

Sure Start Little Hulton Evaluation Report for the Period April - December 2005

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Introduction

This third report, together with the final three year summary, completes the Salford University evaluation of Sure Start Little Hulton. The programme has demonstrated many examples of good and innovatory practice and it is to be hoped that these will be protected and developed in future years. There have of course been less successful elements to the programme, but these too have provided valuable lessons for the future.

Children's Centres

The transformation from Sure Start to Children's Centres has been an uneasy one, particularly for project workers and involved member's of the community. Uncertainty about the future and consequent anxiety have been widespread. Involved parents in particular have experienced the transfer to Local Authority control as dis-empowering. Programme management have suffered from a lack of information and directives from above and struggled to re-assure community representatives that Sure Start's achievements will be preserved. Sadly, there is a danger that many of the community development initiatives sponsored by the programme will be lost.

Programme management has taken a pro-active approach to these problems and with support from the evaluation team has prepared a system for continued project evaluation in the coming years. *Introduction to Evaluation in Children's Centres*, written by M. Allen of the Salford University evaluation team, is included as Appendix 1 of this report. The introduction is suitable for giving to projects as a guide to the system. Sure Start Little Hulton programme management hold pro formas for reporting by the following projects: Bookstart; Family Support; Health Visiting; Language Development; Midwifery; Parental Development; Perinatal Depression; Portage.

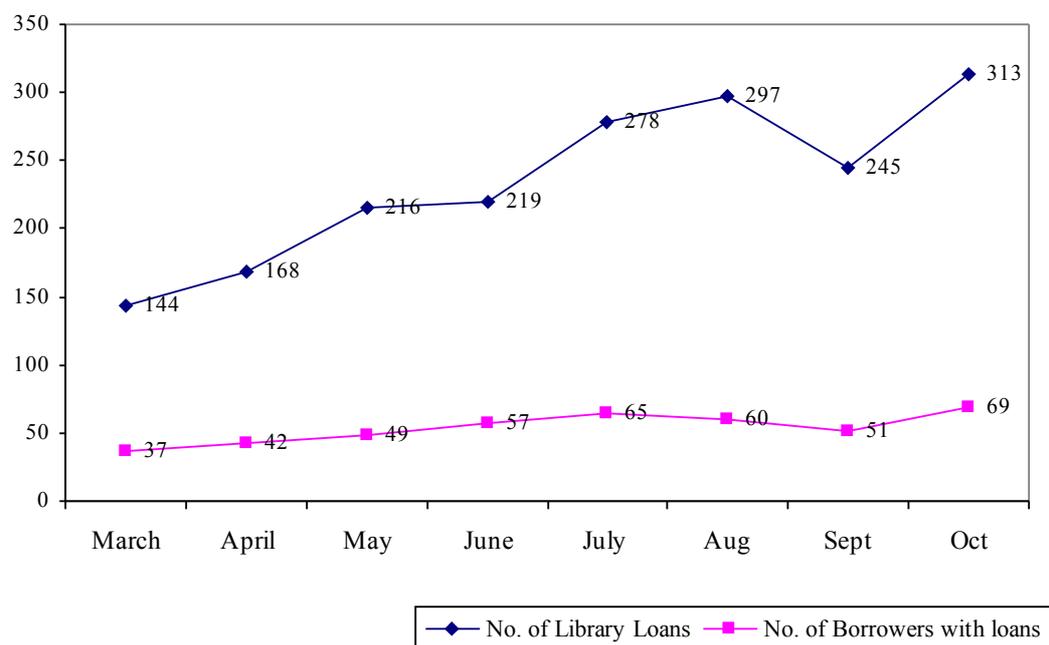
Partnership Working

The programme has produced another notable example of inter-service collaboration, in the Attachment Group. The group has been meeting for some time, in order to establish and propagate standards of best practice in child care. The group has designed cards and posters to this end. Two posters are included as Appendix 2, as examples of the group's work.

Bookstart and Beyond

The computerization of Little Hulton Library in February 2005 has facilitated the compilation of library usage figures. These show a steady increase in both the number of active borrowers and the total number of loans in the under 4 age group in the 5 months from March to July 2005. A slight falling off of activity in August and September is reversed in the October figures.

Level of Library Borrowing -
Little Hulton Library March - October 2005



Loans per month to 4s and under 2005

Month	Total loan transactions	Total borrowers with loans
March	144	37
April	168	42
May	216	49
June	219	57
July	278	65
Aug	297	60
Sept	245	51
Oct	313	69

On the 25th November 2005, the number of under fours counted as having active membership of the library was 369. This compares with a figure of 79 at the commencement of the project (December 2003). These figures are not as robust as the ones given in the table above, as they do not give an accurate measure of usage. However, in the absence of more detailed figures for previous years, they do provide an indication of the impact of the project. Taken together with the demonstrable rise in usage over the 8 months March to October 2005, they can be seen as a clear indicator of success.

