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# Evaluation of Sure Start Stamford Hill

## Executive summary

The aims of this evaluation were to:

1. Describe the services funded by Stamford Hill Sure Start;
2. Examine the extent to which information about them is reaching parents and other carers in the area;
3. Examine the extent to which mothers, other carers and pre-schoolers are using the services;
4. Examine satisfaction (and problems);
5. Examine impact on the targeted features of children's well-being, and maternal (primary carer's) well-being,
6. Examine mainstreaming: whether existing services have been changed and improved by Sure Start intervention.

These questions were examined by semi-structured interviews with primary carers (all mothers) from the community, professional child carers, professionals serving the community who were not employed by Sure Start, Sure Start service providers, and Sure Start management. The interview material was supplemented with quantitative and other information from the Stamford Hill Sure Start offices, including monitoring data, and quantitative data from small studies conducted under the umbrella of this evaluation.

**1. Services.** Stamford Hill Sure Start is funding, managing and still developing a large number (over 30) of projects, many of which are in response to local demand and which are building upon existing local infrastructure. Other services are provided by health professionals employed directly by Sure Start, meeting local needs not being met by existing provision. Services appear to have a reasonable evidence base. Management

structures and procedures, including financial management, appear to be clear and working well.

**2. Reach.** Although much effort is going into the dissemination of information about Sure Start projects, information about individual Sure Start projects is clearly not reaching all those that could and should be reached. Apart from the one Muslim-specific service, known to all the Muslim mothers interviewed, other services were not always known about, either by the mothers, or by professionals who might refer, and who say they would like to know more.

**3. Use.** Both the monitoring figures produced by Stamford Hill Sure Start, and the figures from the small sample of mothers interviewed, suggest very high levels of use of at least one Sure Start service. The monitoring figures indicate that by 2004, almost every child in the area had accessed at least one Sure Start service. Use by adults was lower, but a high proportion (over half) of the interview sample reported regular use, with most of the remainder using Sure Start at least occasionally. The ethnicity/religious group of users reflects that in this area. A small proportion of those interviewed had tried out one or more services but had not become users.

**4. Satisfaction.** User satisfaction appears to be good. Benefits are the social and psychological well-being benefits for mothers, and the satisfaction they get from seeing children happily occupied and appearing to progress developmentally. Very important in this Sure Start area has been the provision of culture-sensitive services for the orthodox-Jewish and Muslim enclaves: this has been greatly appreciated. Scope for improvement was identified by some users, particularly with respect to access - mothers with large numbers of young children have limited mobility - and with respect to physical facilities such as toys. The professionals and service providers were concerned about the need for improved communication, and for removing the limitations on access to Sure Start services resulting from the small areas imposed by Sure Start planning (some of the latter will be eased as the Children's Centres come into operation).

**5. Impact.** Of the possible areas of impact, adult and child well-being were selected for study. Mothers reported significant improvements in their mood and a lessening of child difficulties over time. These effects are apparent in

both the qualitative and the quantitative data. The effects may be a result of Sure Start, but there are other possible reasons for some of these reported changes.

**6. Mainstreaming.** There is concern over the extent to which mainstreaming of Sure Start services is happening, but given that Stamford Hill Sure Start is barely past the middle of allotted time-span, there are signs that give ground for optimism. In particular, it is suggested that there are two features of Sure Start services that could be mainstreamed/supported by funding from central government source. These are the greater accessibility of community health services, and the provision of culture-sensitive mother-and-child groups.

# Evaluation of Sure Start Stamford Hill

*In the report which follows, quotations are made verbatim in italics. The sources are identified as follows:*

*M – management. This comprises the project and the finance manager (individually interviewed, and consulted frequently at other times, and the management board, with whom a focus group was conducted)*

*MM - Muslim mother*

*JM – orthodox Jewish mother*

*OM – mother from other ethnic/religious group*

*P – professional health care (this category excludes professional health carers employed by Sure Start, who are included in the service provider group)*

*PRC – professional child carer*

*SP – service provider, either managers or key informants from services funded by Sure Start, or professional health carers employed by Sure Start.*

## Background

Sure Start is a government initiative the aims of which are to improve physical, intellectual and social-emotional development by funding local initiatives. It targets areas with significant numbers of deprived pre-school children aged under four years.

This report examines the extent to which these aims are met in Stamford Hill, an area of North London characterised both by high levels of economic privation and by the presence of large minority ethnic and religious populations.

Reports on other Sure Start evaluations are largely at the interim stage (National Evaluation of Sure Start website). Information on the NESS website, NESS training seminars, and available existing reports have been used for guidance in preparing this report. One example of a completed evaluation, of

a neighbouring Sure Start programme, is by Sarre & Laing (2003). Lloyd, Brien & Lewis (accessed 2004) offer an example of an informative themed analysis examining the involvement of fathers and other men in Sure Start programmes, and their views of Sure Start.

Sure Start aims to employ interventions and practices that are likely to be effective in achieving its aims. It has been emphasised that the use of evidence based practice is a high priority for Sure Start (Sure Start Unit, 1999), but the use of randomised control trials (RCTs), and even longitudinal research designs (without randomisation and control groups) has been extremely difficult to implement in the fast-moving development of Sure Start programmes.

Sure Start is based on a range of research findings which indicate generally positive effects for a range of early interventions. Effects are reported on family functioning, and child and adult well-being, as well as on child development. Sarre & Laing's review, and a later literature search, identified systematic reviews and individual efficacy studies which have shown satisfactory evidence of efficacy<sup>1</sup>:

- home visiting improved quality of home environment, parenting skills and lowered rates of injury (Roberts et al, 1996; Olds et al, 1999);
- social support during pregnancy was associated with higher birthweight, and lower rates of children's behaviour problems and maternal anxiety at seven-year follow-up (Oakley et al, 1990);
- specific focused programmes were effective in smoking cessation and promotion of breast feeding (Lunley et al, 2001; Sikorski & Renfrew, 1998).
- Brief psychotherapy is reported helpful in reducing postnatal depression (Ogrudniczuk & Piper, 2003) and Fonagy (1998) suggests that parent training enhances attachment security and facilitates reflection on parenting.

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<sup>1</sup> the literature search covered the Web of Science, and scholar.google which covers MedLine and most scientific journal publisher websites, and used the search terms: (effectiveness or efficacy) and (home visiting or early intervention or post natal depression or post partum depression or antenatal care or portage) and (well-being or development)

- Multimodal interventions tailored to suit needs and preferences, can improve maternal well-being and functioning, infant developmental outcomes and family interaction (e.g. Meyer, Coll, Lester et al, 1994; Cunningham & Zayas, 2002).

However, a number of interventions failed to show an effect: for example home visiting did not affect immunisation uptake (Kendrick et al, 2000) or domestic violence (Eckenrode et al, 2000). Although some reviews select only randomised control trials (RCTs) for inclusion, others have been more eclectic. Most work however has shown some promising results, in spite of research design problems, and outstanding questions regarding measurement and specifying which aspects of interventions are effective. For example, work on screening and providing support for:

- post-natal depression (UK National Screening Committee [www.doh.gov.uk](http://www.doh.gov.uk))
- speech and language difficulties (Law et al, 1998),
- child behaviour problems (Durlak & Wells, 1997), and
- early health difficulties (Clarke et al, 2001).

Stamford Hill Sure Start employs interventions of the kind listed above, for which there is a reasonable evidence base, for example psychotherapy and home visiting, and/or for which there is a demonstrated local need, for example immunisation and dentistry. However Stamford Hill has a number of distinctive features which make the provision of Sure Start services a difficult and unusual venture. These are:

- its particular ethnic mix – about 70% orthodox-Jewish, and 15% religious Muslim, mainly of South Asian (Indian) origin;
- the majority cultural-religious group (orthodox Jewish) has a pre-existing infrastructure of voluntary sector service provision to suit its particular needs and values, notably support for mothers of very large families;
- the orthodox-Jewish and religious Muslim families tend to live in enclaves, in which strong religious values are promoted, and in which contact with wider society is limited. This is usually said to be to avoid exposure to the differing moral values of wider society.

Stamford Hill Sure Start, like other Sure Start programmes, has been obliged to take a pragmatic view of neighbourhood resources for tackling the perennial problems of deprivation, and its corollaries such as language delay and emotional disturbance, and for generally improving the quality of life of under-4s and their families. This report describes how this has been done, and draws tentative conclusions about the use and effects of the services enabled by Sure Start.

For this report it, was not feasible to employ RCT or prospective research designs. We have used mainly qualitative methodology, for which there is increasing scientific support (Silverman, 1997; Marzillier, 2004), with additional reference to the quantitative data available via the local Sure Start monitoring system, and to small quantitative studies which we conducted in the context of this evaluation.

Stamford Hill Sure Start area has an estimated 850 children of 4 and under. Stamford Hill is in the ethnically diverse London borough of Hackney, with a high proportion of orthodox Jewish (70%) and a relatively high proportion of Muslim (15%) under-4s. The remaining 15% includes Afro-Caribbeans and Eastern Europeans and a relatively small number of white British. The proportion of Jews in Hackney as a whole is 5% and the proportion of Muslims 14% (the proportions nationally are 0.5% (Jews) and 3% (Muslims)). Holman & Holman (2002) and Loewenthal & Rogers (2004) have described large numbers of small, largely voluntary orthodox-Jewish community organisations, providing a wide range of services focused on social and practical support for almost every kind of difficulty, ranging from post-natal care, learning disability, labour support, and a range of health and mental health problems. The Muslim community is said to offer some parallel services. This pre-existing voluntary sector infrastructure has been a factor affecting the shaping of Sure Start services in the area.

The National Evaluation of Sure Start (NESS) website states that Sure Start represents an effort to *change existing services*. Three questions are seen by NESS as fundamental to the national evaluation:

1. Do existing services change? If so, how, for whom, and under what conditions?
2. Are delivered services improved? If so, how, for whom, and under what conditions?
3. Do children, families and communities benefit? If so, how, for whom, and under what conditions?

More specific questions of particular interest to the local evaluation are:

- How do we know Sure Start is reaching all under-4s? If not, who is left out?
- Do Sure Start's methods improve health care in the community?
- How effective is the information dissemination system?
- What is the level of parent satisfaction?
- What is the value of advice re benefits?

Some of these questions are being addressed in a parallel project being run by Faith in The Future (FITF), from an equal opportunities perspective.

We addressed these questions via open-ended, semi-structured interviews, conducted with quota samples of:

1. Primary carers of under-4s.
2. Professional carers of under-4s.
3. Professionals working in the Stamford Hill community with under-4s and their families.
4. Key informants from Sure Start funded services.
5. The Sure Start Management Board (focus group discussion).

We also carried out a small retrospective study with the primary carers of under-4s, to assess whether improvements in the following respects could be detected quantitatively:

1. Child well-being
2. Primary carer well-being:
  - a. positive mood, and
  - b. negative mood

As the study was drawing to a close, we arranged for mothers of all recent newborns in the area to be mailed a questionnaire (appendix E) about their knowledge of Sure Start but replies to this were not received in time to be included in this report.

Finally, we used some supplementary information, obtained through the information project officer, and from the providers of different services.

## Aims

The aims of the proposed work are to

- *describe the services* funded by Stamford Hill Sure Start,
- examine the extent to which information about them is *reaching* parents and other carers in the area,
- examine the extent to which mothers, other carers and pre-schoolers are *using* the services,
- examine *satisfaction* (and problems); *impact* on the targeted features of children's well-being, and maternal (primary carer's) well-being; *and* whether existing services have been changed and improved by Sure Start intervention.

