Surestart Whitley

Evaluation Update

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EVALUATION UPDATE: APRIL 2005

Introduction

This document is an interim report on the progress of the Emotional Wellbeing and Vulnerability Mapping of children attending Green Frog, the reasons for which were laid out in the last report, *Mapping Exercises.*

It was agreed at the last Evaluation Meeting, as the Reading Children's Services move towards a more centralised and coherent model, that there is a need to capture both the ways in which SSW services are accessed by the families of more vulnerable children and to formally evaluate the level of disturbance or difficulty these children demonstrate. These families are in part defined by being 'hard-to-reach', least likely to willingly access public interventions, wary of involvement, monitoring, and control, due often to troubled relationships with education, social services, or the health service in the past. These children are seen as vulnerable in the short term to emotional or behavioural problems, conduct disorder, social, attention or communication deficits, concentration and developmental difficulties. In the longer term these presentations are demonstrably linked with educational failure, mental health problems, exclusion, difficulties with the law, aggressive behaviours, and abuse of drugs or alcohol.

As we discussed in the last paper, researching the needs of these vulnerable families is problematic – both in terms of engagement, which is even less likely with people who may feel they have already had far too many contacts they experienced as negative or intrusive, and in terms of the ethos of good research practice which is based on partnership and collaboration. To directly consult parents or carers in asking about their personal concerns for their children, and the factors related to the levels of stress in their lives, seemed worryingly like focussing on - and perhaps confirming - the negative and pejorative aspects of the family. Our concern has been to find ways to represent personal experience and views, without negatively affecting or connoting the child or families.

There are no current accepted formats for capturing the levels of stress, emotional and social well-being of young children.

> *"None of the instruments we identified for assessing emotional and social competence had been fully validated and tested in UK schools and this validity cannot be assumed."*[1]

[1] *Assessing emotional and social competence in primary school and early years settings,* Sarah Stewart-Brown and Laurel Edmunds, (2003), DfES Publications, P.7.

As a local headteacher said at the SSWPB 'People have no idea the stress some of our children and families are living under'. We have sought to be sensitive to this throughout the work.

Commissioned Services and Partnership Contacts Review
These questionnaires are being regularly distributed by MDT members to the professionals and colleagues they come into contact with during their SSW work. Although slow, the response has been steady, with several being returned each week, so we are building up a picture of how the services overall, and the MDT in particular, are viewed, although returns are still coming in.

Overall responses so far are positive, with many encouraging comments and some criticisms, particularly of the ways in which service boundaries have excluded needy families arbitrarily, which in early research was also one of the consistent dissatisfactions parents voiced (this will of course no longer be so when the Children's Centre provision is in place). Concerns are also voiced that SSW is not yet seen to be fully accessible in terms of diversity.

The work of the MDT members is consistently praised and valued, with no negative comments on any aspect of their service being made so far.

Consultation with Parents
As specified, a letter of invitation went out to all Green Frog parents and carers after negotiation over the wording, on which the Green Frog staff had final approval or veto (Appendix One).

There has been only one direct response, and the researcher has met with that parent, but until there are further interviews the material cannot be used as it would be identifiable. Although Green Frog staff and I have established vulnerable children who would be particularly appropriate for this part of the inquiry, their parents have not come forward – unfortunately, this is, as we had predicted, a difficult and unlikely group to engage.

Having talked this through with the Check-It-Out Group, several parents there offered to meet with me as a group and go through the questionnaires. We will be approaching this both as personal material and as observer accounts of other families and parents, as there was a clear sense of knowing other histories of involvement as well as their own. This may mean we are able to focus on difficult transitions and the factors that make up the status of 'hard-to-reach' either from a peer perspective, or as part of a past history that has now been negotiated. Care will be taken to try to balance these accounts by ensuring we also focus on those whose stories have not necessarily become assimilated through success, and also consider limited access, failed engagement, and partial engagement with SSW.

These parents made it clear to me that they had both personal and anecdotal awareness of the kind of vulnerability we are considering, and know how that can lessen the likelihood of accessing appropriate supportive services. This

group meeting will take place on 11th April, therefore not in time for this report, but will be included in the final version.
Meanwhile, one other parent has now agreed to go through the formal interview, so a body of material will be built up slowly. This will be reported in due course.

Point for discussion: in talking this research over with Green Frog staff it is apparent they hold a wealth of acquired knowledge of family histories and stress factors, and the interventions and factors relevant to engaging parents of vulnerable children, as well as knowledge of the children themselves, so if the Evaluation Group thinks this would be useful, Green Frog staff could be interviewed directly as part of this theme. This would have financial and practical implications, as it has already been apparent to the researcher how much discussion is fitted into working lunch-breaks or offered before and after the working day starts. To further use this team as a resource within their current working hours would feel exploitative, as they have already so generously given time and support, and to take any staff member away during their Green Frog time means extra work and less of a service for the children. If interview time out of Green Frog time can be negotiated that would add to the complexity of the picture we are building up.

It has been interesting to see how we are here inquiring into a state, of being hard-to-reach, which is by definition both relatively inaccessible to contact and problematic as an ascribed description, while also being common knowledge in that both parents and staff can identify who would be included, or if they would at some point have been described in that way themselves. At one point when I was talking to a parent about the current focus she exclaimed 'Oh, *problem* families! That's me two years ago!'

This would be borne out by existing research:

> *"A number of factors in programmes that are effective in enhancing infant mental health and family outcomes appear to work in an all-or-nothing manner, predominantly related to engagement of the family in intervention and based on their perceptions and beliefs about its potential benefits:*
> *• Shared decision making between the parent and therapist/intervenor.*
> *• Trust and respect in the relationship between parent and intervenor.*
> *• Non-stigmatising presentation of the intervention.*
> *• Cultural awareness and sensitivity in planning and delivering interventions.*
> *• Crisis and practical help prior to, or alongside, other forms of intervention."*[2]

This all-or-nothing aspect of the work with families whose children are vulnerable means there will be optimum moments for reflection and review,

[2] What works in promoting children's mental health: The evidence and the implications for Sure Start local programmes, July 2004, P.2.

when adequate trust and positive history has been built up, in the absence of stigma. Having raised and discussed the question of stigma and negative labelling in the last report, and being wary of any process that might connote negatively either the family history or individual roles, it may be inescapable that there are few opportunities to actually consult with families directly, or voice their understandings, before engagement in the SSW services has been effective enough for them to no longer constitute 'hard-to-reach'. We will need to accept retrospective accounts from different stages of progress, or observer accounts – particularly if we wish to represent how engagement fails to hold, as the opportunities to access the voices of those who are both hard-to-reach and still struggling are so limited.

