parent.
• Gardening service led by local parent.
• Information in accessible format for local parents about local resources and services for families with young children.

Programme F

Innovations

• Establishment of local children’s centre with a community café, information service, health and childcare provision, training facilities and resources centre that entailed considerable community involvement.
• Support for local library provision and literacy creative play sessions.
• Expansion of local playgroup and toddler groups.
• Home visiting family support service.
• Community allotment and healthy eating scheme.
• Expansion of locally based midwife and health visiting services including groups and outreach.
• Volunteer and training opportunities.
• Breastfeeding support with the view to expanding in the future towards peer support.
• Drugs and alcohol support drop in organised by partner agency.
• Extensive information about local resources and services in registration pack and regular newsletter.

Groups and collective activities

• Training courses in childcare, first aid, basic skills and parenting / child development.
• Antenatal and postnatal groups for mums, dads and parents / carers together.
• Support to local community groups.
• Playgroups and toddler groups.
• Cook and eat group aimed to provide practical help and advice for cooking, food and nutrition for parents with crèche for under 4’s provided.
• Dads group for fathers to do activities with children.
• Group for disabled parents run by occupational therapist.
• Befriending service run by family support workers.
• Parent support groups run by STEPS (an organisation that aims to prevent parent and child behaviour difficulties through group and individual support).
• Group for child minders.
Appendix 3. Research Leaflet

What is Research About?
Our study will explore the ways local programmes are supporting parents and providing opportunities through developing self-help, mutual support and parental involvement activities.

Who will be included?
We are interested in hearing the views of parents from a range of family circumstances and backgrounds within six contrasting Sure Start areas. We would also like to explore the issues for those working with parents such as volunteers, programme managers, programme staff and community representatives.

What the Research will do:
Within each of the six case study programmes we aim to:

- Interview individuals and groups to gain a wide range of perspectives about parents' needs, their experiences of accessing support and the local community context;
- Map out the forms of self-help and parental / community involvement within the Sure Start programme and local community;
- Observe key activities and relationships within the programme setting;

The research will maintain strict standards of confidentiality and anonymity throughout the research.
Appendix 4. Topic Guide for Interviews with Community Workers or Organisations in Sure Start Localities

NESS Theme 7: Parental Empowerment.

1. Background about the group / post
   1. Can you tell me about the aims and objectives of your post / organisation? (Target group? Focus? Rationale? Activities? Membership?)
   2. Can you tell me about the history of your organisation? How did it become established in this community? (how long running? Was it community-led? Or voluntary / statutory led?)
   3. Who funds this organisation? How is the funding organised for the future?
   4. How do you work with local professionals? (ask specifically about Sure Start)

2. Perceptions of the community and the support needs of local parents
   5. Are you trying to improve the area? In what way? What are the problems?
   6. What service to the community do you provide?
   7. Do local parents / community members get involved in your organisation? In what ways? And for what reasons?
   8. Can you tell me about the kinds of issues for parents in this locality? What is it like raising children in this locality? What do you think are the benefits of living here with young children? Do you think there are any drawbacks?

3. Support services and self-help within the locality
   9. What resources for support are there for parents in this locality? Do you think there are any ways that parents could be better supported?
   10. Do you think there are a lack of services for families? What gaps are there?
   11. How have you been involved in Sure Start?
   12. In what ways do you think Sure Start has benefited local parents? Do you think Sure Start is involving parents and the community? (evidence?) Are there any sections of the community that are less involved? Do you have any thoughts as to why this is the case?
Appendix 5. Interview Schedule for Individual Parent Interviews where parents have been involved in Sure Start

NESS Empowerment Study

Before Interview begins

Introduce myself and the research

Discuss what being involved entails, anonymity and permission to tape record

1. About Yourself and Your Family

Can you tell me about your family? (ages / number of children)

Who do you share this house with?

Can you tell me about your life and yourself from when you had your first child to now? I am interested in your experiences and life background as a parent. I won’t interrupt you or ask any questions for a while so you can tell me about your life according to you.

(Follow up on: How long have you lived here? Reasons for moving to / living in area? Housing? Partnerships with other parent? Separated? Other partnerships? Cohab or not? Who share childcare with? Employed?)

What are the key issues for you as parent with a young child?
(Support, type of experience, identity, break from child or help with child)

Do you feel there are things about your background or circumstances that are important to your experiences as a parent? (Follow up on suggestions of enablers / constraints).

(Go through the background data sheet and fill in any blanks – leave qualifications and income till later).

2. Involvement with Sure Start

Again in your own time, can you tell me about how you have been involved with Sure Start and what it has meant to you? (Then follow up on key areas and following questions).