The departure of the Little Hulton Bookstart Officer in August left the post empty for the second half of this evaluation period. This may partially account for the lower figures in August and

September. A Library Assistant has been able to continue the Story/Rhyme Times and Baby Parties over this period. However, co-ordination of book distribution, liaison, development and evaluation work have not been covered.

In the April to June quarter, an advertising campaign enabled the project to achieve a dramatic increase in the number of Beyond rucksacks collected from the library.

<i>Average monthly distribution of bags and rucksacks</i>			
	Bookstart bags	18 month rucksacks	3 year rucksacks
July – September 2004	10	3	4
October -December 2004	20	7	8
January – March 2005	16	6	6
April – June 2005	13	11	31
July – mid August 2005	13	11	53

Crèche development

In partnership with crèche workers, the crèche development worker has produced a more user friendly version of the project’s child assessment tool, which involves keeping a Progress/development file on each child. This appears to have been well received by both crèche workers and parents carers (see below for parent/carers evaluation).

Service user evaluations were carried out in August 2005 (six parents/carers) and January 2006 (nine parents/carers). The standard questionnaire used was different to that used for the two earlier questionnaires. The original question on child enjoyment was changed from ‘Do you feel your child enjoys the crèche?’ to the less directive ‘What do you feel is your child’s opinion of the crèche?’. Two additional questions were added to elicit a direct evaluation of staff conduct: ‘Did the staff meet your child’s needs?’ and ‘Did you find staff helpful’. The January questionnaire also contains an item asking for evaluation of the progress/development file. The rating scale was also changed from 0-10 to 1-5 and the questionnaire printed in colour. The questionnaire is now more attractive and useful and although these changes make comparisons with the earlier evaluations difficult, this is of little concern given the previously high ratings achieved. The project is to be congratulated on refusing to be satisfied with an evaluation tool that was returning high ratings, with little consequent learning value.

Continued high ratings on all items in the questionnaire mean that a summary of scores is of little value. The following findings are worth noting.

- The crèche continues to be enjoyed by children and appreciated by their parents/carers.
- The main criticism from parents/carers is that the service is very limited (generally one session per child per week).
- Positive feedback on the child assessment tool:

<i>Score</i>	<i>Number of respondents</i>	<i>Comments</i>
5	4	<ol style="list-style-type: none"> 1. "I think it is a great idea" 2. "I think it is a wonderful way to observe improvement and areas which need attention" 3. "Can see progress and improvements" 4. "It enables both worker and parent to look back at what the child has done"
4	1	<ul style="list-style-type: none"> • "Good - parent's confidence and staff confidence develops"
3	1	<ul style="list-style-type: none"> • "Looks good but too early to say"
no rating	3	These three parent/carers were not aware of the progress/development file, as their child was new to the crèche.

- Comments continued to stress parent/carer respite, child development and socialisation as principle benefits from the crèche.
- Staff continued to receive praise for their friendly, caring and helpful approach.
- One respondent requested more educational input.

Enhance Portage

At the commencement of the programme, the project was already engaging users in evaluating the service. Although this feedback reflected a very high degree of user satisfaction with the service, the non-critical nature of the comments did not facilitate service improvement. In the course of the project, the service has been able to develop a more critical approach to self-evaluation (see Appendix 3).

A major aim of the project has been to develop a 'portage bridge' to better facilitate the child's entry into a first setting, such as a school. The service has found that many placements in mainstream schools for children with additional needs have been discontinued at an early stage, often because of a break-down in communication between home and setting. The bridge involves a more intensive involvement with school staff during the child's settling in period. Rather than a single school visit by a portage worker, a series of up to 10 visits is involved. During this settling in period, the portage worker offers support to both parents and setting staff in meeting the child's needs and mediates to resolve any issues that might arise between them. Unfortunately, development has been slow and the first piloting of the scheme has only just begun. However, the project has developed evaluation questionnaires for both setting staff and parents (see Appendices 4 and 5).

The pilot is taking place at a time when other changes, linked to the Inclusion agenda, are happening in school settings. Schools are taking children with more complex and significant additional needs, creating new challenges for setting staff. It will be important to take these changes into account when evaluating the portage bridge. In particular, it should be noted that experience of additional

needs will vary from setting to settings and that some settings will be less receptive to change than others.

Family Support Team

User feedback

The project continues to receive user feedback that is overwhelmingly positive. Below is a selection of comments deriving from three sources: comments on user feedback forms; comments made directly to project workers; comments conveyed to project by other workers on the Sure Start programme.

“I thought I could talk to my Family Support Worker more than my family.”