It has been suggested that some parent/carer questionnaires might be administered directly by MDT members during the course of their contact with marginal clients, but obviously this might be seen as intrusive or stigmatising, and ethically any practitioner is required to privilege the relationship and link with SSW above any research interests.

Green Frog and party observations

The following material is based on visits made to SSW provisions (SSW Xmas Party 17/12/04 - GF 6/1/05 - GF 7/1/05 - SSPB 19/1/05 - GF 1/2/05 - GF 7/2/05 - GF 8/2/05 - GF 23/2/05 - GF 15/3/05 - CIO and GF 21/3/05).

One of the accepted significant indicators of family wellbeing is the management of leaving/parting and return/collection. This is in part recognition of the substantial research and theorising around the concept of early attachment (Bowlby, Klein, etc.) where it is postulated that a secure and trusting relationship with a significant figure (parent or carer) is the foundation for emotional exploration, development and growth. Troubled attachment is taken to be related to isolation, attention and communication disorders, and to have potential negative consequences for all future relationships.

Secure attachment is relatively easy to appraise, even in a very young baby. By the toddler years the secure child generally demonstrates a confident attitude to the world, willing to approach new situations, new faces, new toys and pastimes with interest and optimism. A secure child is able and willing to play alone, is not constantly checking on the whereabouts of the carer, and assumes that even if not visible the carer will return safely – in other words, they have internalised the reliability of the relationship and can move freely and independently with the internal security intact.

Extracts from field notes

Party: *at the Xmas party I help initially with carrying decorations and prepping the hall. Some parents already there settled at tables with their children – all mums and all white except for one black dad with a mixed-race daughter. They sit by themselves at a front table. There are some clusters of mums and children who obviously go to things together and others who sit alone with their children.*

The tables fill up, but it isn't until a mixed-race mum comes in with her boys that anyone sits at that front table with the girl; the dad was off getting food so she seems a bit surprised when he comes back but they chat. She had greetings from staff and a brief chat, but he didn't – maybe they don't know him? But in the business of setting up and so on he doesn't get talked to. In the games the girl is all over the place with other children, very confident, and he keeps good eye-contact with her. When it comes to sitting in circles for pass the parcel all the BME families somehow end up placed together (a couple of Asian families are in by then) although with some other white families.

The range of interactions at the party generally is vast – some relaxed, playful and confident – mums talking together, occasionally scanning for child or looking up if there's a fracas, child exploring or playing with occasional return to report or show something of interest. Also mums who raise voices, grab arms, are pulling children back so won't get into trouble – especially with some of the very very active boys, risk-taking children who have high levels of energy and tension and wait until mum is involved in conversation or telling different children off then scoot away around the stage, out the doors etc. Some mums trying keep children nearby and have little family gathering, talking and interacting, while others are obviously glad to sit back and relax while the children are busy.

I see a couple of really severely disturbed children I would have referred straight away – obtrusively pushing into other children, no capacity to read the situation or understand what other children are doing, barging around, unable to settle to activities. These experience extremely stressed interactions with their mothers, who seem quite isolated and concentrate on the food and both do the puzzles provided themselves.

A big gathering like this is problematic in that it is inclusive, but it layers out into levels of those in more contact with SSW, who are friendly to each other and staff and have a sociable and quite relaxed time, those who are a bit more peripheral and also seem to tend to be having more difficulties with their children, those who are barely engaged and whose relationships with their children are of more concern. But some very unlikely families have come – high vulnerability, the sort who would usually not get to such activities, and feel welcome and relaxed enough to stay and for things to go quite well. This undoubtedly builds a sense of capacity and contact there, and is also not too threatening, too glossily or neatly run, or so hierarchical that is off-putting.

The party is good for the children – party food, entertainer, games, face-painting (they love the attentiveness of someone gazing at their face, and you can see them picking unlikely but complicated ones so it will take the most time), mum or carer nearby and having a break, siblings around, activities, containment with people there is a high element of trust for. The atmosphere is relaxed, and upsets are managed. Lots of cards were left for the staff, and friendly comments made as people were leaving.

Tidying up I was a bit taken aback at the level of anxiety there seems to be with staff that things should be seen to be successful – whether they are seen to be achieving enough. This could really undermine confidence and creativity, and mirrors that kind of relationship where a parent nags a child to do well, but being nagged as a negative effect on child… these staff do a good job and although BME families were still clumped some were at least able to come, and the relationships generally are relaxed. There is none of the anxiety you see at a school party, say, where there's that fear of mishandling something while teachers are watching, so mums are less stressed about looking bad, so less tension and upset results. There's a safety here that is in general useful – it may mean that things move more slowly than in a more targeted setting. But the 'customership' seems good, and it is clear that families can move through levels of engagement at their own pace.

Green Frog: my focus from the first day of the Green Frog term was to look out for interactions, expectations of others, self-comforting behaviours (e.g. withdrawn, rocking etc), communication skills, wariness, startle/calm responses, watchfulness, aggression, concentration and attentiveness, general attachment indicators. These particularly in relation to relationships and over time – noting how interactions change with staff, other children, carer/parents at pickup and drop-off.

In the interests of confidentiality and to protect the identities of the children throughout I have written up the case-studies of progress throughout the term and reports on particular sessions or interactions with personal details generalised and/or altered. Some significant factors are lost: ethnicity, gender, looked-after status are of course often germane to the content, but in such a local setting it is more important to protect privacy than to write interesting studies. Where at all possible I have combined or moved around relevant factors to honour the complexity of the children's worlds.

The techniques used were direct observation and semi-structured interaction – taking part in the daily routine of Green Frog as another visiting adult, looking out for indicators to do with inclusion, exclusion, and vulnerability: aggressive behaviour, weeping/distress, concentration problems, over activity, co-ordination problems. Also significant were social interactions, parental contact/intervention particularly when dropping-off and collecting and displays of anxiety or low mood. Going in over the course of the term meant that the initial stages, settling-in and relaxing, could be observed, and that occasional or one-off occurrences such as a tired stressed mother refusing to say goodbye were balanced by presentation on other, easier, days.