## Methods

We developed interview schedules/questionnaires (Appendices A-D), based on themes identified in pilot interviews, ongoing discussions with the Sure Start personnel, particularly the programme manager, and from the

background literature search. Additionally, opportunities were taken to attend NESS seminars on evaluation, and to discuss the project with NESS personnel. Interviews with mothers and other primary carers focused on whether and how Sure Start projects were heard of, what was/is known about these projects, whether and which Sure Start funded services have been used, and asking for experiences, any problems, and perceptions of usefulness and benefit. This interview also collected some quantitative material: demographics, some short psychometric current and retrospective measures of carer and child well-being. Where informants from organisations were interviewed, we asked for information on Sure Start, how it functions, and where the informant represented a Sure Start funded organisation, how Sure Start has impacted on their work. Professional carers and other professionals described the nature of their work with under-4s and their families, and their perceptions of the impact of Sure Start on their work and the children and families they deal with.

The demographic questionnaire was based on one used in studies of the strictly-orthodox community in the same area (Lindsey et al, 2003; Frosh et al, 2005). The adult well-being measure was a shortened version of the PANAS (Positive and Negative Affect Scale, Watson et al, 1988) – shortened to enable feasibility with the targeted samples. The child well-being measure (PECW: Parents Evaluation of Child Well-being) was developed for this study. As with the shortened PANAS, we aimed for brevity to make the measure feasible to use with this sample. We based the format on NESS' Parents' Evaluation of Developmental Status, and the questions about social, emotional and behaviour difficulties were based on the areas covered in the Strengths and Difficulties Questionnaire (Goodman, 1997), with the addition of a question about concerns regarding development, and another about service use. The measure was first examined by several health visitors and social workers, and following minor adjustments, piloted on 29 primary carers attending toy libraries and other events and functions catering for pre-school children (12 orthodox-Jewish, 2 Muslim, 1 Hindu, 14 others of Christian or unspecified religion), and was found to be feasible, and to have good face validity. Although the scale was intended to reflect different aspects of child

behaviour and was not designed with cohesiveness as a primary aim, Cronbach's alpha for the sub-scale involving the four items of child behaviour (crying, clinging, temper, and restlessness) was 0.60, which suggests that the measure is a fairly reliable one for general child behaviour/emotional difficulty.

Interview schedules, demographic questionnaires, and well-being measures are appended.

Where supplementary information was available, notably from the project information officer, and from individual projects, this has been incorporated into the report as appropriate. With all sources of information we have had to be somewhat selective.

## Sample

The following were interviewed:

- 22 primary carers, all mothers (10 orthodox Jews, 7 Muslims and 5 others). We targeted quota samples, aiming for approximately proportional representation among the primary carers of the communities in Stamford Hill. Although fathers and other primary carers were eligible for inclusion, in the orthodox-Jewish and Muslim communities it is almost invariably mothers who are responsible for primary care, and when recruiting primary carers from other groups, all those responding proved to be mothers.
- 5 professional carers of under-4s (a kindergarten teacher, a crèche worker, a child-minder, and two toy library workers)
- 5 professionals working with under-4s and their families: a GP, a practice nurse, a counsellor/outreach worker working for an organisation supporting families, a psychiatrist and a health visitor.
- 6 Sure Start service providers, of whom 4 were working for organisations providing services partly or wholly funded by Sure

Start, and 2 were health care professionals working directly for Sure Start.

- 14 members of the management board participated in a focus group (the programme manager felt it would not be appropriate to be present at this).
- The Sure Start programme manager, and the Sure Start Finance Manager were also interviewed.
- Questionnaires to ask about the reach of Sure Start were distributed to 25 mothers of new babies born in one month towards the end of the study period. However none had been returned at the time of writing.

Table 1 shows some demographic characteristics of the primary carer sample. All those interviewed were mothers.

Table 1: Demographic characteristics of the primary carers interviewed.

	<u>N</u>	<u>%</u> <u>single-</u> <u>parent</u> <u>families</u>	<u>% with</u> <u>one/both</u> <u>parents</u> <u>employed</u>	<u>% with</u> <u>reported</u> <u>family</u> <u>difficulty/ies</u>	<u>Mean</u> <u>number</u> <u>of</u> <u>children</u>	<u>Mean</u> <u>household</u> <u>size</u>	<u>Mean</u> <u>number</u> <u>of</u> <u>rooms</u>	<u>Peop</u> <u>per</u> <u>room</u>
White European/British	2	0	100	50	1	3	3	1.0
Afro-Caribbean	3	67	67	33	1.3	3	3.7	0.9
Orthodox Jewish	10	0	89	22	4.8	6.8	5.1	1.5
Muslim	7	0	86	43	2.7	6.4	4.3	1.6
ALL	22	10	86	33	3.2	5.8	4.4	1.4
Hackney (2001 census)	-	10	-	-	-	2.3	4.1	0.6

The numbers in the groups are very small, particularly in the white and Afro-Caribbean groups, and this reflects the ethnic mix in this Sure Start area.

Between-group variations may mean little. But it is worth noting that the only statistically significant between-group differences – in family size – are in accordance with what is known from larger samples, namely that orthodox-Jewish families have large numbers of children (Holman & Holman, 2002), as (to a lesser extent) do Muslim families ( $F(3,18)=3.80, p<.05$ ). None of the other demographic characteristics vary significantly between groups, with the exception that the only group in which single-parent families were represented were among the Afro-Caribbeans. Where 2001 census figures for Hackney were available, figures for this sample resembled those for Hackney, except that in our Stamford Hill sample, families were larger and accommodation more crowded than in Hackney generally.

## **The services funded by Stamford Hill Sure Start.**

The timetable of services current at the time of writing covers 31 services, some offered on a daily basis, some one or more times weekly, and some on an occasional basis. One-offs and holiday-time-only activities are offered, but do not appear on the flyer shown.

There are three broad groups of services:

1. Community health services, supplementing existing statutory provision.
2. Services to enrich the experience of children, and often that of primary carers as well. For the orthodox-Jewish and Muslim communities, these need to be culture-sensitive.
3. Other more specialist services, for example for special-needs children, carer support and training, employment.

All services are under the general management of the Programme Manager. Broadly, the community health services (group 1) are managed and run by the Sure Start health professionals (the midwife, dietician, health visitor etc). Groups 2 and 3 are generally existing community services, enhanced by Sure

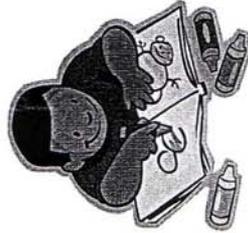
Start funding, professional input, management and training. Services in groups 2 and 3 typically involve a small number of paid personnel, often part-time, sometimes complemented by voluntary assistance. A more detailed description of the services and their staffing (dated May 2004) follows the programme.

# A brighter future for all our children

OCTOBER TO DECEMBER 2004

# SureStart Stamford Hill

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	REGULAR ACTIVITIES	OTHER EVENTS
<p>ANTENATAL POP-IN SERVICE (Sure Start Midwife) 12.30pm - 4.00pm Oldhill Medical Centre 19-21 Oldhill Street (By appointment only)</p> <p>STEP BY STEP After School Swimming (For children with special needs)</p> <p>EZER LEYOLDOS MOTHER &amp; TODDLER GROUP 12.30pm - 3.00pm Beis Yaakov House</p> <p>STAMFORD HILL TOY LIBRARY 10.00am - 12.00pm Stamford Hill Library</p> <p>RAV TOV MOTHERS &amp; TODDLERS GROUP (Term-time) (plus advice from JUMP) 10.30am - 3.30pm Norwood Family Centre</p> <p>ANTENATAL POP-IN SERVICE (Sure Start Midwife) 9.30am - 11.30am (By appointment only) 11.30am to 1.00pm (drop-in no appt necessary) The new Sure Start Centre Stamford Hill Estate (Phone 8806 7935 ext 208 to book)</p> <p>HEADSTART Stimulating Play For Babies &amp; Toddlers With Special Needs 10.30am - 12.00 pm Norwood Family Centre</p> <p>UNDER THE APPLE TREE For twins, triplets and more (Alternate Mondays) 1.30pm - 3.00pm Norwood Family Centre</p> <p>ESOL CLASSES Mornings Guinness Trust Community Centre</p>	<p>MOTHERS OF YOUNG CHILDREN (plus guest speakers from Sure Start Health Team) 12.30pm - 2.00pm Beis Chana</p> <p>EZER LEYOLDOS RESPITE 9.30am - 12.30pm Beis Yaakov House (Pre-booking essential)</p> <p>EZER LEYOLDOS PARENTING GROUP 10.00am - 11.30am Beis Yaakov House (Pre-booking essential)</p> <p>STEP BY STEP After School Swimming (For children with special needs)</p> <p>RAV TOV MOTHERS &amp; TODDLERS GROUP (Term-time) 10.30am - 12.30pm Norwood Family Centre</p> <p>HONEY BEAR PARENTS &amp; TODDLERS GROUP (Term-time) 10.30am - 12.30pm Norwood Family Centre</p>	<p>STAMFORD HILL TOY LIBRARY AND EQUIPMENT LOAN* 10.00am - 12.00pm Stamford Hill Library 1.30pm - 2.30pm *Equipment loan. Thus, afternoons only</p> <p><b>This Thursday service is moving to the Stamford Hill Community Centre from 4th November</b></p> <p>STAMFORD HILL TOY LIBRARY 10.00am - 12.00pm Stamford Hill Library (For families with children with special needs)</p> <p>NORWOOD MOBILE TOY LIBRARY (For families with children with special needs) 10.15am - 12.15pm Norwood Family Centre</p> <p>GRASSHOPPERS DROP-IN (Every Friday during term-time) 10.00am - 12.00pm St Thomas Church Hall</p> <p>STEP BY STEP After School Swimming (For boys with special needs)</p>	<p>CHILDREN'S DROP-IN 10.00am - 12.00pm (During term time) Linden Early Years Centre Non Childminders welcome</p> <p>NORWOOD MOBILE TOY LIBRARY (For families with children with special needs) 10.15am - 12.15pm Norwood Family Centre</p> <p>GRASSHOPPERS DROP-IN (Every Friday during term-time) 10.00am - 12.00pm St Thomas Church Hall</p> <p>STEP BY STEP After School Swimming (For boys with special needs)</p>	<p>BREASTFEEDING DROP-IN with Malka Gluck NCT Breastfeeding Counsellor and Jane Harman, Sure Start Midwife 2nd and 4th Wednesdays in the month 1.30pm - 3.00pm Stamford Hill Group Practice Egerton Rd</p> <p>BREASTFEEDING DROP-IN 1st and 3rd Friday in the month 9.30am - 11.30am Fountainway Rd Health Centre</p> <p>N L MUSLIM MOTHER &amp; TODDLER GROUP Weekly Mon - Thurs Mon 10.30am - 12.00pm Tues - Thurs 9.15am - 12.00pm 1.00pm - 4pm N L Muslim Community Centre</p> <p>AGUDAS ISRAEL ADVICE SERVICES 10.00am - 1.00pm 97 Stamford Hill Plus extra advice for children with special needs in your own home</p> <p>MAYTIME PLAYGROUP Weekly Mon - Friday 9.30am - 12.30pm 1.30pm - 4.30pm 101 Clapton Common</p> <p><b>COMING SOON</b></p> <p>After School Club at Grasshoppers Nursery Women's exercise classes Healthy living drop-in Mother and Toddler Art Club Baby health advice and immunizations</p>	<p>PARENT AND TODDLER FOOD CLINIC (Sure Start Dietitian) 13<sup>th</sup> Oct, 17<sup>th</sup> Nov and 15<sup>th</sup> Dec 10.00am - 11.30am Oldhill Medical Centre</p> <p>25<sup>th</sup> Oct and 29<sup>th</sup> Nov 12.30pm - 3.00pm Stamford Hill Community Centre</p> <p>Please call Sarah for an appointment on 020 8 510 6506</p> <p>WEANING PARTY Hosted by The Sure Start Dietitian 4<sup>th</sup> October, 8<sup>th</sup> Nov &amp; 6<sup>th</sup> Dec Stamford Hill Community Centre 12.30pm - 1.30pm</p> <p>EVENING IMMUNISATION CLINIC 2<sup>nd</sup> &amp; 4<sup>th</sup> Tuesdays in the month 5.30pm - 7.00pm Fountainway Road Health Centre</p> <p>MOBILE DENTIST 28<sup>th</sup> October 3<sup>rd</sup>, 10<sup>th</sup> and 17<sup>th</sup> November 2<sup>nd</sup> December Stamford Hill Estate</p> <p>12<sup>th</sup> and 19<sup>th</sup> October 2<sup>nd</sup>, 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup> and 30<sup>th</sup> Nov 7<sup>th</sup>, 14<sup>th</sup> and 21<sup>st</sup> December Norwood Family Centre 9.30 am - 4.30 pm (lunch break 12.30pm to 1.30pm)</p>	