“I feel brilliant, im a lot more confident with my kids and have got into a routine.”

“I really liked the sticker charts I was provided with.”

“The children have started to help around the house, and we get on better”

“The Family support worker was brilliant I love her as do the children.”

“It helps having someone to talk to.”

“The family support team have helped me in getting my child into a bedtime routine.”

“I am now more able to cope with my child’s behaviour.”

“The way it was given wasn’t judged and lots of patience.”

However, the Family Support Team have not been afraid to record and report negative comments also. Two of these concern on lack of resources, while a third implies that in one case the service raised expectations unrealistically. The project's attitude to criticism is an example to others and will facilitate effective self-evaluation and improvement.

Sources of referrals

Social Services, Health Visiting and Self Referral continue to be the major sources of referrals, accounting for about two thirds of the total. However, the final quarter saw referrals from four new sources: Family Action; Speech and Language; Home Start and Psychology.

Source of referrals	Number of referrals				
	Oct. - Dec. 2004	Jan - Mar. 2005	April - June 2005	July - Sept. 2005	Oct. - Dec. 2005
Families themselves	4	4	4	5	3
Health Visitors	4	2	1	2	4
Social Services	0	4	4	5	5
Welfare Rights	2	0	0	0	0
Education Welfare	0	0	0	1	0
Midwifery	1	0	2	0	0
Teenage Pregnancy	0	0	1	3	0
Supported Tenancy	0	0	1	0	1
Schools	0	0	1	0	0
Family Action	0	0	0	0	1
Speech and Language	0	0	0	0	1
Home Start	0	0	0	0	1
Psychology	0	0	0	0	1
Total	11	10	14	16	17

Throughput of cases

In the period April to December 2005, the project received 47 referrals. As the table below shows, the rate of referrals has been increasing throughout the period. The completion rate for cases has also increased but has continued to lag behind the rate for new referrals.

Quarterly period	Number of new referrals	Number of cases completed
Oct – Dec 2004	11	8
Jan – Mar 2005	10	9
Apr - Jun 2005	14	14
Jul - Sep 2005	16	10
Oct - Dec 2005	17	14

Employment and contact hours

The increasing case load has been addressed by increasing the level of staffing in the final quarter. However, this has not been reflected in an increase in contact with individual families. Holidays

and staff illness resulted for a significant drop in contact hours in the Jul - Sep quarter and these had not fully recovered by the end of the year, despite the extra hours of employment. Although the senior family support worker has succeeded in increasing her own contact hours significantly, this has not been reflected in the performance of other staff. While throughput of cases and user feedback show little cause for concern at present, it might be advisable to focus more resources on supervisory issues. This might be achieved either through a further increase in resources to the project, or a re-allocation of resources within the project. As pointed out in the 2005 report, the service is currently extremely cost efficient, it would be a pity if lack of properly directed and adequate resources at this stage were to lead to an erosion of this achievement in the long term.

<i>Family specific contact hours</i>	<i>Hours of employment per week</i>			<i>Approximate contact hours per week</i>		
	<i>Apr - Jun</i>	<i>Jul - Sep</i>	<i>Oct - Dec</i>	<i>Apr - Jun</i>	<i>Jul - Sep</i>	<i>Oct - Dec</i>
<i>Senior Family Support Worker</i>	37	37	37	17	15	21
<i>Qualified Family Support Workers</i>	67	67	74	37	19	25
<i>Unqualified Family Support Workers</i>	18	18	20	6	7	4
<i>Totals</i>	122	122	131	60	41	50

Health Visiting Service

I have received no evaluation reports from the health visiting service in this period.

Home-Start

Concerns raised in previous reports led to a decision by the Sure Start Little Hulton management

group that Home-Start should be given a probationary period in which to increase their case load and thus improve the cost effectiveness of the project. Home-Start conducted a consultation exercise with actual and potential referring agencies and a system of joint visits with the Sure Start Family Support Service was put in place.

While these measures appeared to lead to an increase in referrals in the latter months of 2005, there is evidence that this was falling away by the end of the year (see Appendix 6). Furthermore, the project itself has questioned the figures that indicate an increase (see Appendix 7).

What is clear is that during October 13 Family Support/Home-Start joint visits were conducted, 3 of which resulted in Family Support referrals being referred on to Home-Start. The senior Family Support worker estimated that this represented a potential time saving to her project of 40 hours per case (120 hours total) though this must be set against the time she has spent co-ordinating and making the visits. She reported difficulties in communication and information sharing with Home-Start.

The subsequent evaluation of Home-Start (Appendix 6) revealed no clear signs of improvement and after further analysis by the programme manager (Appendix 8) funding to the project was suspended.