During the course of play I would ask children to describe the state and feelings of their subject – be it dinosaur or drawing of a flower - and ask about what made them happy/sad/scared or whatever the ascription was. This was to access their own emotional/relational vocabularies, and elaborate how they placed themselves and others on these constructs. With most occurrences I would try to give my own emotional response 'That gun scares me.' 'When he pushes her down the stairs (in the dolls house) I feel very worried' etc, so that it was clear that talking about feelings was on the agenda. In telling or starting

stories I endeavoured to use feelings and relational situations, but as always these were taken wherever the children wanted.

As would be expected, even so young, clear gender differences showed up in the use and range of emotion/feelings words, with girls generally accessing and attributing more complex feelings than boys. The exceptions to this were several quite restless and active girls, all of whom demonstrated fairly aggressive interactions with others and found it hard to settle or concentrate. They were as limited or adversarial in their responses as most boys, and played fighting games in much the same way, although not consistently. Boys tended to have fewer words or concepts about the feelings of their play characters (and would often, when I said 'Oh how is he feeling now that's happened?' look at the toy as if for expression-clues) and demonstrated more bravado with regard to 'weak' feelings (If I said 'That would make me very scared' the most frequent response was '**I'm** not scared!'), and play-laughing when there were crashes or accidents (One boy was quite cross with me for saying 'Oh poor things, are they hurt, are they sad?' when all the inhabitants of a play house fell down the stairs and were run over and the house caught fire, insisting 'No, it's **funny**!'). Girls tended to do the feelings running commentary for themselves ('And then she loses the shopping and is frightened…').

With creative play, painting drawing or making things, I would engage in a similar dialogue elaborating each child's repertoire of perceived feelings and responses. No consistent games, images or stories were used for this piece of work, but individual responses mapped and recorded.

Of 'feelings and interactions' words, the most common were:
He/she/it's crying
He/she/it's sad
He/she/it's fighting
He/she/it's going shopping
He/she/it's looking for… (usually a family member)
He/she/it's sleeping
He/she/it's afraid
He/she/it's having tea/breakfast
He/she/it's getting up
He/she/it's angry with (another figure or toy)
He/she/it's a silly… (whatever)
He/she/it's having a rest
He/she/it's dead
He/she/it's going to kill (another toy or figure)
He/she/it's lost

Initially discussion on the first morning with staff re the plans for the morning where seven new children are expected: try to hold supportive but not full structure, ease children in to the routine of sessions. In talking about the increase in level of vulnerability one staff puts it at about two-thirds these days, and another agrees, although she adds that she thinks parents/carers

are less engaged with children, not so interested to discuss things with staff, who work proportionally harder to link with them.

There's a huge range in the arrivals, from big careful reassuring settlings and goodbyes to nothing said at all (though of course this may be because it is anxiety-provoking for parent/carer, brings up own bad experiences in school settings, etc. or just afraid might cry, seem too soft, show themselves up in front of staff or other mums etc). In terms of direct eye-contact the estimate of 2/3 is spot-on for those who come and drop off without eye-contact.

One mum does cry and staff says first time has ever seen that at Green Frog. Her child is very pale and worried, watches mum away, and remains anxious for collection for the rest of the term. That mother also seems anxious and is never alone, always has partner or relative with her.

At first all is quiet and settled, all taken up playing with new toys and games, and the novelty of the situation, moving round exploring or being gently shown what things are available. Water play is immediately popular - so rarely available at home - and some splashing begins but is calmly and playfully handled.

One new child seems quite aggressive, hitting out when he wants something anyone else has – while quite a small boy is playing with the track cars he comes up and watches, gets behind, and gives 3 punches down the spine, quite hard, very businesslike and collected. He is not amenable to contact with staff, seemingly closed off in own world, and perhaps feels they hold no threat and therefore he doesn't have to attend to them. He usually plays entirely alone though alert to what others are doing or what they have. At snack he is anxious to get more and more, and at singing and story-time quite unused to either, so puzzled and un-socialised, often having to be held on a lap to remain in the story-corner.

He and a couple of other children are immediately really quite challenging, and the whole spectrum is there down to extremely comfortable, social and secure.

In the afternoon there are several 'dumping' drop-offs, mask-like handovers, no contact made with staff. Immediately it seems apparent there are much 'wilder' children in this group, though a few have a friendship group, one of them being very keen on hugging and kissing, others hold hands and move through activities together.

Another day: very chaotic and disruptive, noisy – 21 children. General panicky affect, not really listening to each other or staff, moving erratically around the activities, disrupting each other, aggressive and squabbling. They couldn't be settled for singing time. Several had come in clearly distressed, withdrawn, two were rocking and isolated. Much crying and upset, requiring attention and comfort, but staff could not comfort all in the face of such need.

The staff were all exhausted by lunchtime, as yesterday was also like this (it was only Tuesday!). While eating there was general discussion about how difficult this atmosphere is to cope with, "the level of upset children we're getting". It is interesting as a practitioner from a relatively well-supported professional background where direct face-to-face work has a required ratio of clinical supervision hours – the purpose of which is to protect me from burnout as well as to ensure the quality of the work – to see the intensity and stress level involved in working in this provision.

Personally, even though I have no specific responsibilities apart from the observation, and have a lot of experience with disturbed young children, I can find myself worn out by a full day. A morning like this, where the children's levels of distress and upset are more straightforwardly communicated than usual, is extremely saddening, as well as being monumentally hard work. At the end of the day I get the bus into Reading with one of the staff and we sit together but hardly speak, except to say how draining it has been.

There are bound to be times when there have been rows at home, a parent has left, a job is lost, some money worry or a relative in trouble, when children come in tired, anxious, weepy, and then trigger off each other's griefs, but when the distress is general the cumulative effect is heartrending. There is no likelihood of giving enough individual attention to those who need it, and the frustration and disappointment the staff experience is an impressive indicator of their commitment and engagement.