**1<sup>st</sup> and 3<sup>rd</sup> Wednesday in the month the Sure Start Speech Therapists will be at the coffee club**

**NEW**

COFFEE CLUB (with community parents) 10.00am - 11.30am  
Stamford Hill Community Centre  
Starts 3<sup>rd</sup> November

### ***Sure Start services Stamford Hill May 2004***

Organisations marked with an asterisk may restrict some services to parents who live inside the Sure Start area. This is especially the case for one to one clinical services. Sure Start rarely funds the whole cost of any service. Organisations provide "matched costs" in a range of ways for example free venue, managing or administering a service. This means that Sure Start is in a partnership with those organisations and this allows us to be flexible about the Sure Start boundary and about children over the age of 4.

*\* To date our services are for children up to their 4<sup>th</sup> birthday. If we become a Children's Centre we may be providing for children up to their 5<sup>th</sup> birthday.*

#### ***Current Services***

**"All about mothers"** - weekly groups running for 39 weeks of the year at Beis Chana Northfield Rd for Orthodox Jewish women. Parenting information through discussion groups, seminars, workshop includes creche. Focus on pre / post pregnancy issues and addresses emotional health/PND. Contact is Mrs Micky Herzog based at the library 020 8510 6503

**Ezer Leyoldos** - activities for Orthodox Jewish women for 39 weeks of the year at Beth Jacob House Amhurst Park. Weekly Mother and toddler sessions, parenting classes and a 4-hour "first come first served" respite creche. Contact Ezer Leyoldos 020 8800 3850 / 020 888 02488

**Grasshoppers** - day care for 14 children provided through a parent collective who share the cost of qualified workers. Open sessions are held for all local parents on Fridays in term time. An after school project for children up to 6 starts in June. Grasshoppers also provide advice and support to other groups in the community who want to start similar schemes. Contact Lexy 020 8806 8440

**Toy Library Stamford Hill library** - Open Tuesday am and Thursday am and pm. Toy loan, stay and play outings activities. Equipment and home safety loan schemes. Equipment loan is now funded through European Social funding and available to all Hackney residents on Thursday afternoons 1.30pm-2.30pm. Parent volunteers are trained as a pathway to employment. Times Tues 10-12 am and Thurs 10 - 12 & 1-3 pm.

**Toy Library Lubavitch Foundation** - for Orthodox Jewish women. Open Mondays and Tuesdays am at Beis Chana Northfield Rd approx 39 weeks of the year. Loan of toys, stay and play. Contact Mrs Levy on 020 8809 6508 **Oral health promotion** - oral health promotion activities in all nurseries and playgroups.

**\*Sure Start dietician** - Based at the library. Working with local health professionals and community groups on nutrition issues. Healthy eating promotions and some clinical practice for children in the Sure Start area. The dietician also runs the free fruit in nurseries scheme. Contact Sarah JeanMarie on 020 8510 6506

**Fruit Scheme** - fresh fruit provided to children in local nurseries every day. Starts February 04. Nutritional assistants have now been recruited to work alongside parents and staff in nurseries promoting healthy eating. June start.

**\*Health visitor** - based at the library. Working with local health professionals and community groups to develop health-visiting services and carry out health promotion activities. Key element of this post is to develop the planned community parent's scheme. Does not hold a caseload but may be involved in clinical practice from time to time. Runs regular immunisation clinics at community venues. Contact Maureen Davies 020 8510 6504.

**Breast feeding** drop in support sessions- Egerton Rd surgery 1.30pm - 3.30pm 2<sup>nd</sup> and 4<sup>th</sup> Wednesdays each month provided by our midwife and a qualified local parent . Fountayne Rd 2<sup>nd</sup> and 4<sup>th</sup> Friday in the month 9.30 - 11.30am plus breast feeding pumps loan scheme via the Sure Start office. Telephone advice available from the health visitor and midwife.

**\* Community Midwife.** Based at the library, home booking and community based ante and post natal care, group support activities. Contact Jane Harman 0208 510 6505

**Beis Brucha** - mother and baby home for Orthodox Jewish women. Sure Start funds practical parenting advice and post natal exercise sessions.

**\* Day care places** for Orthodox Jewish children. Respite places for vulnerable children. 4fte equivalent places at the Lubavitch nursery available from Sept 2003 referrals from HVs /Social workers/Community workers direct to Diane Heywood Programme manager 0208 510 6502

**Mole on the Hill** - Stamford Hill estate playgroup now temporarily housed at the Guinness Trust estate. Supporting additional holiday play schemes and helping them to develop their capacity to take

<p>more children and provide wrap a round care in the future. Playgroup hours will be extended in June 04 to create a half-day daycare place. Longer-term options include a breakfast club, walk to school and after school activities.</p>
<p><b>Training</b> - we are currently funding the Breastfeeding Matters course for a mixed group of professionals and parents across health and the voluntary sector. We have run 3 BM courses so far.</p> <p><b>Breastfeeding Matters More</b> (advanced training) is currently underway. We will keep on running both these courses including offering them to interested parents. Health visitors are encouraged to attend this training. Places can be booked through Jane Harman who leads our breast feeding initiative.</p> <p><b>JUMP</b> - ante and post natal classes for Orthodox Jewish women. Focus on PND. Contact Gitit Rottenberg 020 8802 1151.</p> <p><b>Moms on the mend</b> - support services for women in the Orthodox Jewish community suffering from post natal depression or at severe risk. Referrals from health visitors contact the Bikur Cholim organisation Mrs Cohen on 020 8802 3565</p>
<p><b>*Child Psychotherapist</b> - based at the library working 3 days per week. Working alongside other social and health care professionals and community based groups. Regular clinic at Stamford Hill group practice Egerton Rd appointments only. Contact Astra Temko on 020 8510 6508</p> <p><b>North London Muslim Community Centre</b> - Now open Monday-Thursday 9.30-4pm. A Muslim women's centre provides a wide range of activities. Holiday play schemes, Mother and toddler, drop in, educational activities, respite creche facilities and outreach and home visits. Contact Mrs Sairra Amman 0208 806 4325</p>
<p><b>*Mobile Special needs Toy and Equipment Library</b> - Cross community scheme run by Norwood. Photo catalogue of toys and equipment is now almost complete. Parents of a child with special needs and organisations eg nurseries can loan equipment and toys. A van will collect and deliver. Advice sessions available at the Norwood centre. Contact Mrs Devorah Miller 0208 8098209</p>
<p><b>Agudas Israel Community Services.</b> - Community wide information and advice provided in family homes and community settings for parents with a child who has special needs. Focus on benefits advice and educational statements. Contact Mr Posen Mrs Friedlander 0208 800 6688</p>
<p><b>St Thomas Church.</b>                    <b>"Read with your baby"</b> group Wednesdays 11 - 12.30pm.</p>
<p><b>Community Parents-</b> programme lead is Maureen Davies. A group of 5 staff now in place and available to work alongside health visitors and other professionals to provide a range of direct services. Community parents are CHPCT employees, coordination is via Maureen Davies who will take referrals.</p>
<p><b>Playbus</b> - 20 sessions in the Stamford Hill area have been booked from May 2003. Can be booked by organisations through Diane Heywood on 0208 510 6502. 10 <i>remaining</i></p>
<p><b>Planned services</b></p>
<p><b>June 04 - Jubilee School nursery</b> - intensive speech and language enrichment scheme underway. Parenting classes, parent child drop in starts from June 04</p>
<p><b>May 04 - Hansy Josevics Maternity Trust</b> - short-term project to develop a birth centre in North Hackney advocacy for Orthodox Jewish women at local hospitals. Also works with community midwife to research the birth experiences of local mothers.</p>
<p><b>Speech and Language enrichment</b> - A speech therapist (0.5) is being recruited, interviews April 2004, will provide screening and support in nurseries, playgroups and parents groups.</p>
<p><b>May 04 Mobile dentistry</b> - From May 2004 the Oral health team will provide regular screening sessions at a number of community venues. From June a mobile dentist van will visit the new Sure Start centre in the Stamford Hill estate community centre on a series of 20 Wednesdays in the year providing a course of treatment to children up to the age of 11 living in the programme area. Children must have previously been screened.</p>

How are these services managed?

The programme has a full-time Manager. The Finance Manager also manages the finances of two other local programmes. Most other staff are also not working full-time on Stamford Hill Sure Start, either working elsewhere in their professional capacities, or with domestic responsibilities, or engaged in postgraduate training. There is a community midwife, a health visitor, a psychotherapist, a dietician, an information officer, and the programme has recently acquired a speech therapist. Other staff financed by Stamford Hill Sure Start are employed by the different services, for example toy libraries, crèche/nursery facilities, and education/support groups, and these employees are not directly line-managed by the Sure Start Manager. Most of the services rely on a mix of part-time and voluntary work. The service providers have regular quarterly meetings with the Sure Start manager and provide regular reports.

The management board comprises 1/3 statutory sector members, 1/3 voluntary and community sector members, and 1/3 parents and carers. This board meets monthly, to discuss and approve services, budgeting and other matters. Other tiers of management, as described by the management board members, are:

- A strategy group for Hackney, involving seven Sure Starts. This fosters cohesion, and has members from different statutory bodies. There is also a chair group, a wing of the strategy group, involving chairpeople of the bodies represented on the strategy group.
- The local programme managers meet on a regular monthly basis. They have a template on which to base discussion of their programme, and they rotate discussion of programmes - a different programme each month.
- The national Sure Start unit.
- Regional offices. Stamford Hill Sure Start is in the London region. Both the National and regional offices monitor each local programme.
- Locally, the Sure Start health team meet monthly to discuss ideas and progress.

Financially, there are three bodies to whom reports and accounts must be made – the Sure Start management board, which is responsible for managing and making decisions about budget and expenditure, the Primary Care Trust, which is the appointed accountable body, and the central Sure Start Unit, which scrutinises expenditure. Budget planning is done by the programme and finance manager, taking into account existing Service Level Agreements (SLAs), proposed SLAs, and other projected expenditure such as staffing, short-term and one-off projects. The budget is managed by the management board. The finance manager makes detailed monthly comparisons between projected and actual expenditure, reported to the management board. Discrepancies are investigated so that any appropriate remedial action can be taken. All budgeting and expenditure, including capital expenditure, is accountable to the appointed accountable body (City and Hackney Primary Care Trust), using their procedures and documentation systems. All money is drawn through the PCT, who must authorise exceptional expenditures. Revenue expenditure is scrutinised by the central Sure Start unit.

Monitoring of the use of Sure Start services is done by the project information officer, who has developed the systems of recording service use, such that there are records of the numbers of uses and users of each service, by children and by parents (primary carers), by new users and by existing users.