Midwifery

The midwifery project submitted a very full evaluation report at the end of 2005. This is reproduced in full in Appendix 9. Some of the main points are summarised below:

- Midwives now have the main responsibility for registering new families with the Sure Start programme.
- A parental evaluation questionnaire was designed and administered to 19 service users:
 - Findings are difficult to interpret, as not all respondents are accounted for with respect to every question;
 - The innovative Well Being Assessment (WBA) appears to be liked by service users;
 - Users are generally satisfied with the service;
 - Respondents would appreciate a free 'on the spot' pregnancy testing service from their midwife.
- Midwives are “generally positive” about the WBA, though they are concerned at the extra workload it entails.
- All smokers have been offered individual smoking cessation advice. Of 190 expectant mothers, 46% of whom were recorded as smokers, 13 gave up in the October – December quarter.

- The breastfeeding project is long term in nature and it is difficult to demonstrate short term gains.
- Nevertheless, breastfeeding volunteers are doing a tremendous amount of 'hidden' informal work promoting breastfeeding in the community (see appendix).
- A second cohort of Breastmates has graduated, renewing enthusiasm for the project.
- Community midwives delivered five sessions on breastfeeding for pupils of Harrop Fold School, and collected some very interesting feedback (see appendix).
- It was discovered that childcare texts used by the school gave the inaccurate impression that there are no health benefits to choosing breastfeeding rather than bottlefeeding.

Parental Development

Although a format for evaluation was worked out towards the end of the last evaluation period, reporting has been uneven and data is therefore patchy. No report was submitted for the Apr-Jun or Jul-Sep quarters, but a report was received for the October-December 2005 period (see Appendix 10). Prior to this, a Crystal Report was produced in July 2005 showing number and reasons for contacts (Appendix 11). These show the project to be functioning well.

The project has sponsored an offshoot, a Father's development project. In addition to extending Sure Start support to more fathers, this has led directly to the employment of one of the parent's sponsored by the Parental Development project. Following a period as a Sure Start volunteer, he is now employed as the Father's Development Worker.

Perinatal Depression (PND)

The PND project has reduced waiting times from 3 months to 8-12 weeks for referrals from Sure Start areas. Ninety-nine referrals have been taken from Little Hulton in the period November 2004 to November 2005.

No. of referrals from Little Hulton*	99
score on Edinburgh scale <12 (no treatment)	69
score on Edinburgh scale 12-19 (mild to moderate depression)	22
score on Edinburgh scale >19 (severe depression)	8

*Referral figures for Little Hulton are higher than any other Sure Start area. Figures given may be artificially low, due to 17% of referrals having incomplete post codes.

The project provides:

- a referral service;
- a home visiting service;

- clinical psychology;
- two counselling groups (in Winton and Langworthy);*
- three support groups (one in Little Hulton);
- a consultancy service, offering advice and information on PND, which has handled 60 consultations;
- training sessions for Sure Start workers and other professionals.

*For confidentiality reasons, referrals from Little Hulton have expressed a desire to attend groups outside the immediate locality.

The project administers Edinburgh Scale tests at several points in the service user's pathway and is maintaining detailed records. Unfortunately, time restrictions forbid a detailed analysis of these here. However, the project has comprehensive plans for analysing and evaluating this data. Counselling service and user evaluation interviews were due to commence in January 2006, putting them outside the scope of this report. A copy of the project's user feedback form is included as Appendix 12.

Speech and Language Development

The project continues to maintain a pro-active approach to evaluation, innovation and improvement. The service is very popular with parent's and can demonstrate substantive achievements. There is some evidence that the project's reputation is spreading by word of mouth.

Parent's language promoting strategies and Communication Development Worker's (CDW) intervention.

The CDW visits the family home, ideally making six visits, but sometimes as few as four. The effect of the CDW's intervention is measured on a parental skills rating scale which includes 14 discrete strategies which are recognised to promote a child's language development. An analysis of a sample of these is given below.

	<i>strategies present before intervention</i>	<i>strategies present at end of intervention</i>	<i>total possible strategies</i>
Total number of strategies present	28	56	140
Percentage of total possible strategies	20%	40%	100%

Thus, parental skills as measured on the scale doubled on average during the intervention. This still represents less than half of possible skills. However, these figures should be treated with some caution, as it seems not all the parents' skills are necessarily displayed at the time of assessment.

An analysis of the increase in strategies used by individual parents shows a wide variability in the

increases achieved, from 0 (0%) to 6 (300%). This suggests that the intervention may be more suitable for some families than others. However, only one parent achieved no increase and only two failed to achieve a 50% increase.