A small frail boy who seemed to have some irregular problem with his walking, moving in a strange loping semi-run. He rarely settles for long, and often stands gazing about at the others, looking puzzled, or bellows when running around.

Early on he is playing near me, by the sand tray, and just begins howling, saying 'Want my mum', I'm reassuring him she'll be along soon, but he gets into huge storm of weeping, clinging on saying 'Miss her, miss her' This is major grief, body spasming with sobs, so I keep repeating that everybody gets sad, it's alright to cry, and he eventually calms, though I can't get him across to the story corner, which is a disruption of the routine. Later one of the staff explains to me he lives with a carer and doesn't see his mum.

When I next see him, he tells me he likes the Hulk best of anyone, which explains his slo-mo running walk. The life of a superhero must seem very attractive.

Although he can be quite disruptive and barges into others at times, he can also 'disappear' quite effectively, but the staff seem to regularly seek him out and engage him in activities at these times. He rarely relaxes into them for a cuddle and never comes to me again, though sometimes if I'm sitting with another child he'll put a hand on my ankle or arm for a bit.

Like many of the children he watches the other's greetings, and sees how some run squealing delightedly to mum and get big hugs, and it is very

obvious at first that he is upset at that, but keeping his face impassive - his hands clench very tightly, and he becomes interested in the books nearby which don't usually hold his attention.

Over the term he becomes more settled and begins to take part in the singing, and structure, but doesn't quite relax. He becomes more confident about his carer and begins to watch out for her in a pleased rather than an anxious way and she in turn greets him more warmly, and talks with staff, and talks to him about his pictures when they are handed over.

His concentration also improves and he begins to sit and do things, and manages snack time and sharing more comfortably.

X grabs my hand to 'take me shopping', but doesn't want to go anywhere – in pretend terms – or pretend buy, but leads me round and round the whole room, often near Z who she teases. She was watching Z's mo drop her off and though she (mother) says she is driven crazy by her she is a very loving mother, gives kisses and is quite formal in greeting and leaving, asks how she's been doing, is interested in her pictures etc. X's mother rarely waits around to see her put her name up on the board, rarely kisses, usually walks through and is gone while X is taking off her coat. Pickup also very similar, though X is on lookout in anxious way to see if mother comes. No smiling, her or mother, and she rarely smiles at first. Over the term she becomes more confident with the staff and will bring them things she has made for comment, and gets praise. Her behaviour with other children improves in that she stops hitting so often, although she is very pushy to get to things, will queue-jump, push others off, try to grab a big share of the snack all at once, but it begins to lessen by the end of term. She would be an example of a child who would benefit from a longer stay to build on the gains she has made and acquire some more relaxed social skills.

Y is playing with dolls and gives me one to hold – a very realistic baby - while she gets the tea ready. A little boy helps her and he feeds me and the baby omelette from the pan while she makes a drink. Another little boy comes over to watch, and when Y is feeding the teapot to the doll he grabs it to feed it instead, which she lets him take, looking quite pleased. He has a big frown as if he is concentrating on something, and occasionally gives me a sip from the teapot too. Then he starts burrowing the spout into the doll's face, very fiercely, so the other boy tells him not to and I say that will hurt the baby – he goes on more, and we say no, until he grabs the doll's hair, and starts to twist and pull. The other little boy sees this, looks upset and goes away, and I carry on saying that will hurt the baby, while he grinds the teapot into its face and pulls its hair, staring very closely into my eyes. I see Y watching looking gripped and pale, and stand up saying 'No hurting the baby' at which she is relieved. I give it to her and she quickly wheels it off with the others in a buggy. The boy stays by me and leans against me while I carry on with the table activity. He holds a lock of his own hair and twists, and then takes a handful of mine, still gazing very closely with a questioning expression – I say I wouldn't like him to hurt himself, so please not to, and he lets go of both. Later he comes back with another doll and thoroughly twists all its hair

fiercely; a different boy is sitting with me and he watches and looks panicked but then laughs and has a go too. I ask how the baby is and the first boy shrugs, but then hands it to me to look after and goes off to paint.

At story time the dental hygienist comes and tells a story about going to the dentist which involves a model of giant teeth and toothbrush. Two of the most difficult children find it gripping – one boy who rarely sits at all and usually has to be held squirming is enchanted, stays still watching and following the story, as does W who from the moment she realises there are props in bag is hooked waiting to see what is brought out next. She loses attention before the end but is far more settled than usual. For these children who demonstrate a level of attention deficit the extra drama and novelty helps catch their attention successfully.

Another day – nearly all the children seem very sad, distant starey looks, quiet and morose. One boy in particular on startle alert, pale, tears seeping though not actively crying, low-level weeping, lip hanging and trembling. Really extraordinarily painful to have him staring hopelessly at you, standing near but not touching… he moves or is moved around in a despairing sort of a way, never attends to the activities, just gazes hopelessly while staff try to engage or comfort him.

One child who is usually loud and racing continues as usual, but in the main a quiet low group, hardly any fighting or calling out/shouting. The racing child when outside on the (low) high walk is suddenly a clinging-with-both-hands fearful walker, taking tiny trembly steps, I checked if her boot soles were slippy but not, there was some change about the little bridge that meant she lost her quick darting movement.

Another day: the little girl who was scared and weeping the other day now very settled and confident. Numbers are low due to illnesses, etc, and overall the children are quiet and constructive, lots of fluid moving around activities, staff enjoying the ratio which lets them engage more fully. An ideal text-book session, high engagement and satisfaction, lots of paintings and creations to take home, calm waiting for collection.

Personally horrible moment when a small girl playing house brought me a bowl and spoon and mug on a tray. I said 'is this for me?' she nodded, so I play-ate up and said 'delicious' and she stood watching me pretend to eat and be pleased, then suddenly she snapped 'Eat your tea up!' in a really sharp loud voice, then went off. As a mirror of what they see in us these play-games are a disturbing reflection. Later she was doing the same scenario with a little boy, and he just accepted the snappiness saying 'yes, mum', as though that was the usual format…

Small boy, quite friendly, but is often making raging faces and gestures, extremely rough, very destructive of other's stuff. I built a stickie tower, he would cross the room to knock it down with a big hitting gesture. Though on reflection I wonder did he misunderstand an earlier game with two girls who were building towers with me and they would get high and regularly topple,

when we would all laugh. Perhaps he thought we were waiting for that moment? Maybe it wasn't destructive as I thought but he was helping it to fall? Hard to know as his expressions are a sort of glare, almost a dare in your face, quite close. Earlier he had made a gun of the mosaics and was shooting me in the face – I said 'Oh I don't like guns, please don't shoot me, I'm frightened', though not dramatically, but he was very persistent pushing the gun in my face until I said again 'Oh please don't, that's scaring me'. Very intense look, seems fascinated by the interaction, trying to read what I mean – is that a language thing? Or is that stylised violence he's seen on film or acted out?