At the time of this evaluation, a great deal of time was being taken by planning the transition to a Children's Centre, a change probably to be accompanied by a change of accountable body – from the PCT to the Learning Trust.

Relations between the programme manager and the finance manager on the one hand, and the management board, were described as very good. The management board perceives a relatively low level of statutory input and bureaucracy, and a relatively high level of grass-roots, bottom-up planning and decision-making. This was seen by all management as the result of a strong pre-existing voluntary-sector infrastructure, particularly in the orthodox-Jewish community, and also in the Muslim community. These voluntary-sector organisations were delighted to receive Sure Start professional, management

and financial input, and in return were able to deliver services to a level that was seen as exceptional by national standards. This results in negligible underspend, which again was seen as unusual by national standards. The management board thought there were (further) financial and other advantages to Stamford Hill's distinctive structure:

*- Locally planned and delivered services work better, and give better value for money, even though there are many small, diverse projects. This works better and gives better value than the big one-size-fits-all model. Projects are user-led, and each group knows its own needs. There are no gaps (in service provision). The project manager has tremendous understanding of local communities - makes it her business to know (local communities).M.*

**Summary: services.**

Stamford Hill Sure Start is funding, managing and still developing a large number of projects, many of which are in response to local demand and which are building upon existing local infrastructure. Other services are provided by health professionals employed directly by Sure Start, meeting local needs not being met by existing provision. Services appear to have a reasonable evidence base. Management structures and procedures, including financial management, appear to be clear and working well.

**Reach: to what extent is information about Sure Start Services reaching parents, and other carers, and professionals in the area?**

At the time of this evaluation study, management was expressing concern over the reach of Sure Start, particularly:

*- The most vulnerable people (who) are the least likely to come and use our services. M*

But is this true? As we will see, use of at least some Sure Start service provision appears to be almost universal among children in this area, although clearly more children are receiving services than are adult carers. To what extent is information about Sure Start reaching potential users?

What does Sure Start do to publicise its services? Sure Start is mounting several outreach programmes, including dentistry, immunisation, midwifery and the fruit scheme, which are publicised through schools and nurseries, and through other Sure Start services. An attractive regular newsletter is delivered throughout the area, mothers of newborns are mailed by the Health Visitor, and many services do their own mailing and advertising.

It is important to remember that culture-specific services must be provided. Regarding a successful project (toy library) open to all, the programme manager commented:

*- Religious Moslem women and orthodox Jewish women are unlikely to stay and socialize because of the cultural differences and particularly for Moslem women who are veiled. Because there are men involved they have to keep their veil up, and for orthodox Jewish women there is an issue of non-kosher food. Issues about breast feeding very publicly which would be quite acceptable even encouraged in the secular community but for religious women would be distressing. M*

So there are three kinds of target for Sure Start service provision:

- Provision open to all, some of which may be used by the orthodox Jewish and religious Muslim communities (e.g. midwifery, dentistry), but some of which may be avoided because they are seen as involving risk of exposure to the values of wider society, such as differing dress codes or standards of morality.
- Provision for orthodox-Jewish mothers and children

- Provision for religious Muslim mothers and children.

**How many services had the mothers heard of?** Figure 1 shows the average *number* of Sure Start services that each mother had heard of (in our small sample of 22 mothers interviewed in depth). The relatively large number of services known about by the Jewish mothers is a reflection of the large number of specifically Jewish services available – and also good dissemination of information about these services. Mothers were generally not aware of the culture-specific services offered to other communities: Jewish mothers were not aware of Muslim and other services, Muslim and other mothers were not aware of Jewish services. However there was fairly good awareness of the Stamford Hill Toy Library and Equipment Loan Service (50% of those interviewed knew about it), and on average, 22% of the sample knew about each health-related service.

Figure 1: Average number of Sure Start services that each mother was aware of

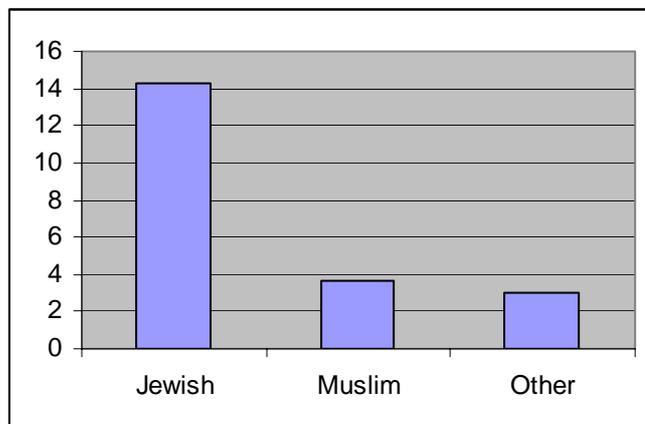
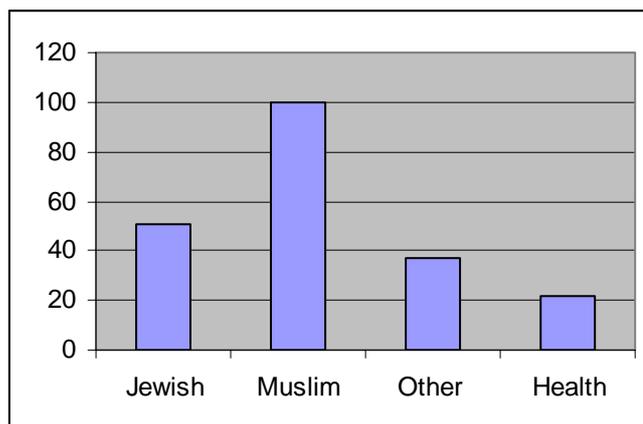


Figure 2 shows the average proportion of mothers who have heard of each service *that she might perceive as relevant to her*, i.e. Jewish mothers who have heard of each Jewish service, Muslims knowing about the Muslim service, and other mothers knowing about other services. The health category covers health and other advice services (immunisation, nutrition etc) and the

percentages are the average percentage service use of the whole sample for these services.

Figure 2: Average percentage awareness of each relevant service.



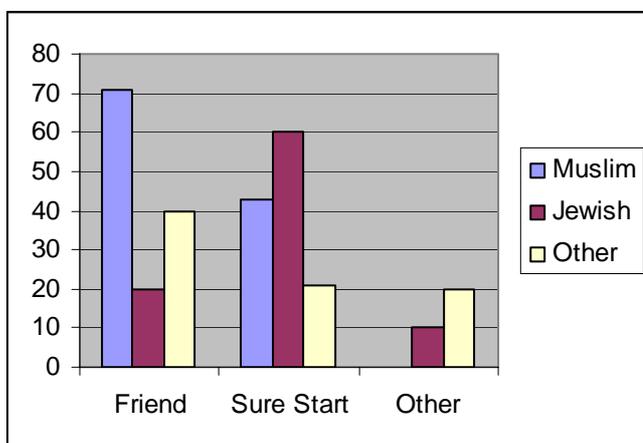
This gives a rather different picture from Figure 1 – what both figures mean is that the one Muslim service is well-known to Muslims, whereas other services are only moderately well-known to mothers in the Jewish community, and in the other ethnic groups in the area.

That women were more aware of own-group services is probably the result of both selective targeting of information – for example, Muslim women being more likely to receive information about Muslim services, than about other services – and also perhaps some selective attention and perception – women from particular groups selectively attending to information perceived as relevant to them.

**How were Sure Start services heard of?** Figure 3 shows the percentage of each group saying they heard of Sure Start services via friends (or occasionally, relatives), or via Sure Start-initiated publicity, or by other means. Friends (or in one case, a relative) were often mentioned as a source of information, particularly by Muslim mothers. Sure Start publicity seems to

have impacted on quite a high proportion of mothers, especially in the Jewish group. The Jewish mothers often mentioned advertisements in the (Heimische) NewsSheet, while the publicity which impacted on Muslim and other mothers involved letters (from Sure Start), a booklet, or a phone call from Sure Start. Occasionally, other sources of information had had an impact, for example a mother walking past the library, noticed there was a toy library available, and some information had filtered through the Jewish schools.

Figure 3: How did you hear about Sure Start? Proportions mentioning each source of information: friends/relatives, Sure Start-initiated publicity, or other.



**How much did the health professionals and professional child care workers know about Sure Start?** Almost all the health and social care professionals (who were not employed by Sure Start, or on a Sure Start service) reported very limited knowledge of Sure Start projects, and sometimes mentioned services offered by a neighbouring Sure Start. They were all aware of Sure Start's existence.

- *I know they exist. I don't know much about them.P*
- *I don't know what exactly what their remit is so I can't answer specifically. P*
- *I would like to have information about it about it because I don't know anything about it! P*

*- No project in particular but one possibly: Sure Start Gardening Project in Allen's Gardens and health promotion in connection with Dental Care – toothbrush pack etc. P*

The professional child carers had better general awareness of the scope of Sure Start, and some awareness of specific services.

*- Fruit & Vegetable project. Teeth Project. Story Sessions Playground at nursery PRC.*

*-(It's an)under-5's project – educational projects PRC*

*-(They run) after school clubs, and support group for young mums.*

*They provide lots of services for all different stages of development for children PRC*

There was some concern that information about one-off events had a poor reach:

*- I find that when events happen not everyone hears about them.*

*Otherwise we're grateful for what they do. PRC*

The service providers, both those working directly for Sure Start, and those working for Sure Start funded projects, had a good knowledge of the type and range of services provided. Here for example is the list recalled by one professional service provider:

- JUMP (Jewish Maternity Programme), HJMT (Hanse Josevics Maternity Trust), Beis Brocha, The North London Muslim Community Centre, breastfeeding initiative, Mother + Toddlers groups, e.g. Grasshoppers, Toy Libraries.*

And – not surprisingly - service providers gave detailed descriptions of the services they were concerned with providing. All had some knowledge of other Sure Start services and said they would and did signpost and refer. They expect and get referrals from other service providers.

- *I do refer my clients to JUMP (maternity programme) – It enables mums to receive help without paying for it. P*
- *Yes (I do refer). It is very good for education of under 5's – people are happy. PRC*
- *We get dysfunctional families referred to us. SP*
- *Yes – I have suggested in nursery school to parents to use the toy library especially where there is an only child. PRC*
- *I encourage parents to join the toy library to benefit their children. SP*
- *I might suggest a one-to-one support visit – to attend a support group or pump loan linked together. SP*

### **Summary: Reach.**

Although much effort is going into the dissemination of information about Sure Start projects, information about individual Sure Start projects is clearly not reaching all those that could and should be reached. Apart from the one Muslim-specific service, known to all the Muslim mothers interviewed, other services were not always known about, either by the mothers, or by professionals who might refer, and who say they would like to know more.

## **Use.**

**How many potential users in fact use Sure Start services? Who are they?** The monitoring figures from the information officer suggest that a very high proportion of potential child users are in fact using one or more Sure Start services. In the year April 2003-March 2004, there were 1,122 child users. This figure excludes children from outside the Sure Start area, and those who will have passed their fourth birthday in the month following the month at which attendance was recorded. Assuming a roughly stable birth

rate, with 850 under-4s at any one point in time, we would expect a maximum of 850 + 283 (one-third of 850) potential users in any one year, i.e. 1,133. This figure of 1,122 is astonishingly close to the potential maximum, representing a 99% reach. Even allowing for possible error, the figures suggest that almost every child under 4 in the Stamford Hill area is accessing at least one Sure Start Service.

In the same one-year period, there were 614 adult users. At the time this record was produced, this included any adult involved in child care, including paid child carers and grandparents. Since July 2004, records count only full-time primary carers. Even allowing for the likelihood that in some families, there may be more than one child under 4, the smaller number of adult than child users is a reflection of the fact that some children become users of Sure Start services without adult carers being recorded as users – for example the fruit scheme, which operates via (pre-) schools, and short-term holiday play schemes.