<i>Parent/carer</i>	<i>Strategies prior to intervention</i>	<i>Strategies after intervention</i>	<i>Increase in number of strategies</i>	<i>Increase in number of strategies as a %</i>
#1	3	6	3	100%
#2	3	8	5	167%
#3	3	5	2	67%
#4	4	5	1	25%
#5	4	4	0	0%
#6	3	6	3	100%
#7	3	8	5	167%
#8	2	3	1	50%
#9	1	3	2	200%
#10	2	8	6	300%

Talking Tots

The project's user evaluation questionnaires for Talking Tots record a high level of satisfaction among carers, who report specific behaviour changes oriented to improving their child's speech and language development.

Toy Library

The project ran a toy library at St. Paul Peel's. The aim of this initiative was to create an opportunity for project workers to raise awareness speech development and discuss and discuss this with parents

The project has designed a user evaluation questionnaire for Toy Library. This required service users to respond to a series of questions by ticking either the 'yes' [smiley face] or 'no' [sad face] column. Respondents were required to share response forms. Responses were as follows:

<i>Questions</i>	<i>Yes</i>	<i>No</i>
Was there a good choice of toys/books?	24	0
Did the toys give you and your child something to talk about?	23	0

<i>Questions</i>	<i>Yes</i>	<i>No</i>
Did you use any of the information or advice given about using the toys/books?	15	6
Were you aware that you could use the opportunity to talk about your child's language learning?	20	5
Do you think the Toy Library is a good idea?	23	2

The has supported the school to set up its own toy library.

Babbling Babies

The project has completed a detailed qualitative evaluation of the Babbling Babies sessions. Of particular note are:

- The group was initially felt to lack sufficient structure, so 'circle time' for information and discussion was increased, parents expressed the need for other groups to adopt a similar approach;
- 100% of service users reported behaviour changes oriented towards their child's development;
- Although it was not a planned aim, project workers felt that parents' confidence with their baby increased as a result of the session;
- Project workers felt that carers are particularly receptive to advice at this stage in the child's development.

The approach has been extended to other Sure Start areas.

Appendix 1

Introduction to Evaluation in Children's Centres

1. General Evaluation Guidance

The guidance for Children's Centres clearly states that Local Authorities must put in place monitoring and evaluation systems. This means that all projects and workers funded by Children's Centres will have to provide some form of evaluation.

The projects will still have to work towards targets, but these are now part of the overall framework of the document *Every Child Matters*. This document describes a broad range of outcomes and targets for children from 0-19, under the general headings - *Be Healthy, Stay Safe, Enjoy & Achieve, Make a Positive Contribution and Economic Well-Being* (DfES 2004).

There are too many targets to list here and it is important to remember that each project will contribute to different targets and outcomes. Your individual aims as a project, and the targets and outcomes you contribute to, will be decided in discussion with the Children's Centre manager in the course of your regular management meetings.

However, when carrying out any evaluation, it is worth remembering that any assessment will be interested in *how* you deliver your service, not just *what* you deliver. They will want to know -

- How well your service has responded to the needs of parents' and carers'
- How much you work in partnership with other agencies and how effective that work has been. (DfES 2005)

2. How Children's Services will be Assessed

Children's Centres are part of a much wider change in the way children's services will be designed, delivered and evaluated over the next few years. All services for children will be expected to work in partnership, sharing information and providing multi-disciplinary services to children and families.

In line with this the government is introducing a universal framework for the assessment of services. Services will continue to be assessed in the usual way, against their own national standards, but they will also be judged through a rolling programme of local assessments. The assessments will be carried out by a multi-disciplinary team from health, social care and education and will be led by Ofsted. They will be carried out through the local authority. There will be two rounds of assessment -

a. The Comprehensive Performance Assessment.

This is an annual assessment which will look at all services provided for children through the local council. It will be carried out using self-assessment, and the local authority will collect information and complete a return about their provision. This

return will be partly used to decide which area of provision should be looked at in the three year assessment (Ofsted 2005c)

b. The Joint Area Review

This assessment will be carried out every three years. The review will look at *all* provision for children, not just council services. It will include the voluntary and health sector. The review will involve a team of assessors visiting the area and looking at a selection of projects and provision. They will look at the management and partnership arrangements of children's services and will talk to local parents and children. They will use existing information wherever possible and *if projects are providing robust evaluation, there should be no need for them to be examined by assessors.* (Ofsted 2005d)

3. The Framework of Assessment

The assessors come from different disciplines, but all will be working to a *common framework of assessment* and will be using a *fixed set of key judgements* against which the local services will be measured. Early years projects will be very used to this kind of assessment, as it is similar to the Ofsted process.

a. Framework of Assessment

Ofsted have published a general guide to the way in which all assessments will be carried out (Ofsted 2005a). All assessors should work to this framework and look at the extent to which services have contributed to the five key outcomes – *staying healthy* etc. The framework is a set of guiding principles for assessors which includes such things as –

- Encouraging rigorous self assessment by services
- Focusing on the experiences of children
- Using existing information where possible
- Taking account of the views of children

b. What standards will be used to assess services?