Early in term: making stickie figures; one child made two she said were the Scissors Sisters and sang one of their songs about needing a woman, miming the eerily grown-up actions, and others started doing figures too. One girl made one to be her sister, demonstrating her walking, saying 'She's looking for me, she misses me, she'll see me later' than stuck 2 triangles for wings on and took her flying. She then made an assemblage which was a present for that sister.

W made a similar figure to be his mum, with wings on legs, and flew her in my face like an attack plane, watching me carefully up close. I said 'That's scarey for me, I don't think your ma would want to scare me, would she?' so he zoomed it around himself and me very wildly, almost overbalancing, biffed his own nose (quite hard, a little mark that faded through the morning) and then pretending it didn't hurt thing, but eventually slowed and stopped. W is a surprising mix of fierce gestures and rough play who turns out to have a great capacity for concentration and reflection. He is slightly behind in terms of co-ordination, but tries quite intricate games nevertheless when encouraged. One day he spent so long practicing drawing shapes he was awarded a first and then a second sticker, which he paraded around all the adults beaming. He now works away at constructive play, drawing, forming letters etc, and although his English is not good is always keen with answers or suggestions when asked at story-time. Towards the end of term I watched him playing with beakers in the water tray, like a little demonstration for Piaget, comparing amounts of water fitting into tall skinny vs. short fat containers, moving volume around, puzzling it out, completely engaged. He has cuddly mother, smiling and loving who looks in his eyes a lot, and shows a great deal of interest, but did also originally do that strange gesturing of threat and was quite rough with others. Some of that seems very filmic, and I wonder does he have older cousins or maybe brothers who play-fight or let him see violent films? When he arrived he could easily have fallen into a 'rough-boy' troublemaker slot, but the consistent targeting of his concentration and creative activities for remark and praise have achieved a great deal, despite language differences.

I sit with X playing alone who has a dinosaur and lion (same size) putting them foot-to-foot and humming music. I ask what they're doing – she nods and carries on, moving them so I can see better. 'Are they dancing? Having a nice time?' Scornful eye-roll 'No, they're <u>fighting</u>!' as if very obvious. She gets bored and has them attack the dolls house, then gets other animals and sets them to fighting too – she realises I'd like to be told what's going on so

describes it; Mummy pig, daddy pig, babies here, and they're fighting! The fighting has hummed music while they grapple hoof-to-hoof.

Everyone gets knocked over and nobody seems to win, it goes on with no conclusion until she discards and moves in other animals for same fighting. With other children she's quite pushy and shoves or hits when she thinks she can't be seen. X doesn't play alone often, and this time was not enjoyable, from her face or voice, and very repetitive.

She then moves to the people figures in the house, and puts them all upstairs in beds except for two, murmuring who is who very quietly. The Daddy stands at the top of the stairs and the Mum tries to come up and he pushes her down, she falls and comes up again several times, until one figure comes from a bedroom, a Nan, who gets pushed down too. This one lies there and is hurt – the Dad does a little dance at the top and goes to bed, while the Mum gets an ambulance. Without me noticing all the other little figures have, during this process, been piled up together in one room corner. I don't ask X anything about this as it seems inappropriate and she is clearly coping in her own way. This is an example of the kind of masking that a dissociated child demonstrates and which can be misread as aggressive or unfriendly, particularly when combined with rough play as she does.

One new child a staff member tells me was hysterical yesterday, as she pressures parents to help her settle by saying 'One of you will be staying, that would be lovely?' as they look a bit unwilling, or perhaps merely uncertain, neither speaking much English. Neither plays with the child who shuttles weepily around near them and is pushed back towards others. When a little boy comes up to mother she smiles and responds, but is trying not to with her own child; father stands by the door throughout. Could be purely language/culture gap and not knowing what the circumstances involve and wanting their child to make the transition, which in fact rapidly occurs as, over the next weeks, staff keep quietly offering involvement in the activities. At first will only observe and won't take part. Eventually by the end of term child is independently trotting about and engaged; the parents also looking more relaxed and comfortable – staff each day showing what their child has made or done so even non-verbally a friendly link is made.

To sum up the themes apparent in the material so far, some of the children attending Green Frog demonstrate the kinds of behaviours and allude to the kinds of home experiences that put them most at risk of educational failure and emotional difficulties later in life. Attachment complications, insecurity and fearfulness, dissociation, aggressive acting out and concentration or activity problems are, at some level, perfectly ordinary aspects of any child's developmental processes, but it is widely recognised that a combination of biological, psychosocial and contextual factors load the odds against some children negotiating their way through unharmed. A substantial proportion of Green Frog and SSW children are struggling on the more severe end of the spectrum of child behaviours which predicts future difficulty.

Interim Discussion

The evaluation processes with this particular problematic focus call for some creativity in achieving an account that is both reliable – in terms of research use - and informed by service user personal experience. The likelihood is that it may be more feasible and more positive a process to use historic ('that was me two years ago!'), observer (e.g. Green Frog staff) or bystander/peer accounts ('in Bumps and Babies with me was one mum who…') as the point of time when families and children are so vulnerable is also when it is least appropriate to interview them.

Green Frog and Greenfields staff could be directly interviewed in order to create a series of case studies that could highlight vulnerability, engagement factors, success of particular interventions, and outcome.

Also, some of the children observed at Green Frog will, this term, be moved on to nursery school – often a move which staff would not have recommended - and it might be relevant to observe how they do in the new setting, on the basis of our earlier knowledge of them. This might begin to give some sense of how pathways and transitions are negotiated for the most vulnerable children.