To give an indication of who is using the services, the monitoring figures for one month (June 2004) were examined. A total of 461 children used Sure Start services (approximately 54% of potential users); 112 (24%) were new users.

Figures 4a and 4b show the age and ethnicity of service users. Pragmatically, white other census category may be regarded as orthodox-Jewish, and Asian (mostly Indian) may be regarded as Muslim, so Table 4b uses the latter categories. The other category in table 4b comprises white and black British, mixed, Chinese and other ethnic groups.

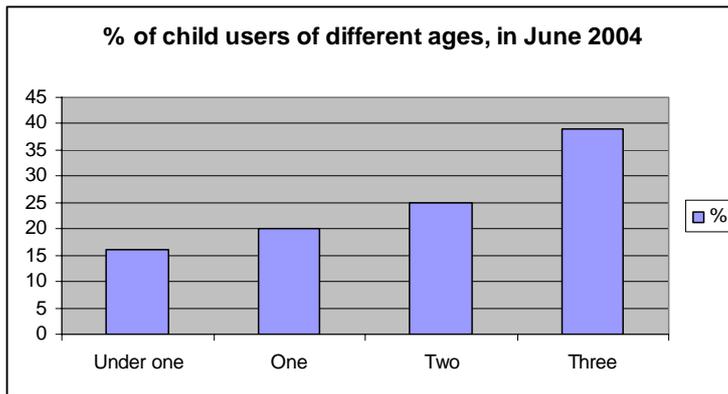


Figure 4a: Use of Sure Start by age of child

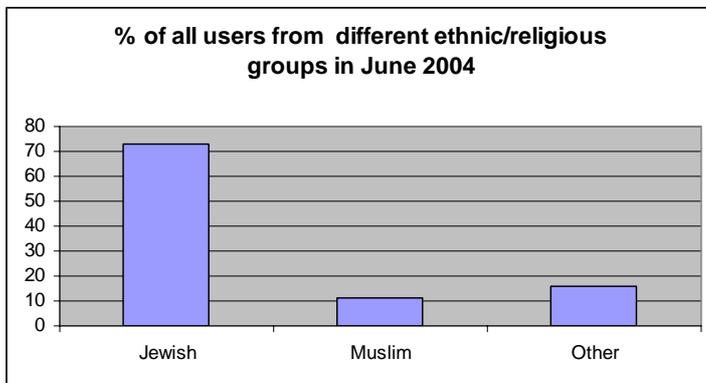


Figure 4b: Use of Sure Start by ethnic/religious group

Figure 4b suggests that the ethnicity of users of Sure Start reflects ethnicity in the area.

We now look at patterns of use in our interview sample.

95% of the sample of 22 mothers interviewed for this report had used at least one Sure Start Service. The norm was regular use of one service, and the monitoring figures show that most users have used more than one service. Figure 5 shows the proportions in the interview sample using Sure Start weekly, less often, and not at all.

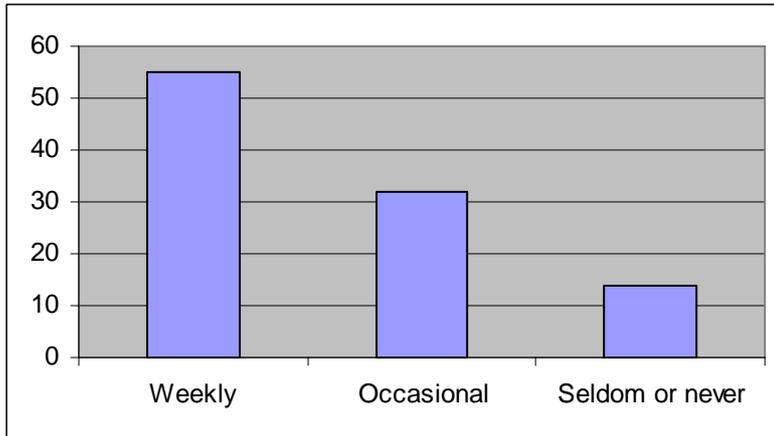


Figure 5: Proportion of mothers using Sure Start services regularly (at least weekly), occasionally or not at all.

The indication is that about a half of eligible families are using Sure Start regularly, at least weekly, with the remainder occasionally or seldom/never. A study of Sure Start use concluded in January 2004, by the Sure Start information project officer (de Lange, 2004) reported that 30% of the 72 users surveyed were using the service at least twice weekly.

Figure 6 shows the average proportion (%) of the sample using each culture-appropriate service i.e. the average proportion of Jewish mothers using Jewish services, Muslim mothers using each Muslim service, mothers in other ethnic groups using other services, including church-based. The health category covers health and other advice services (immunisation, nutrition etc) and the percentages are the average percentage service use of the whole sample for these services.

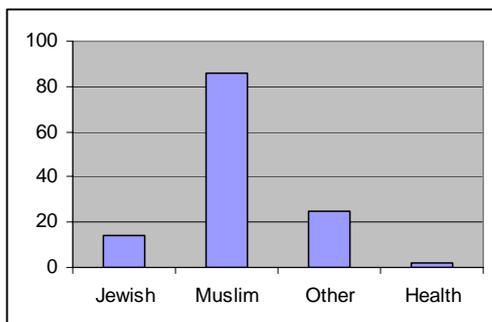


Figure 6: Average percentage use of each relevant service.

Notes to figure 6: The **Jewish** services were: Ezer LeYoldos mother & toddler group, respite crèche, parenting group; Lubavitch Toy Library; Mothers of Young children, Rav Tov mothers and toddlers group; Norwood parents and toddlers group.

The **Muslim** service was the North London Muslim mother and toddler group. The **other** groups (users who reported a religion were **Christian**) were served by: Stamford Hill Toy Library; Read with your baby; Grasshoppers drop-in; Maytime play group.

The **health** and related services were: food for babies and toddlers; weaning parties; immunisation; ante-natal, psychotherapy; benefits advice; breastfeeding.

Other Sure Start services, chiefly services for special needs children, were used to a negligible extent by the sample interviewed and have not been included in the table.

The very high proportion of Muslim mothers using the Muslim service reflects the fact there is just one Muslim mother and toddler group running four days weekly, in both morning and afternoon, whereas other (non-Muslim) mother and toddler groups and toy libraries operated for brief periods (typically 2 hours) only once or twice a week. If we asked which percentage of those interviewed were using at least one (relevant) service, the figures would be 90% of the Jewish mothers, 86% of the Muslim mothers, and 100% of the other mothers.

## **Summary: Use.**

Both the monitoring figures produced by Stamford Hill Sure Start, and the figures from the small sample of mothers interviewed, suggest very high levels of use of at least one Sure Start service. The monitoring figures indicate that, by 2004, almost every child in the area had accessed at least one Sure Start service. Use by adults was lower, but a high proportion (over half) of the interview sample reported regular use, with most of the remainder using Sure Start at least occasionally. The ethnicity/religious group of users reflects that in this area. A small proportion of those interviewed had tried out one or more services but had not become users.

## **Satisfaction**

Are users satisfied, and what are the grounds for satisfaction? When dissatisfied, what are the areas identified for improvement?

### Reasons for satisfaction

Users identified several sources of satisfaction. The most salient were the benefits for mothers, in giving ideas and information about parenting and related skills, and in providing a refreshing break including the opportunity to chat with other mothers, and the satisfaction of seeing the child(ren) happily occupied. The play and learning opportunities were appreciated. Orthodox Jewish and Muslim users were pleased to have services that were culturally and religiously sensitive. Some – but not all – mothers found the services accessible.

### Opportunity to develop parenting and related skills

- *Opportunities to learn and get skills. MM*

- *Books / activity frame is very useful / IT (Information technology), Sewing, ESL (English as a second language). MM*
  - *Gave me ideas to help children in creative activities. MM*
  - *It gave me food for thought, practical help, advice and ideas. JM*
  - *It gives a chance for mothers to sit down with children and read with them and discuss what they see. JM*
  - *Advice and parenting session. JM*
  - *(The main benefits are relaxation) ideas, advice. JM*
  - *Health & safety, hygiene, nutrition, dentist sessions. OM*
  - *Improve my English language skills. OM*
  - *Opens my mind, gives more ideas how to cope with my children on a daily basis. JM*
  - *You look at things at home in a more positive light, when you share with others challenges. Nice to see people doing the same. JM*
  - *I learned about 5 portions of fruit. I think twice before I offer her sweets no. OM*
  - *Nutritional information and leaflets – advice good. OM*
- (Did you use it later (apply anything you learnt in dealing with your child(ren)?)
- *Yes, I have bought a painting set and other things for them at home. MM*
  - *Yes, have bought art material for my child to do things at home. MM*
  - *Yes, children do painting at home sometimes. MM*
  - *I learned sewing which is very useful. MM*
  - *Yes, because more conscious in doing things at home. MM*
  - *Good advice from leader/ organizers. (Did you use it later in dealing with your child(ren)?) Yes, to do with toilet training. JM*

Refreshment/relaxation/socialising for parents/mothers.

- *A place to go out of the routine. MM*
- *Relax while they(children) play. More socializing. MM*

- *It was a lovely place to go to with kids because mums can relax socially. JM*
- *I enjoyed the mothers' company. JM*
- *I made new friends. JM*
- *My kids enjoy it and I socialize with other mothers. JM*
- *Very beneficial – came back home feeling I had seen another side of life apart from my kitchen. JM*
- *Relaxation. JM*
- *Gives me relaxation...fantastic time for kids...I enjoy it... Hearing other peoples conversation – socializing. JM*
- *Relax to get energy for the rest of the day. Very helpful. They get pleasure out of playing there. I gain that the 2 and half year old is occupied and therefore stays awake during day, which is good for my sleep at night. JM*
- *Really good and useful, good fun, talk to other parents. OM*
- *Couple of hours peace and quiet. OM*
- *I meet new friends OM*
- *I meet up and make friends. OM*
- *It's good – My kids are on their own in the house so they have company. OM*

#### Seeing the children happily occupied/learning new skills

- *Children can learn Art & Craft and learn to make new things. MM*
- *Painting, gluing and sticking and other activities are very helpful for children. MM*
- *Carers help them to learn eating, sharing toys. Be friendly with other children. MM*
- *Socializing and creative activities. MM*
- *Learned new things – gluing, painting, MM*
- *My kids enjoy it. JM*
- *Plenty of space and plenty of interesting and clean toys .JM*

- *Change of toys, socializing, change of scenery. JM*
- *Fantastic time for children – two and a half year old loves painting, sand, garden . JM*
- *It helps her to learn to mix with other children and to play with others.*

OM

- *They have music sessions to encourage children to join in, painting and play-dough etc. OM*
- *It gets my daughter used to playing with other children and helps her build her confidence, just kids playing with toys, sing-along and story sessions where children can sit together. OM*
- *I get joy out of seeing her happy playing.. OM*
- *She enjoys the company, develops her English skills. OM*
- *Interaction with children his own age -the main benefit, and enjoyment, fun, encouragement. OM*

#### Cultural-religious appropriateness

- *(Did you get on with the other people there?) Yes, because of the cultural environment. MM*
- *Non Muslims...don't have separate (single-sex) sessions, here there is a benefit to be in a religious environment. MM*
- *They want to cater according to Muslim needs. MM.*
- *I feel comfortable here, because it's only for Muslim mothers. MM*
- *Everything is perfect here. MM*
- *Islamic educational and story books. I preferred to go because it is for Muslim women only. MM*
- *Yes, there is (a religious aspect) for most of the Muslim mothers (in the Muslim M&T), including me. I don't mind going to other places but cannot find Islamic story books everywhere. So, it's good to have a place where services are designed to meet the specific needs. MM - (What were the main things you found good/helpful?) It's a convenient way of entertaining children on Sunday. It is nearby... culturally appropriate (Anything in need of improvement?) No. JM*

- (Were there religious aspects to the facilities or content of sessions? Any comments on this?) *The books are Jewish, (there's a) variety of Yiddish, Yiddish/English. JM*
- (There was) *one session before Purim. The speaker gave out a Megilla to everyone to join in, in the crèche – very nice. JM*
- *...speakers about festivals. JM.*
- *Prayers on Yom Tov, Shabbos party. JM*

Professionals – whether working for Sure Start or not - appreciated the cultural-religious sensitivity of the services

- *Sensitive to needs of OJC. A brilliant service and well used P*
- *Provides play resources which are ethnically sensitive for our community. Jewish books and toys particularly are expensive so families would not have them available otherwise. SP*

At the management level, there was a perception that

- *There is a better understanding between the different communities, and health professionals are getting a better understanding of different communities - their values, life styles. M*

#### Accessibility

- *Very good. Had a home visit (very useful and supportive). The midwife provided an information pack. MM*
- *Good availability – someone there every week P*

Two sources of information (de Lange, 2004, and the reports from the Northfield Road/ Chizuk mothers of young children group) offer quantitative data indicating high proportions of users finding the services good, and giving high overall ratings for satisfaction.