Ofsted have also published a document which outlines the 'Key Judgements and Evidence' that assessors will use to assess the effectiveness of children's services (Ofsted 2005b). This is a very lengthy document as it applies to services for all children, from 0-19 across all services. The evaluation team has pulled out some of the more relevant standards which services for the under 5's will have to meet. Your local centre manager will agree with you the standards that apply to your service and you will decide together how you will meet them and what evidence you need to collect to show that you have met them.

The standards that are relevant to under 5's include things such as -

- Early years provision promotes children's development and well-being and helps them meet early learning goals
- Healthy lifestyles are promoted for children and young people
- The incidence of child abuse and neglect is minimised

4. Local Arrangements

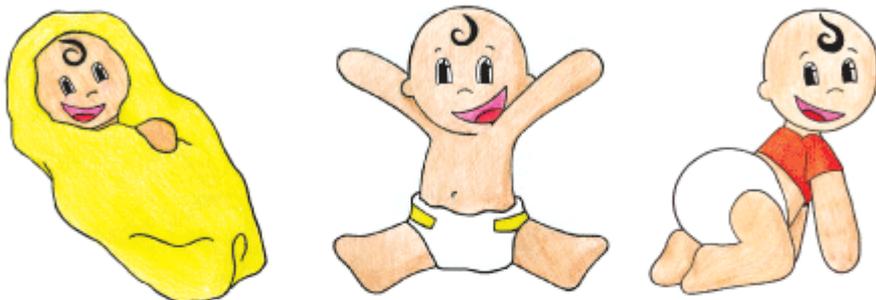
The local centre manager will work with you to identify the aim of your project and how this contributes to the core offer of the Children's Centres. The manager will also identify with you how you will meet the standards set down by Ofsted and what evidence you will need to collect to show the assessors that your project is being effective.

Most projects are already providing evaluation information and this should not involve any additional work on their part, although projects may have to collect different kinds of information. Projects will have to complete a brief form at the end of the year to outline the outcomes of their work, evidence of effective partnership working and feedback from users.

Appendix 2

Examples of Attachment Group Draft Posters

5 Golden Rules for Happy Babies



- 1. Happy babies get lots of cuddles**
- 2. Happy babies know that their cries will be responded to quickly**
- 3. Happy babies enjoy close contact with their parents**
- 4. Happy babies hear gentle voices and kind words**
- 5. Happy babies have parents who look after themselves**
Join other parents for fun and support
Talk over difficulties with people you trust

PLEASE NOTE

THIS IS AN APPROXIMATE ILLUSTRATION OF THE FINISHED PRODUCT ONLY.
COLOURS & SIZES MAY VARY SLIGHTLY DUE TO INDIVIDUAL MONITOR SET-UP AND DIFFERENT PRINTING TECHNIQUES ETC.

****It is the client's responsibility to check all details including Fax and Tel No's etc.
Silk Group can not be held responsible for any errors found after production****

Please tick appropriate box

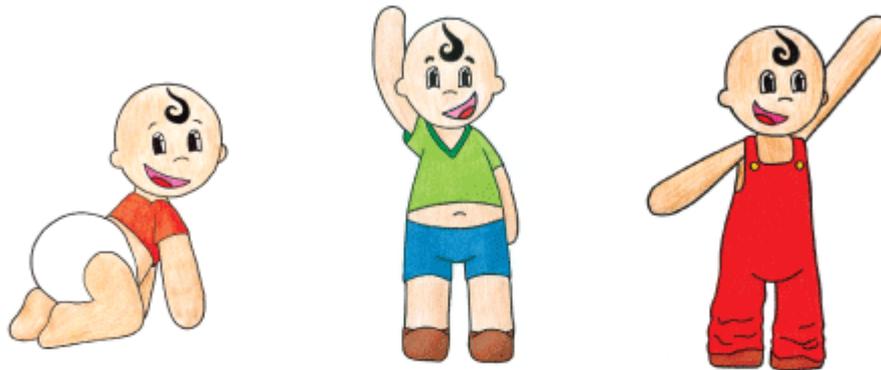
- Yes** I/we the undersigned have checked that all artwork is correct & you may now proceed to print
- No** the artwork requires further amends & re-proofing

silkgroup

**Tel: 01204 433088
Fax: 01204 431114**

Approved Signature: _____ Date: _____

5 Golden Rules for Happy Toddlers



- 1. Happy toddlers get lots of cuddles**
- 2. Happy toddlers know that their needs will be met soon**
- 3. Happy toddlers have parents who play with them and talk about what they are doing**
- 4. Happy toddlers copy nice words and kind behaviour**
They are praised for being good
- 5. Happy toddlers have parents who look after themselves**
Join other parents for fun and support
Talk over difficulties with people you trust