An issue that has arisen through these observations is the effects on Green Frog staff of disturbance in children, and how that might be supported or eased. All SSW staff report that the work is sometimes upsetting, and often draining, but as para-professionals the levels of support and supervision, let alone the time for reflective discussion or debriefing, are limited in a way that does not seem in line with the high stress nature of the work.

Attached (Appendix 2) are descriptions of three pieces of recent research with hard-to-reach families and their at-risk children. The relevance of these programmes to the Children's Centre and SSW in the light of evaluating what is useful, cost-effective, and could be mainstreamed, is that they offer the same range of accessible options - generic and tailored – as SSW. They target children in families which have the risk factors which will predictably bring costly intervention from the statutory services at some point, and are shown to be effective in lowering antisocial behaviours, special educational needs diagnosis, and stress/parenting anxieties in the families, while improving children's abilities, problem-solving capacity, and warmth of relationships.

The staff at Green Frog is multidisciplinary and tend to a mix of professional and para-professional, and a common strand in the detailed reports is the commitment to engagement and retention. Any service hoping to meet the needs of vulnerable families must invest skill and resources in the relationship, and this is one aspect of SSW which is clearly successful. Interestingly, in White, G., Smith, J. and Bennett, A., (2005) *Sure Start Mainstreaming Projects: What Can We Learn?* SSU/2005/SF/008, the point is made that "Family support services are still the least prevalent in SSLPs",

although clearly one of the most relevant and effective with the extremely vulnerable hard-to-reach families and their children.

Appendix 3 contains an update on recent relevant research on Surestart provision, with points relating to this report highlighted.

APPENDIX 1

As you may know, SureStart Whitley (SSW) is independently evaluated by a Brunel University research team. We have spent some time gathering the views of parents, carers and children on various aspects of service provision, and are currently engaged in collecting information within the local community and from those who work in partnership with SSW.
We would be very grateful if you could take the time to fill in this brief questionnaire, and let us know what your thoughts are on the service and how it might be improved. Please use the back of the page if you need more space.
All responses are anonymous and kept in confidentiality. If you would like to see the research outcomes or have any queries or suggestions, please contact us:
simon.bradford@brunel.ac.uk or joady.brennan@brunel.ac.uk

1. Do you think SSW offers a service accessible to those who most need it?

Yes, very much so □ To a great extent □ Partly □ Not very much □ Not at all □

2. Do you think local people and organisations see SSW as an accessible service?

Yes, very much so □ To a great extent □ Partly □ Not very much □ Not at all □

3. Do you think SSW offers a useful service to the families and children of Whitley?

Yes, very much so □ To a great extent □ Partly □ Not very much □ Not at all □

4. Are there any aspects of the SSW service you think are particularly useful to the families and children of Whitley? If so, please list.

5. Are there any aspects of the SSW service you think are not useful or appropriate for the families and children of Whitley? If so, please list.

6. In your experience does SSW work collaboratively in partnership with other services?

Yes, very much so □ To a great extent □ Partly □ Not very much □ Not at all □

7. Do you think that SSW successfully consults with the local community and represents local need and wishes?

Yes, very much so □ To a great extent □ Partly □ Not very much □ Not at all □

8. Can you think of any people, family, or group who might be left out or feel left out of involvement with SSW? What might be the reasons?

9. What aspect of SSW provision has been most helpful to you in your work ?

10. Is there any change or expansion of SSW service you would like to see?

Please let us know your job title or role…….

Return in envelope provided to:
Joady Brennan, CYWS, Brunel University, St Margaret's Road, Twickenham TW1 1PT

APPENDIX 2

Mullin, E., Quigley, K., and Glanville, B., (1994), *A controlled evaluation of the impact of a parent training programme on child behaviour and mothers' general well-being*, Counselling Psychology Quarterly, 7, 167-180.

Overall objectives: enhancing maternal psychological well being, including self-esteem and social behaviour, and promoting effective parenting Specific objectives: improving child problem behaviour.

This found significant decreases in the intervention mothers' reports of child behaviour problems and significant increases in intervention mothers' psychological well-being, self-esteem and social competence, which was maintained at 1-year follow-up.

Conduct Problems Prevention Research Group, (2002), *Evaluation of the first 3 years of the Fast Track prevention trial with children at high risk for adolescent conduct problems,* Journal of Abnormal Child Psychology, 30, 19-35.

Relevant to this tranche of the evaluation is a piece of USA work summarised below, whose overall objectives were: reducing adolescent delinquency and violence, high-risk behaviours (unsafe sexual practices, substance abuse, offending), school failure and psychopathology.

This is a substantial and validated piece of research of a long-term input (over 10 years planned, 3 carried out so far, as part of the national Head-Start provision) delivered by social workers (whose training in the USA incorporates interpersonal skills etc.), counsellors and para-professionals, in a multi-site, multi-component programme including universal and selective components, tailored to family needs.

The target group was chosen by risk factors for adolescent antisocial behaviour and delinquency, as determined by: individual child factors - neuropsychological deficits contributing to inattention and impulsivity; family factors - harsh, inconsistent discipline, low supervision, monitoring, over-involvement, coercive parent-child interactions; contextual factors - family poverty, family instability, many siblings, criminal victimisation, high residential mobility; school factors - deviant peer membership, school failure.

The universal provision includes emotional understanding and communication skills, friendship skills, self-control skills, and a social problem-solving skills training. Optional components - `enrichment programmes' including parent skills training (positive family-school relationships, building parental self-control, promoting developmentally appropriate expectations for child behaviour, improving parent-child interaction), child social skills training (reviewing and practicing skills in emotional understanding and communication, friendship building, self-control, and social problem-solving), in-home support, child `peer-pairing', and child academic tutoring.

The findings so far demonstrate significantly lower teacher-reported rates of aggressive, disruptive and disobedient child behaviours, significantly lower parent-reported problem child behaviour and significantly reduced levels of conduct problems among high-risk children.

Worthy of note is that this form of intervention significantly reduced child special educational needs diagnosis, led to significant improvements in the intervention group children's problem-solving skills and self-control, and a decrease in hostile attributions.

Parents reported using significantly less physical discipline, greater parenting satisfaction/ease of parenting, more appropriate, consistent discipline, warmth, and positive involvement.