How and when did you hear about, or first come into contact with, Sure Start? (informally or formally?)

What was the nature of the first contact?
(parent-led or sure start-led?) (who contacted?) (In response to a problem or inquiry?)

How have you been involved in Sure Start? What activities have you been doing? Your child or partner been doing?
(Prompt for groups, services, facilities, outreach, training, volunteering, management?)
(Ask the following questions about each type of involvement: Perceptions of Impact)

What were your expectations for getting involved? Did you choose to get involved?

How did Sure Start assess your needs and expectations?

How did involvement help you as a parent? How has it helped your children? How does it help others?
(ask for eg’s)

How has been involved in Sure Start changed your family life?

Has your involvement helped you personally in other ways?
(In what ways? Do you feel happier, healthier, more able to do things? Ask for eg’s)

Have you learnt new things? (Skills / knowledge?)

Who do you have contact with in terms of Sure Start staff? How would you describe the relationship you have with Sure Start staff? Or How do you feel you get on with them? What do you like / not like so much about the staff?

Has there been any times when you were not pleased or disappointed with your involvement? Or Sure Start’s activities?

Has involvement in Sure Start changed your relationship with your children? Helped you with your relationship with your children? Your partner? Your neighbours?

Do you think SS helps families in this area? Do you think it helps some more than others? Do you think there are ways it could help families more?

What do you think makes for a good sure start service?

3. Social Connectedness, community spirit and perceptions of the area

I am interested in who you know in the area and the friends, neighbours and family you have close contact with. (Ask them to draw a network chart with you of people they are emotionally close to). Go through each person and ask how often they see them / contact them / how long known them / when they last met with them and why they would meet up with them. Ask if they met any through Sure Start.

Prompt for: Sources and types of support (Do you help out X in any way? Do they help you out? Do they help with the children? What kind of support do they provide – advice, listening and talking, friendship, sharing?) Trusted relationships? Ask about any person absent in this discussion that was mentioned earlier.

We are interested in what people think about this area. What is it like living here for you?

Prompts:
(Good things about the area? Worst things about the area? Like living here? For what reasons? Do you feel you belong here? Do you feel like you have things in common with other people in this area or do you feel different to other people? Do you aim to stay living here? What do you think other people think about the area? Do you feel it is important that the people working at Sure Start should live in the area or be from the area? Family and friends living in the area? What do you children like / dislike about the area?)
Do you feel you make a contribution to this area? In what way? Have you taken up a local issue in any way or got involved with any discussions, pre-school or council groups? (EG and details).

Do you think there is anything about living in this area that holds you or your children back in life? Do you feel safe? Do you feel like you have people nearby to turn to for things? (Ask for eg) Are there ways that the people you know around here help you in any way?

What is it like bringing kids up in this area? What facilities are there for children and parents? What facilities do you use? Why do you use these facilities? What do you like / dislike about these facilities? Are there any facilities or services you would like to see developed in the area? What would a good neighbourhood for children be like in your opinion?

4. Constraints and Resources

Ask them to fill in the background data on income and education and then explain:

I would also like to ask you about the things that help you as a parent and whether you feel there are things that make parenting and raising young children more difficult for you.

Do you feel there are things that hold you back or stop you from being a good parent in your view? (Eg and details, ask about income, education, lack of resources, diff values)?

What matters to you in being a good parent? Do you feel you are good parent? Do you feel supported in being a parent by your partner? Do you feel you hold similar beliefs to other parents living in this area / your partner?

Sure Start is a service aimed at disadvantaged communities where many families are said to be living on low incomes, in poverty, with poor community resources or in poor housing. (Show vignette of Sure Start plan describing area and families needs). What affect do you think these issues have on families? Do you feel this reflects your situation? In what way do you agree or disagree with this statement? Low income? Housing? Do these problems affect your life? Affect your children? Affect your partnerships or relationships with others? Do you feel unable to do things you would like to do? EG? Are there ways that you try to cope or things you do to help yourself or others? Have you turned to SS for support with these experiences? (Eg and details)

What are your priorities as a mother in the next few months? Longer term? (well-being, health, work, education, surviving?) Looking back to the time before Sure Start was here, how has Sure Start impacted on your aspirations and priorities?

Check background sheet filled in.

Leave contact details.
NESS Empowerment Research

1. History and Aims of the program / prog manager

- In your opinion what is SS about for you?
- What is your professional background? What is your role / activities? What motivates you? Any approach, training or ethos influence you work?
- What are the aims and priorities of the SS program?
- What are the main services / forms of support offered to parents?
- How have local parents and community members been involved in setting these priorities?
- Which local agencies have been influential in setting priorities?
- Does the SS programme follow a particular model / theory for working? Guided by a vision / ethos / principles? How put into practice? How sustained?
- Sources of funding and how obtained? Issues?