#### Reasons for dissatisfaction /Suggestions for improvement.

For the mothers and service providers, accessibility and facilities were the chief difficulties, meaning limited physical facilities – steps to access buildings,

inconvenient toilets, limited/worn selection of toys. This was broadly confirmed in de Lange's (2004) survey of users.

- *Stairs were difficult when she (child) was young. JM*
- *It provides a lunch – informal atmosphere and informative talks/discussions on parenting issues... enjoyable, constructive – atmosphere is relaxed as children were looked after in crèche, delicious lunch, children are well cared for and mums benefit. (But) mothers have to go up steps to access, it needs more equipment, and perhaps new speakers. P*
- *An issue of bringing buggies up several stairs on entrance – are putting together a capital project for disabled access and lift. SP*
- *Taking children to toilet a bit inconvenient. SP*
- *Need more toys and equipment. JM*

Mothers with infants and toddlers have limited mobility, particularly if the family is large and there are two or three pre-kindergartners to bring, after taking or sending other children to school or pre-school. Working mothers are unlikely to find the timing of most services manageable.

- *Easy to access for me, but there are my friends who find it difficult to come .MM*
- *Is not flexible for working mothers but is flexible for others who are not in work. MM*
- *They start too early, difficult to benefit from full session because of timing. JM*
- *Transport is a little difficult from where I live. JM*
- *Could not go because of accessibility, lack of transport. JM*
- *Stairs at venue – dragging buggies and toddlers difficulty. JM*
- *Too far really. OM*
- *(Timing awkward) because of his sleep time – prefer afternoons. OM*
- *Don't go because of accessibility. JM*

Professionals, service providers and management were concerned with the limited area served by local Sure Starts, with the need for improved communication, and generally with limitations of time and resources:

- *Limited access to S.S. funding because of area of S.S. covers. P*

- *It is frustrating to work in the S.S designated patch because geographical location limits accessing services that are so necessary. SP*
- *I would like to have information about it because I don't know anything about it. There should be better communications with existing health care professionals. P*
- *Perhaps they could make their presence more well known. E.g. via leaflets at emergency psychiatric clinic and A+E departments and O.T Dept + paediatric / starlight ward, etc.*
- *I wish the decisions were made and implemented faster. SP*
- *The Sure Start work is/has been enjoyable and developed us as a team – focused us and funded us for projects we really wanted to do, not realizing the pressure it would put us under. We need more staff, computing facilities, equipment... SP*
- *I would comment on the level of expenditure on freebies, free lunches, etc, when the service or resource being referred has its own intrinsic value. Instead of free lunches e.g. more money should be available to expand the services being offered. Some people's expectations have been raised in this area – perhaps unfairly. Also I question the suitability e.g. of day trips (one-offs) – huge expenditure – no sustainability. How much lasting effect has this? SP*
- *(Liaison with other bodies in providing a service can be difficult.) This is one part of a larger project in that the SRB and S.S New River are going to have the same service. It takes a lot of work to set this up; this has taken two of us 4 whole days of work – it is really important to get the timing and details right and SRB and New River I think are behind us in their schedule. We have warned them what will be involved. PM*

### Sources of information used by service providers and others regarding satisfaction

A variety of sources of information were used to collect information about satisfaction and areas in which improvements could be made. These were:

1. The Sure Start monitoring system, referred to elsewhere. Service use is understood to reflect, among other things, probable user satisfaction.
2. The Sure Start survey (de Lange, 2004) some of whose findings are referred to in this report.
3. Quarterly evaluations, involving meetings between lead service providers and the project manager, leading to a formal report in which progress against milestones is monitored, and in which there is some direct and indirect information about user satisfaction. For example one quarterly evaluation refers to improvements made to a play area, in response to user demand, and to a user's account of her experiences with Sure Start.
4. Informal – watching/talking to children and adults:
  - *They (the children) seem to be listening with rapt attention most of the time and they often request favourite books. (How do you know about these?)*
  - *Observation in the case of children and verbal feedback from parents and carers. SP*
  - *Mothers come back and that shows that they benefit. Children are happy if they are playing nicely. SP*
  - *My daughter now asks if she can take fruit to kindergarten. JM*
5. Written feedback. One project is known to collect written feedback as a means of enabling informed service development, but this does not appear to have been widespread – we asked service providers how they know about satisfaction and the use of questionnaires and the like was negligible.
6. Other, for example the dietician reported receiving thank-you cards from nursery schools.

Although NESS has recommended the collection of feedback from children, it is noted that most of the child service users are too young for this to be done in any way other than observation.

### **Summary: Satisfaction.**

User satisfaction appears to be good. Benefits are the social and psychological well-being benefits for mothers, and the satisfaction they get from seeing the children happily occupied and appearing to progress developmentally. Very important in this Sure Start area has been the provision of culture-sensitive services for the orthodox-Jewish and Muslim enclaves: this has been greatly appreciated.

Scope for improvement was identified by users, particularly with respect to access – mothers with large numbers of young children have limited mobility – and with respect to physical facilities such as toys. The professionals and service providers were concerned about the need for improved communication, and for removing the limitations on access to Sure Start services resulting from the small areas imposed by Sure Start planning (some of the latter will be eased as the Children's Centres come into operation).

### **Impact: is Sure Start having an impact on child and adult well-being?**

It was not practical to examine all the health and developmental outcomes on which Sure Start programmes might be having an impact. Instead we focused on mother and child well-being. Just over half the mothers interviewed were attending a Sure Start mother-and-child service at least weekly, sometimes more often, and most of the remainder were attending occasionally. Maternal and child well-being is something that might be expected to be impacted by this kind of service use.

Of those interviewed, mothers in particular were likely to say that they thought Sure Start services – particularly the ones offering play facilities for children and social/educational facilities for mothers – were having a positive impact on their child's well-being and developmental progress.

- *It helps – happier. MM*
- *More happier and settled. MM*
- *more calmer, active and happier. MM*
- *Happier calmer. MM*
- *Became more talkative and confident because he is a (shy) child, so it helped him whenever he went. .MM*
- *Happier, calmer, more settled. JM*
- *Can't say much because he is experimenting with new things all the time. JM*
- *Happier. JM*
- *A chance to talk about what they are seeing. Get excited with their books. JM*
- *Calmer and happier. JM*
- *Much calmer – yes, the playgroup has made him more settled. He enjoys the mother and toddler sessions. JM*
- *Happier. More talkative, because she's with other children. OM*
- *Happier. OM*
- *Talkative, more confident now, finally played on her own. Previously clingy. OM*
- *Some recent evidence suggests that children who have been involved with a Sure Start programme are 40% less likely to experience learning delays at school. (This was) a government announcement reported in the Guardian. M*

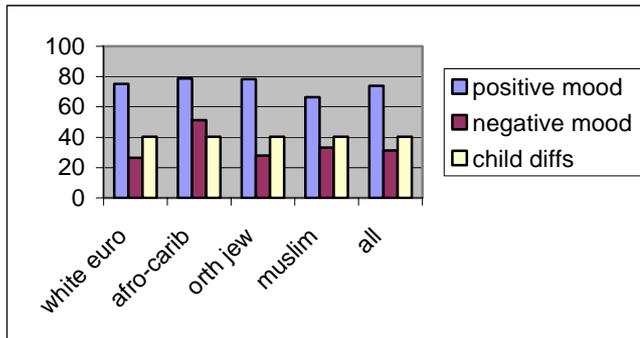
As we can see, only one of those offering comments on impact felt she could not make a judgement. The remainder said they had noticed benefits. Was this reflected in the quantitative data?

### **Quantitative data on impact**

We asked the primary carers (all mothers) to rate their own mood, both now, and before Sure Start involvement (or one year previously if there was no Sure Start involvement). They also indicated the extent of their child's difficulties (crying, clinging, temper etc) now and previously. Figure 7 shows

the mean ratings of current positive and negative mood, and of child behaviour difficulties.

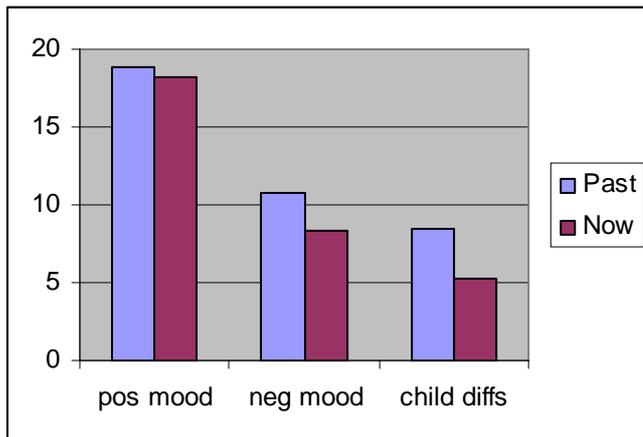
Figure 7: Positive and negative mood and child behaviour difficulties  
(scores are expressed as a % of the maximum possible total)



Adult positive and negative mood, and reported children's difficulties, fluctuated somewhat between groups, but not to a significant extent (Figure 7).

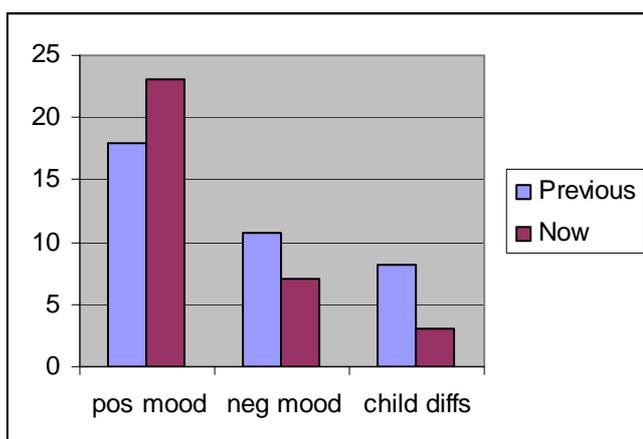
Figure 8 shows the ratings of the mothers who had used Sure Start, of their own positive and negative mood, and of their child's difficulties, both now, and (retrospectively) before Sure Start involvement.

Figure 8: Sure Start users' (n=19) reported changes in mood and children's difficulties following Sure Start use (all the means have been shown on a scale with a maximum of 25, to enable comparability)



Three mothers who had used Sure Start services only once and not thereafter, or not at all, were excluded from these analyses. This group of non-users was too small (n=3) to form a comparison group for inferential statistical comparison, but their means are shown in Figure 9.