Interestingly in the light of the move to bring more teaching staff into early years provision, academic tutoring apparently had no significant effect on the academic performance of the children involved.

A comparable but much smaller-scale preventative project in England was reported in Scott, S., Spender, Q., Doolan, M., Jacobs, B., and Aspland, H., (2001) *Multi-centre controlled trial of parenting groups for child antisocial behaviour in clinical practice*, British Medical Journal, 323, 1-7.

Risk factors: harsh, inconsistent discipline, child neuropsychological deficits and emotional problems, hyperactivity, poor attention, persistent antisocial behaviour, poor adult adjustment.

This was a parenting programme for parents of children referred to child and adolescent mental health services focusing on positive parent-child interaction, clear commands, limit-setting, ignoring undesirable child behaviour, positive reinforcement of desirable child behaviour, effective discipline, and including video vignettes of parent-child interactions, group discussion, role playing, rehearsal of parenting techniques and home practice. Staffing: trained professionals from a range of disciplines.

Significant reductions in intervention group children's antisocial behaviour and significant increases in intervention group parents' appropriate commands and in parental praise were self and evaluator-reported over a year.

Similarly, in Webster-Stratton, C., and Hammond, M., (1997), *Treating children with early onset conduct problems: a comparison of child and parent training interventions*, Journal of Consulting and Clinical Psychology, 65, 93-109, a range of universal and targeted inputs for parents and children with clinically significant behaviour problems (aggression, non-compliance, oppositional behaviours) are provided by various trained staff with the overall objectives of reducing child risk factors (deficits in social skills, problem-solving skills, self-control, poor peer interactions, negative/hostile attributions and conduct problems), and enhancing early child adjustment.

Risk factors: deficits in child social skills, problem-solving, and emotional regulation, and parental use of coercive discipline.

Significant improvements in child behaviours in all 3 conditions (parent training only/PT, child training only/CT and combined parent+child training/PT+CT). Significant improvements in conflict management skills with peers in all 3 treatment conditions. Children in CT and CT+PT treatment groups significantly improved their problem-solving skills, while children from CT+PT groups displayed significantly higher levels of positive emotion in their interactions with their mothers, as did children in the PT condition towards fathers.

Parents in both the PT and PT+CT conditions made significant improvements in their parenting behaviour, and significant decreases in intervention group children's deviant behaviour at home was evident at 1-year follow-up for all 3 treatment conditions.

APPENDIX 3

Kathy Sylva, Edward Melhuish, Pam Sammons, Iram Siraj-Blatchford and Brenda Taggart, (2004), *'The Effective Provision of Pre-School Education (EPPE) Project: Final Report',* (www.surestart.gov.uk), ref SSU/FR/2004/01

"Children with no pre-school experience (the 'home group') had poorer cognitive attainment, sociability and concentration when they started primary school. Pre-school was particularly beneficial to children who are more disadvantaged. EPPE shows that one in three children were 'at risk' of developing learning difficulties at the start of preschool, however, this fell to one in five by the time they started school. **This suggests that pre-school can be an effective intervention for the reduction of special educational needs (SEN), especially for the most disadvantaged and vulnerable children.** The slightly increased risk of anti-social behaviour seen in a small group of children starting pre-school before age 3 can be reduced by high quality pre-school. Whilst not eliminating disadvantage, pre-school can help to ameliorate the effects of social disadvantage and can provide children with a better start to school. Therefore, investing in good quality pre-school provision can be seen as an effective means of achieving targets concerning social exclusion and breaking cycles of disadvantage." (p.3)

"The EPPE research indicates that pre-school can play an important part in combating social exclusion and promoting inclusion by offering disadvantaged children, in particular, a better start to primary school. The findings indicate preschool has a positive impact on children's progress over and above important family influences. **The quality of the pre-school setting experience as well as the quantity (more months but not necessarily more hours/day) are both influential**." (p.8)

Critical processes for mainstreaming

On the evidence of the Mainstreaming Pilots, the structures and systems needed to be accompanied by, and prompt, particular processes that proved critical in overcoming barriers to successful mainstreaming. These were:

- Early and effective strategy planning – a clear strategy for change helps the lengthy process of relationship building between new partners and clients and assists in achieving coherence of vision. Such a plan should demonstrate benefits, set clear goals and (for time-limited initiatives) devise an exit strategy.

- Establishing a fit with national and local agendas and the targets of partners is crucial to ensure the objectives of mainstreaming are supportive and complementary to the relevant agency or departmental priorities.

- **Identifying a mainstream champion who can support change, encourage innovation and create enthusiasm is essential to communicate project aims, engage partners, lobby for staff involvement and promote the results of the project.**

- **Engaging partners effectively involves building on existing networks, promoting schemes to recognise the gains from joint working, encouraging transparency, using secondment and other tools to secure buy-in and, in some cases, providing short-term funding to demonstrate commitment.**

- Providing time, resource and support to frontline staff to assuage staff fears about the impact of change on their workload, employment conditions and ability to deliver.

- Making the case for change – on the one hand, in the language that the service providers at middle management and budget holding levels can understand (particularly in terms of how change will assist in achieving targets cost-effectively) and, on the other hand, enabling clients and other stakeholders to articulate the need for, and the benefits of, change.

The relationship between these critical processes and structure is summarised in the following section.

Wider implications

The Sure Start Mainstreaming Pilots are now concluded and there is no intention to launch a new round of these. However, the mainstreaming changes that they suggested and prompted are in many cases still being pursued. Moreover, the lessons they offer have an even wider resonance given the commitment that has now been given by *Every Child Matters* to the design and delivery of children's centres and to integration of services across different providers.

The lessons that can be extrapolated from the small scale Mainstreaming Pilots are clear as highlighted below.

• Firstly, all the structures, systems and processes identified in this research are required to support the necessary strategic thinking, leadership, championing, management, staff support and feedback. These features allow, facilitate and prompt the emergence and sustained involvement of an individual or group champion that can make things happen.

• **Secondly, critical importance should be attached to the establishment of an agreed vision and strategy for integrated children's services amongst public sector and other providers (both for core and networked services) that allows for continuous development over time – providing for a certain amount of flexibility consistent with the longer term purpose of the centres.**

• Thirdly, engagement of service providers at all levels will be essential both with core services and partner providers in order to: use and rationalise existing partnerships wherever possible; ensure effective leadership for integration of core services and associated networks of partners; engage partners – particularly the providers of core services - at all levels to ensure that there is vertical communication and connection from senior through middle management and budget holders to the front-line.