2. Needs and the Local Context

- What are the pressing needs and issues for the local area concerning services for families and young children? How were these established?
- What are the key issues / problems for people living in this community with young children?
- Would you say the community is deprived? In what way?
- Apart from the children’s centre, where else can parents access SS services? Where and how advertised? Services accessible in your view? Any ‘harder to reach’ parents?
- What services and resources in the community are there for parents? Who else targets young children and their families? Do you feel there are any gaps in provision? Are services accessible to the diverse community? Any groups more deprived of services or opportunities?
- Challenges for SS in involving and targeting parents with young children?

3. Impact of SS

- What changes have SS implemented for local families?
- What has been the impact of SS for children? (health / development / wellbeing / poverty) Evidence of this impact?
What has been the impact for mothers? (health / development / wellbeing / poverty / opportunities / ed / awareness / accessibility) Evidence of this impact?

What has been the impact for fathers? (health / development / wellbeing / poverty / opportunities / ed / awareness / accessibility) Evidence of this impact?

Would you say the programme has empowered children and parents? In what way?

What is an empowering service? What is important in empowering parents in this locality for you?

What has been the impact for the community? Key changes in community recently? How can you explain these? How has SS enhanced community relationships / participation in decision making / resources for support?

What has been the impact for other local services? How add value?

How know the impact?

What could be done better?

How successful have these been? What has been most successful? What has been the programmes strengths?

What has been less successful? Has there been constraints on developments / challenges? What are these?

4. Partnership Working and Parental Involvement

Who have been the lead agencies / personnel and how was the local programme priorities set?

How are parents involved? What is the role of parents involved in management? What developments have they led? Influence on decision making? EG’s.

Describe the relationship between SS staff and parents?

How does SS recruit parent volunteers? What support is offered them?

What are the benefits of parental involvement for SS? For parents? For community?

What are the challenges of parental involvement?

What is the future for SS in this area? What do you think are the pros and cons of moving towards children’s centres? How are developments progressing?

At the end of the interview:

Thank You etc
Leave contact details

Interview Guide with Sure Start Program Staff
NESS Empowerment Research Feb 2005

1. History and Aims of Staff Member’s Role:

- In your opinion what is SS about for you?
- What is your professional background? What is your role / activities? What motivates you? Any approach, training or ethos influence you work?
- What are the main services / forms of support that your team / your post offer to parents?
- What are you aiming to achieve? (key aims and objectives of their role and how contribute to programme / SS aims?)
- How have local parents and community members been involved in developments?
- Which local agencies have been influential in setting priorities?
- Sources of funding and how obtained? Issues?

2. Impact of SS service:

- Can you describe your service? Key activities? What support for parents is offered?
- What has been the impact of SS for children? (health / development / wellbeing / poverty) Evidence of this impact?
- What has been the impact for mothers? (health / development / wellbeing / poverty / opportunities / ed / awareness / accessibility) Evidence of this impact?
- What has been the impact for fathers? (health / development / wellbeing / poverty / opportunities / ed / awareness / accessibility) Evidence of this impact?
- Would you say the service has empowered children and parents? In what way?
- What is an empowering service? What is important in empowering parents in this locality for you?
- What has been the impact for the community? Key changes in community recently? How can you explain these? How has SS enhanced community relationships / participation in decision making / resources for support?
- What has been the impact for other local services? How add value?
- How know the impact?
- What could be done better?
- How successful have these been? What has been most successful? What has been the programmes strengths?
- What has been less successful? Has there been constraints on developments / challenges? What are these?
3. Needs and the Local Context:

- What are the pressing needs and issues for the local area concerning services for families and young children? How were these established?
- Would you say the community is deprived? In what way?
- Apart from the children’s centre, where else can parents access the services? Where and how advertised? Services accessible in your view? Any ‘harder to reach’ parents?
- Challenges for SS in involving and targeting parents with young children?

4. Partnership Working and Parental Involvement:

- Who have been the lead agencies / personnel and how was the local programme priorities set?
- How are parents involved? What is the role of parents involved in management? What developments have they led? Influence on decision making? EG’s.
- Describe the relationship between SS staff and parents?
- Use any volunteers? How recruited? What support / training is offered to them?
- What are the benefits of parental involvement for SS? For parents? For community?
- What are the challenges of parental involvement?

5. What is the future of your team / service in this area? What do you think are the pros and cons of moving towards children’s centres? How are developments progressing?