Figure 9: Sure Start non-users (n=3) reported changes in mood and children's difficulties in the last year.



The Sure Start users (n=19) reported a small drop in positive mood over time, and larger drops in negative mood and children's difficulties. Related t-tests

suggested that the changes in positive mood were not statistically significant ( $t=1.24$ ,  $p=.230$ ,  $df=19$ ), but the changes in negative mood and children's difficulties were (negative mood  $t=6.80$ ,  $p=.000$ ,  $df=19$ ; child difficulties  $t=3.00$ ,  $p=.007$ ,  $df=19$ ). These findings are consistent with the possibility that Sure Start has been felt to lower carers' levels of distress, and children's difficulties. However, several cautions are needed. First, these drops in negative mood and child difficulty were also reported by the very small group ( $n=3$ ) available for comparison. The non-users also reported an improvement in positive mood. Therefore the changes in the user group may well have occurred over time, or possibly have been the result of social desirability effects, in wishing to please the Sure Start research team. The non-user group may have found alternative ways to foster improvements in their own and their child's well-being. Finally, it should be noted that there were substantial amounts of missing data, and to improve statistical power, missing values were replaced by scale means (using the statistical programme SPSS). If this is not done, the improvements in negative mood and child difficulties were only marginally significant (negative mood  $t= 1.67$ , one-tailed  $p=.097$ ,  $df=3$ ; child difficulties  $t= 1.56$ , one-tailed  $p= .075$ ,  $df=9$ ).

### **Summary: Impact.**

Mothers reported significant improvements in their mood and a lessening of child difficulties over time. These effects are apparent in both the qualitative and the quantitative data. The effects may be a result of Sure Start, but as we can see, there are other possible reasons for these reported changes.

## **Mainstreaming: have existing services changed and been improved by Sure Start intervention?**

The reports here suggested patchy and as yet limited impact on existing services. The Sure Start service providers described ongoing efforts to mainstream the fruit scheme in playgroups and kindergartens in which children are given a half-fruit daily; accessible immunisation opportunities, and drop-in midwifery, perinatal and breast-feeding advice and services.

The limited awareness by health care professionals of Sure Start services, suggests one barrier which needs to be overcome before mainstreaming of at least some of Sure Start's innovations can take place.

But there are some grounds for optimism. There were reports that the fruit scheme was having a positive impact and could well be kept up in the kindergartens and play groups in which it was introduced. There is also the likelihood that parents – who are pleased with the scheme – will encourage all children to use fruit for snacking to an increased extent:

- *The fruit scheme has made wider communities aware of nutrition services – fruit is now an everyday event. SP*
- *We have had lots of positive comments on the fruit scheme. SP*
- *I learnt about five portions of fruit...I think twice before I offer her sweets now. PC*
- *Parents are delighted with (Sure Start) especially the Fruit Project; excellent feedback. PRC*

The Sure Start dietician is investing effort in persuading the statutory authorities to continue this scheme in playgroups and pre-schools. It is reported to have very good impact in changing children's dietary preferences.

Immunisation uptake is particularly low in the orthodox Jewish community (Loewenthal & Bradley, 1996), and a likely cause lies in problems of access. The Sure Start Health Visitor organises drop-in immunisation services, sometimes in conjunction with other Sure Start services, sometimes in Health Centre premises, and there has been said to be a rise in immunisation uptake figures.

*- Parents/carers are pleased about this service because of accessibility – and also they can bring older children (toddlers) and they then can be played with/stimulated in a crèche while baby is being immunized. SP*

Sure Start immunisation services are designed to improve access. The midwifery service is another such service. The Sure Start midwife offers a home booking service which has been well received.

*- They find it a very good service, particularly people in their first pregnancy. The most effusive compliments are from those multip(arae)s who have experienced long waits at hospital for their booking in. It is easier access for most women than going to hospital. I'm flexible for times to suit them. I take everything I need with me. I am culturally sensitive and aware. For example, I wouldn't ask an orthodox Jewish woman if her children are from the same partner. SP*

Sure Start professionals can refer to other services. At the time of this enquiry, referral - when mentioned - was often to other Sure Start Services, as described earlier in this report. We had the impression that signposting, referrals and liaison were made in the first place to other Sure Start services, and less often to mainstream services. Liaison with mainstream services needs to be prioritised, in particular working towards the adoption of at least some of the Sure Start innovations. Hopefully this will happen more as levels of concern about sustainability and mainstreaming rise, and as the initiation of Sure Start becomes a thing of the past, and the phasing out of Sure Start becomes more imminent. A pre-school reading scheme:

*- Provides a regular slot for the nursery to join in, and we discussed with the primary head teacher to encourage parents of younger children to drop in. It works towards the educational objectives of the local school. Giving children an earlier start with their reading. It's had a positive effect of getting local groups to work together i.e school, nursery and church are doing a lot more together. SP*

Some Sure Start services overlap with other services, causing uncertainty about roles and boundaries. One professional in a general practice expressed concern about liaison between existing immunisation services provided by general practices, and the special immunisation sessions that she had heard are being offered by Sure Start.

*- Patients told me about the immunization clinic in Amhurst Park – a worry about confusion when immunizations are given and I have no record of them and it could lead to duplication – not good for child concerned...There should be better communications with existing health care professionals. P*

It should be noted that the Sure Start immunisations are (of course) operated in liaison with the PCT, so central child immunisation records should prevent confusion in the longer term. Any risk of confusion in the short term could be minimised by swift transfer of centrally-kept information to practice records.

It is uncertain whether the community services which receive Sure Start funding will be able to maintain the level of service which is funded by Sure Start, and there was general concern about this, particularly among service providers and management, who were well aware that Sure Start is time-limited:

*- (We need) mainstreaming: working as a team – more collaboration. SP*

- *Sure Start is good but we have to look at mainstreaming the benefits of it into existing services. My concern is that if it's not mainstreamed, then after Sure Start funding has ended we will be back to where we were before with inadequate provision of service. Sometimes the service is there but not based on the needs of parents/carers and families. Perhaps, parents/carers are not being involved in decisions that affect them and their children. SP*
- *I'm wondering what will happen to current projects when funding stops and whether they'll be integrated into mainstream projects. PRC*
- *I am concerned that the government is changing the goal posts and is emphasizing the development of day care and directing the money towards day care. SP*
- *(The main concerns include) future policy - how we can continue these services (once Sure Start finishes). Mainstreaming will be a problem, especially of culturally-appropriate services. M.*
- *There is not enough information going to other programmes, especially the Learning Trust (which is looked to for continuation of some Sure Start initiatives) - we are too much focused on day-to-day running...however the training that has been given will endure. M*
- *Sure Start has been involved with quite a lot of one-off projects, e.g. Dental Days – for which we can see a vast need. I worry about the sustainability of providing much needed services. Sure Start has uncovered a need – where to now? Mothers share anxieties about lack of NHS dental facilities. SP*

There was some hope expressed that some of the Sure Start funded services could be maintained - perhaps at a reduced level - in the voluntary sector organisations, or possibly in the statutory sector.

- *We have been training over the last 5 months (3 half days per week), five community parents, to support and empower/ encourage mums/carers with their (new) and young families. Trainees were paid (an amount not to alter their benefits) to enable more commitment from them, rather than volunteer. Now, the trainees have started home-visiting families that have been referred to us by GPs, health visitors, social workers so far. Voluntary organizations will be informed in due course. I can see this project could well be extended and jointly funded by SRB or even perhaps the PCT would take it on. SP*
  
- *In 2005 the funding for dentistry is going to move to the PCT so we hope to prove the case that this sort of project is so successful it should be mainstreamed. PM*
  
- *Programme success has depended on two main factors: the efficacy of local management, and on the ability of service providers to deliver. In most areas these have not been as successful as in this area. In other areas, there has been underspend, poor reach, poor management, and lack of voluntary sector infrastructure in the community. One final factor driving the Children's Centres has been that the needs of under-4s have not been met because of poor Sure Start placement. For instance the demographics indicate that the greater needs are in North Hackney, but most Sure Start programmes were placed in the south due to the attention given to the voice of the social services. M*
  
- *Local control is very positive if it works well – if there is an active board which represents the whole community. If it doesn't work well it's a disastrous waste of public money and there is minimal support or guidance available. There is a very significant amount of money in S.S programmes in Hackney - £5million revenue per year. But there is very little cohesion or strategic thinking across Hackney going on.*
  
- *The ultimate aim of S.S. programmes is to mainstream them but I don't feel very optimistic about this. I'm very concerned about the*

*implications of the children's centre developments as possible loss of local control; development of universal services and the focus on day care. M*

The chief features of Sure Start services in Stamford Hill that seem particularly to deserve mainstreaming are:

- *Accessible community health services*, such as dentistry, midwifery, immunisation and dietary services. It seems to have been especially appreciated when a health professional is able to visit the home of a woman tied down with heavy caring responsibilities, or when health services are brought to convenient locations and waiting times are reduced.
- *Culture sensitive mother-and-child groups*, combining social or structured activities for mothers and play/learning opportunities for children, in ways that are culturally and religiously acceptable, and hence likely to be accessed. There is much to support the view that Stamford Hill Sure Start has been succeeded because it has meshed with, supported and developed an existing base of community culture-sensitive services.

It is too soon to be able to assess the impact of these improvements in accessibility on health outcomes – much longer-term and larger-scale outcome studies will need to be conducted, and it is hoped that such work will be done.

### **Summary: Mainstreaming.**

There is concern over the extent to which mainstreaming of Sure Start services is happening, but given that Stamford Hill Sure Start is barely past the middle of its allotted time-span, there are signs that give ground for optimism. In particular, it is suggested that there are two features of Sure Start services that could be mainstreamed/supported by funding from central

government source. These are the greater accessibility of community health services, and the continued provision and development of culture-sensitive mother-and-child groups.

## Overall summary and conclusions

- Stamford Hill Sure Start is developing and providing a range of services in response to local needs, by strengthening existing community services, and by filling gaps in community health services.
- Almost all children in the area are accessing at least one Sure Start service, but a relatively large number of adult primary carers are not – the discrepancy is because children can use some Sure Start services without their primary carer being registered as a user.
- Even though Sure Start, as a generic institution, is well-known, and widely-used, there is generally rather low awareness of *individual* Sure Start programmes among primary carers, and health care professionals say they wish they had more information.
- Satisfaction with Sure Start services is high, though a number of concerns and areas for improvement were identified.
- There were some data consistent with the idea that Sure Start is having an impact on maternal and child well-being, though the data are open to other interpretations. It was not possible to examine all the health and developmental outcomes on which Sure Start programmes might be having an impact.
- There is concern about mainstreaming, but some indication that this might be achievable in some areas. In particular, it was suggested that improved accessibility of community health services, and the continued support and development of culture-sensitive mother-and-child groups, were features of Stamford Hill Sure Start's service provision which are strong candidates for mainstreaming.

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## APPENDICES

### APPENDIX A

#### **Interview schedule (parent or other primary carer)**

**CODE NUMBER OF INTERVIEW** \_\_\_\_\_

Please note that what you tell us is anonymous. Neither yourself nor your child(ren) will be identified in any analyses or reports based on this material. Although we would appreciate answers to the questions, you should feel free not to answer any question which you prefer not to answer. You are completely free to stop the interview at any time and you do not have to give a reason for stopping.

Thank you for your help

#### Background Characteristics

This interview is about your knowledge of Sure Start, and your experiences with any projects that have been funded by Sure Start. It doesn't matter if you have never heard of Sure Start - that is important for us to know.

First I would like to ask some questions to give us some facts and figures about your household. Any information you give is completely confidential to the research team, and you will never be identified in any report.