PLEASE NOTE

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- Yes** I/we the undersigned have checked that all artwork is correct
& you may now proceed to print
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**Tel: 01204 433088
Fax: 01204 431114**

Approved Signature: **Date:**

Appendix 3

New portage evaluation report format

Portage Service Quarterly Report for Little Hulton Sure Start - January '06

Planned Milestone	Evaluation
10 sessions of 'Playing together' groups: Focus for the group is parental involvement in their child's play and understanding of its relevance in regard to learning. Jointly run with early years Centre. One weekly session at the One stop shop.	10 Sessions have taken place. There have been difficulties in consistency in regard to staffing. Currently re-organisation in the Early Years Centre has meant that their participation cannot continue. During the next quarter we will be working with Sure Start Crèche workers to facilitate the group.
Consultation with parents on planning for play activities and group decisions etc.	Parents attending the group have participated in planning activities on a session-by-session basis through discussion. Suggestions made by parents acted upon e.g. More large equipment and specific messy activities were introduced following parental suggestions. We hope to recruit parent facilitators for the group.
Increase numbers attending from 6-10	A core group of 8 parents all with one or more children attend now attend. Currently there are two children who have additional needs who attend the group on an occasional, rather regular basis.
Carry out user group evaluation with parents who attend	No formal evaluation has been undertaken. In formal evaluation is on going through parental participation in discussion and decision making.
Provide catalogues for 10 families to access Portage Toy library resource via group.	Catalogues have been made available. Most families use the local Toy library at the Early Years Centre.
Pilot 'Portage bridge' process transition from home to school	The 'Portage bridge ' has been piloted with 2 children with complex additional needs who have started in mainstream school. In both cases difficulties were encountered particularly in the initial half term, these issues were addressed through the bridge process. Both children are still attending the placement Evaluations from both parents and setting have been sent out.

Appendix 4

Salford Portage Service :

Portage Bridge : Transition from home/first placement to Mainstream school

Service input evaluation

Case number :

Sure Start area :

Date input commenced and ended :

Number of setting visits :

Additional information:

Please note that this evaluation is aimed at measuring the service we deliver and not the outcome in terms of inclusion for individual children.

Service element	Yes	No	Comments
Was the purpose and process of 'Bridge' made clear.			
Was there sufficient contact /contactable			
Was appropriate support and advice given			
Was support given used and effective			
Were reviews attended			
Was the length of involvement sufficient			
Did child/family benefited from 'Bridge' approach			
Totals			

Appendix 5

Salford Portage Service:

Portage Bridge : Transition from home /first setting to Mainstream placement

Service input evaluation

Case number :

Sure Start area :

Date input commenced and ended :

Number of home/setting visits :

Additional information :

Please note that this evaluation is aimed at measuring the service we deliver and not the outcome in terms of inclusion for individual children

Service element	Yes	No	Comments
Was the purpose and process of 'Bridge' made clear			
Were you Included in planning			
Were you kept informed of progress /issues			
Did you receive sufficient home /setting visits			
Was your home visitor sufficiently contactable			
Did your child /family benefited from 'Bridge' input			
Did you feel supported during process			
Totals			

Appendix 6

Evaluation of Home-Start, Report to Management Group 24th January 2006

There are still some difficulties with the Home-Start evaluation due to different methods of counting and reporting. However, the data presented below points to some clear conclusions.

Significant contacts (from monitoring data).

This table records the months in which specific families were contacted. The first contact is highlighted in bold. First contacts are compared in the final two rows with numbers of referrals (taken from evaluation report).

<i>case ID</i>	<i>mar</i>	<i>apr</i>	<i>may</i>	<i>jun</i>	<i>jul</i>	<i>aug</i>	<i>sep</i>	<i>oct</i>	<i>nov</i>	<i>dec</i>
7	x									
17	x	x	x	x	x	x	x	x	x	
65	x	x	x	x	x					
165		x	x	x	x	x	x			
2229				x		x	x	x		
2897	x	x	x	x						
3976									x	
4513									x	
4565	x	x	x	x	x	x	x			
4849	x									
5094	x	x	x	x	x	x	x			
5386					x	x	x	x	x	
11328	x									
11438	x	x	x	x	x					
14367									x	
14529	x		x	x	x	x				
Total	10	7	8	9	8	7	6	3	5	

<i>case ID</i>	<i>mar</i>	<i>apr</i>	<i>may</i>	<i>jun</i>	<i>jul</i>	<i>aug</i>	<i>sep</i>	<i>oct</i>	<i>nov</i>	<i>dec</i>
First visit	na	1	0	1	1	0	0	0	3	na
New referrals	na	0	1	0	2	0	3	5	3	0

Summary of activity over the period April 2005 - December 2005.