• Fourthly, front-line staff will need to be protected and supported through the provision of infrastructure (both hard – buildings and equipment, and soft – information sharing protocols and guidance manuals), clear line management and employment conditions, training and professional development and well defined career development paths.

• Finally, systems and processes should be established for monitoring and evaluative research – not just to assist effective management and to meet audit requirements but to: demonstrate achievements to partners and stakeholders; provide opportunities for the involvement of stakeholders and clients in the evaluation process; and build momentum for the continued development of the centres and partner network.

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What works in promoting children's mental health: The evidence and the implications for Sure Start local programmes, July 2004, (www.surestart.gov.uk)
This work suggests that the following are important:

"… Relatively high intensity and **long duration. Successful programmes are rarely brief.** Short term programmes have, at best, time-limited benefits,

especially with at-risk groups. Multiyear programmes tend to have an impact on more risk factors and have more lasting effects" (p.2).

"Attention to maintaining attendance. **Those families most in need of early prevention programmes are likely to need high levels of support to engage in an intervention, and continued assistance to maintain attendance.** In experimental programmes, they are the most likely to drop out" (p.2).

"A number of factors in programmes that are effective in enhancing infant mental health and family outcomes appear to work in an all-or-nothing manner, predominantly related to engagement of the family in intervention and based on their perceptions and beliefs about its potential benefits:

- Shared decision making between the parent and therapist/intervener.
- Trust and respect in the relationship between parent and intervener.
- Non-stigmatising presentation of the intervention.
- Cultural awareness and sensitivity in planning and delivering interventions.
- Crisis and practical help prior to, or alongside, other forms of intervention" (p.2).

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The Effective Provision of Pre-School Education (EPPE) Project: Findings from the Early Primary Years Kathy Sylva, Edward Melhuish, Pam Sammons, Iram Siraj-Blatchford and Brenda Taggart, 2004, DfES Publications, Nottingham, SSU/SF/2004/02

"It is increasingly recognised that untreated emotional disorders and disruptive behavioural problems in childhood have poor long-term outcomes. In the follow-up of a UK national survey, a quarter of the children who had a clinically-rated emotional disorder – anxiety or depression – at the first interview in 1999, were also assessed as having an emotional disorder three years later; this applied to 43% of those with conduct disorder (Meltzer et al, 2003). A review by Campbell (1995) showed that about two-thirds of three year-olds who show significant psychiatric disturbance still have difficulties at eight or 12 years of age. Many childhood disorders progress beyond adolescence to mental illness in adulthood, e.g. in children, conduct disorder leads in adulthood to anti-social personality disorder, while depression leads to affective disorders.

Mental health problems and disorders are strongly associated with difficulties at school, difficulties with peer relationships and poor school attainment. Difficult behaviour is the most common reason for children to be excluded from school, with a high risk of further mental health problems (Barnes, 1998). Young people in the criminal justice system are also highly vulnerable with respect to mental health problems (Kurtz et al, 1998), with particularly high rates in young persistent offenders (Hagell and Newburn, 1994).
Recent research has also shown that mental health problems in children give rise to heavy financial costs, which fall on many agencies. Costs for the use of

public services (excluding private, voluntary agency, indirect, and personal costs) by age 28, of children who had been identified with conduct disorder at age ten, were ten times higher than for those with no problems, and 3.5 times higher than for those with less severe conduct problems (Scott et al, 2001, p.3).

What works – Multi-systemic programmes have been shown clearly to be effective, with the following characteristics:

- The more comprehensive a programme, the more likely it is to be effective.
- The more attention an individual child receives, the greater the likelihood of positive effects.
- Interventions that begin early (including in late pregnancy) are likely to have better effects.
- The impact of short-term programmes rapidly dissipates.
- Programmes that involve the children's families are more likely to be effective.
- Programmes that include maintenance components are more effective.
- Manualised structured programmes are more likely to be effective than unstructured ones.
- If staff are rigorously supervised, they are more likely to be effective.

To achieve lasting impact with high-risk infants and parents, no single approach will have all the answers – multi-disciplinary strategies are needed. The relative effectiveness of one treatment is less relevant than the potential value of combining modes of intervention (Kazdin, in press). Identifying the appropriate combination of treatments for specific groups requires further investigation.

To achieve substantial improvements in parenting, professional involvement is likely to be needed, such as for the assessment of complex needs and for effective group work. However, there is little consistency in the literature on the qualifications required to perform preventive work. And some studies have found there was no difference in outcomes between well-trained lay home visitors and professionals (Cox et al, 1993). The greatest strength of lay workers may be in improving maternal emotional state but not specific parenting behaviours. **Most families – and particularly the most vulnerable – are likely to benefit from lay workers and professionals working together in planning and delivering services. Both need appropriate ongoing supervision, support, and training opportunities (**p.6).

A whole programme approach based on the Sure Start ethos accords with the evidence for good practice in the promotion of child and family mental health: consultation in development of a programme according to what the community says it needs, joint decision-making over interventions with individual families, flexibility in the timing and setting for delivery of interventions, and, most importantly, a trusted and respectful relationship

between the family and those delivering the programme, with confidentiality assured.

***Holistic support*: Sure Start local programmes have the capacity to offer services tailored to the specific needs of individual families, such as support during financial crisis or marital problems. These situations are often seen by families as the overriding issue, but these services also offer opportunities for mental health interventions to be introduced in a non-threatening way. In this and other ways, Sure Start local programmes can address contextual factors that may impact on effective intervention for the child.**

Intensity and continuity of services: Lay workers and professionals working together enable Sure Start local programmes to offer intensity and continuity in the delivery of interventions. Because Sure Start local programmes are embedded within their communities, they are in a good position to work with the whole local service system (mainstream and voluntary sector) and to ensure ongoing support where necessary (p.7).

Overall pre-school experience continues to influence children's development during the early primary school years. Children who attend effective, high quality pre-school centres for a longer duration show better intellectual and social profiles by the end of Key Stage 1.