(If the participant was using Sure Start for solely him/herself - e.g. childbirth preparation - and no child was involved in receiving Sure Start services, then omit questions that are not relevant).

Age(s) of child(ren)	
Date(s) of birth of child(ren) born since 1 Jan 1998	
Postcode of family home	
Family structure	2 parents/single parent (divorced)/ single parent (widowed)/ step-family
Housing situation	Rented accommodation (flat/house)/ Owner occupied (flat/house)
How many rooms (in addition to kitchen and bathroom) are in your home?	
How many people normally live at home?	
Employment situation of parents	Both working/father working/ mother working/no parent in employment
Type of work	Father: Mother:
First language spoken at home	
Other language(s) used at home (specify)	
In your view, are there any special needs or other difficulties the child has? (If so, please specify.)	Illness/disability/learning difficulties/other
Are there any particular difficulties that your family have to cope with?	Illness of parent/illness of sibling/disability of parent/disability of sibling /money problems/housing/recent new baby/recent bereavement/other
How would you describe your ethnic group?	
How would you describe your religious group?	

(If there is more than one child born after 1 January 2000, to keep things manageable, focus on one child. If only one child has "used" Sure Start, focus on that child. Otherwise focus on the oldest child not past 4<sup>th</sup> birthday at time of interview.

**Now I would like to ask some questions about Sure Start.**

(Note to interviewer on wording of questions in this open-ended part of the interview: please feel free to modify the wording of questions as appropriate to the participant. Questions may be omitted or varied. This is intended simply as a guide to the topics to be discussed)

Have you heard of Sure Start?

What do you know about it?

Which Sure Start projects have you heard of?

**Repeat these next two pages as needed**

Name of project

(For each) How did you find out about it? From where/who? What did it/they say about it? Were you interested?

(For each) What does it do?

(For each) Have you ever used it (this service)?

(as appropriate) What did you expect?

What was it like?

How much did/do you go?

Were there things you found difficult - access? Transport? Timing?

What did you get out of it?

(Probes) Was it interesting?

Did you get on with the other people there?

Were the sessions organised well?

Were the facilities good? Rooms? (If relevant) equipment?

What was/were the main thing(s) you found good/helpful?

(If appropriate, ask) Were there any religious aspects to the facilities or content of sessions? Any comments on this?

Anything in need of improvement?

Did you learn or discover anything helpful?

Did you use it later (apply anything you learnt in dealing with your child(ren))?

Did it make a difference?

(If appropriate) which **child**(ren) did you take? (NB if more than one child, focus on one only, as indicated on cover sheet)

Did they like it?

(Probes, as appropriate, and if not already covered) Was s/he happy?

Did s/he get on with the people there - carers/other children/.babies?

How were the facilities for the little ones? Play space? Equipment?

Main thing(s) good/helpful?

Main things in need of improvement.

(If appropriate) What did (child or children) get out of it?

Did you notice any difference in him/her e.g. happier, calmer, more talkative, quieter, settled.

***Show full list of Sure Start Projects***

Have you heard of any of these?

*If not discussed previously:*

What do you know about it/them?

Used ?

Experiences?

**Now here are some questions with short answers**

**They are about you, and also another set of questions about X (name of child)**

As before, please leave out any you prefer not to answer.

If you wish - you can fill these in yourself (in your own time) and post them back.

POSITIVE AND NEGATIVE AFFECT SCALE (SHORTENED VERSION)

**What has your mood generally been like over the last month?**

	Very slightly or not at all	A little	Moderately	Quite a bit	A lot
Interested					
Distressed					
Upset					
Strong					
Irritable					
Alert					
Inspired					
Nervous					
Active					
Afraid					

**Thinking back, what was your mood generally like - before X (name of child) started with X(name of Sure Start activity/ies)?**

**OR**

**A year ago?**

**(If similar to how you generally feel now, there is no need to repeat)**

	Very slightly or not at all	A little	Moderately	Quite a bit	A lot
<b>Interested</b>					
<b>Distressed</b>					
<b>Upset</b>					
<b>Strong</b>					
<b>Irritable</b>					
<b>Alert</b>					
<b>Inspired</b>					
<b>Nervous</b>					
<b>Active</b>					
<b>Afraid</b>					

**Parent's Evaluation of Child's Wellbeing**

**How is X (name of child) generally?**

1. S/he cries a lot / is difficult to calm down and settle

*Circle one:*                      No      A little      Yes

*Comments:*

2. S/he is clingy and hates to be separated

*Circle one:*                      No                      Yes                      A little

*Comments:*

3. S/he easily has temper tantrums

*Circle one:*                      No      A little      Yes

*Comments:*

4. S/he is very restless and needs constant occupation

*Circle one:*                      No      A little      Yes

*Comments:*

5. Do you have any worries about how s/he is developing?

*Circle one:*                      No      A little      Yes

*Comments:*

6. Do you have any concerns about his/her health?

*Circle one:*                      No      A little      Yes

*Comments:*

Have you has any help for any problems or difficulties?

    If yes, which?

    What kind of help?

Was it helpful?

**Thinking back, what was s/he generally like -  
before X (name of child) started with X(name of Sure Start activity/ies)?  
OR (if no Sure Start use)**

**A year ago?**

**OR (if child less than a year old)**

**When about two months/a few weeks old?**

1. S/he cried a lot / was difficult to calm down and settle

*Circle one:*                      No      A little      Yes

*Comments:*

2. S/he was clingy and hated to be separated

*Circle one:*                    No                    Yes                    A little

*Comments:*

3. S/he easily had temper tantrums

*Circle one:*                    No            A little            Yes

*Comments:*

4. S/he was very restless and needed constant occupation

*Circle one:*                    No            A little            Yes

*Comments:*

5. Did you have any worries about how s/he was developing?

*Circle one:*                    No            A little            Yes

*Comments:*

6. Did you have any concerns about his/her health?

*Circle one:*                    No            A little            Yes

*Comments*

---

## APPENDIX B

### **Interview schedule (Health and child care professionals)**

ID NUMBER OF INTERVIEW \_\_\_\_\_

*(Note to interviewer on wording of questions - please feel free to modify the wording of questions as appropriate to the participant. Questions may be omitted or varied. This schedule is intended as a guide to the topics to be discussed)*

Please note that what you say is anonymous. You will not be identified in any analyses or reports based on this material. Although we would appreciate answers to the questions, you should feel free not to answer any question which you prefer not to answer. You are completely free to stop the interview at any time and you do not have to give a reason for stopping.

Thank you for your help

Profession \_\_\_\_\_

Nature of work with parents/carers/young

children \_\_\_\_\_

\_\_\_\_\_

Have you heard of Sure Start?

What do you know about it?

Which Sure Start (funded) projects have you heard of?

***Repeat this page as appropriate***

**Name of Sure Start Service** \_\_\_\_\_

(For each) How did you hear about it? From where/who?

What did it/they say about it?

Were you interested (for example in mentioning it to the people you deal with professionally, in making referrals)? Reasons for interest?

(For each) What does it do?

(For each) Have you ever suggested/referred people to it (this service)?

What kind of comments have you heard about it?

Comments on positive features? Content of sessions? Whether children were happy? Whether children/parents/carers benefited?

Other features? Ease of access? Timing? Equipment? Premises? Staff? Religious/cultural aspects (relevance)?

Any problems/difficulties heard of?

Any other comments on this service?

Has it had/could it have any impact on the way services are delivered? For example in your own work? In any other work? Any examples?

***Show full list of Sure Start Projects***

Have you heard of any of these?

*If not discussed previously:*

What do you know about it/them?

Referred anyone to any (other than those already described) ?

Have you heard of anyone's experiences with any of these (other than those discussed previously)?

**FINAL SECTION OF INTERVIEW**

Any other comments on Sure Start generally?

Anything Sure Start could/should be doing? Or doing differently?

Any further comments or observations on whether it has had/could have/should have any impact on the way services are delivered? On working practices? For example in your own work? In any other work? Any examples?

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**APPENDIX C**

**Interview schedule (SURE START SERVICE PROVIDERS)**

ID NUMBER OF INTERVIEW \_\_\_\_\_

*(Note to interviewer on wording of questions - please feel free to modify the wording of questions as appropriate to the participant. Questions may be omitted or varied. This schedule is intended as a guide to the topics to be discussed)*

Please note that what you say is anonymous. You will not be identified in any analyses or reports based on this material. Although we would appreciate answers to the questions, you should feel free not to answer any question which you prefer not to answer. You are completely free to stop the interview at any time and you do not have to give a reason for stopping.

Thank you for your help

Profession \_\_\_\_\_

Nature of work with parents/carers/young

children \_\_\_\_\_

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What are the main aims of Sure Start?

Have you any comments on the way Sure Start decisions are made (e.g. re funding, priorities)?

Which Sure Start (funded) project/service are you involved in?

**Name/ nature of service**\_\_\_\_\_

What are its aims?

How are you (your organisation) meeting these aims?

What services are being provided? (details of each)

*(If more than one, collect comments for each)*

What kind of comments have you heard about it?

What are the successful features?

Content of sessions?

Whether children were happy?

Whether children/parents/carers benefited?

How do you know (about each of these)?

Comments on other features?

Ease of access?

Timing?

Equipment?

Premises?

Staff?

Religious/cultural aspects/issues?

Any (other) problems/difficulties?

How have they been addressed?

How could they be addressed?

Any other comments?

Has it had/could it have any impact on the way services are delivered generally? Any examples?

**FINAL SECTION OF INTERVIEW**

Any other comments on Sure Start generally?

Anything Sure Start could/should be doing? Or doing differently?

Any other comments?

**APPENDIX D**  
**Questionnaire/focus group – management**

1. What is Sure Start?
2. What are its aims?
3. How does it meet these aims - nationally?
4. What is the (organisational) structure of Sure Start - nationally?
5. Comments?
6. How is funding organised nationally?
7. Comments?
8. How does it meet these aims - locally?
9. What is the (organisational) structure of Sure Start - locally?
10. Comments?
11. (If not yet discussed) How are decisions made?
12. Comments?
13. How is funding organised locally?
14. Comments?
15. (If not yet discussed) How are decisions made?
16. Comments?
17. What kinds of projects are running locally?
18. What are their main achievements?
19. What are their main difficulties?
20. What are the main similarities to projects running nationally?
21. What are the main differences from other projects running nationally?
22. Do particular features of religion and culture need to be attended to (Which? How?)
23. Anything Sure Start could/should be doing? Or doing differently?
24. Could or should Sure Start have any impact on the way services are delivered? On working practices? How? Any examples?
25. Do you think Sure Start is having an impact on infants and children? What kind(s)? Any examples?
26. How do you/we know?
27. Do you think Sure Start is having an impact on parents/carers/families? What kind(s)? Any examples?

28. How do you/we know?

29. Any other comments?

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## APPENDIX E

Congratulations on your new baby. We wish you good health and happiness.

We are doing this short survey for Sure Start. We would like to know whether you have heard of Sure Start and what you know about it. Could you please find a few minutes to answer ANY of the questions below, and post this paper in the BROWN envelope?

You need not answer any questions you prefer not to answer. Do not write your name on this paper. If you address the WHITE envelope to yourself and put it in the brown envelope with your answers, we will post it back to you with a £10 Safeway voucher, as a token of thanks for your help. *We will not keep any record of your name or address.* If you have any questions, please phone me on (020) 8800 5012.

*Kate Loewenthal* (for the research team)

1. *Is this your first baby?* Yes   
No
2. *Before you had your baby, had you heard of Sure Start?* Yes   
No
3. *Have you used any Sure Start services before?* Yes   
No

*(Optional) Which?*

4. *Any comments on Sure Start or any of its services*

Thank you for your help.