<i>Month</i>	<i>No. of new cases*</i>	<i>No. of discharged cases*</i>	<i>No. of families supported**</i>	<i>No. of significant contacts**</i>
April	0	0	7	35
May	1	0	8	39
June	0	2	9	41
July	2	1	8 (8)	33 (29)
August	0	1	7 (8)	30 (28)
September	3	0	6 (7)	32 (27)
October	5	4	3 (3)	16 (na)
November	3	1	5 (9)	31 (na)
December	0	0	na (11)	na (na)

*Figures taken from quarterly evaluation reports

**Figures taken from monitoring data (evaluation report figures in brackets)

Improvement measures taken

- Consultation with referring agencies
- Joint assessment visits with Sure Start Family Support
- Improvement of recording and reporting procedures

Improvements achieved

- ✓ There is evidence of an improved rate of referral from September onward.
- ✓ Recording and reporting procedures have improved.

Continued reasons for concern

- Nine new referrals have had no significant contact, as defined for monitoring purposes.
- It appears that waiting time for a first contact is about two months.
- One new referral has chosen not to use the service.
- There is little evidence as yet of an improved level of service delivery.

Recommendation

- It is too early to judge the full impact of the improvement measures put in place. However, there remain major sources of concern at this stage in the process.

Appendix 7

Home-Start project leader's response to evaluator's report to management group.

Hiya John,

I apologise for not being able to comment on your report before now but I have been through a traumatic ordeal which I asked Kelly to inform you of.

I would like to make the following comments about your report:

1. Under your first heading 'Evaluation of Home-Start, Report to Management Group 24th January', can you clarify what the difficulties are that you have referred to.
2. Can you tell me who has given the families Case ID numbers? I cannot cross reference these cases with our families as these are not our case reference ID numbers.
3. I am quite baffled by the section 'Continued reasons for concern' and would like to comment on each of these reasons individually;
 - a. which 9 referrals are you referring to who you say have had no significant contact? All referrals that have been referred to either Sure Start or Home-Start have had a joint visit carried out by Gaynor and Vicky. It is then decided which is the most appropriate service to offer the family support. If you read my Quarterly Evaluation report it says that in October between Sure Start and Home-Start a total of 10 referrals came in. 9 went to Sure Start and 1 came to Home-Start. After Joint Initial visits the most appropriate support was offered by the relevant service.
 - b. What do you define as a first contact? As soon as we receive a referral Gaynor contacts Vicky at Sure Start and a Joint Visit is arranged this is usually completed within 5 working days. If it is decided that Home-Start is the most appropriate support to place with a family a volunteer is then identified who has the relevant skills and experience to work and support that family. Depending on the family support needed and the availability of a suitable volunteer the time scale can vary. However, we ALWAYS keep the family and referrer informed of developments.
 - c. Why is it a concern that a family chooses not to use the service. We would much rather a family tell us if they do not want our support. The other point to remember is that families CHOOSE whether they want to accept our support or not, it is not compulsory.
 - d. On what evidence have you based your final concern?

Can you please ensure you consider the comments made when you present your final report.

Regards
Lynn Meadowcroft

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Appendix 8

Sure Start Little Hulton

Assessment of preventative service

Presentation to the Sure Start Little Hulton Management Group – 21st March 2006

Background

In March 2005, Dr John Rooke from the University of Salford's Sure Start Evaluation Team presented his second Evaluation Report of the Sure Start Little Hulton Programme, covering the period July 2004 to March 2005. In this report John highlighted a number of concerns relating to the cost effectiveness of the Homestart Volunteer Befriending service compared with the Spurgeon's Child Care Family Support Service.

Cost Effectiveness - cost per contact:

Homestart:	£85.39
Family Support:	£50.39

The report concluded:

"Homestart has considerable ground to make up if they are able to demonstrate that they are providing a cost-effective service. The service has a small case load and a low turnover. The latter maybe inevitable, due to the nature of the service, but it is impossible to escape the conclusion that the size of the case load must increase dramatically if the cost of the project is to be justified."

The report offer the following guidance

"...the relationship with Family Support is crucial. There is an opportunity for Homestart to complement the Family Support Service by taking up less acute cases of need, thus allowing Family Support Workers to focus their efforts more effectively."

Service Support/Redesign

At the meeting of the Sure Start Little Hulton Management Board it was agreed that additional effort should be made to align Homestart and Family Support. A meeting took place on 18th August with Paul Walsh, Vicky Waston, Lynn Meadowcroft and Gaynor Morrison where it was agreed to undertake joint initial visits and share workload more effectively.

Joint Working

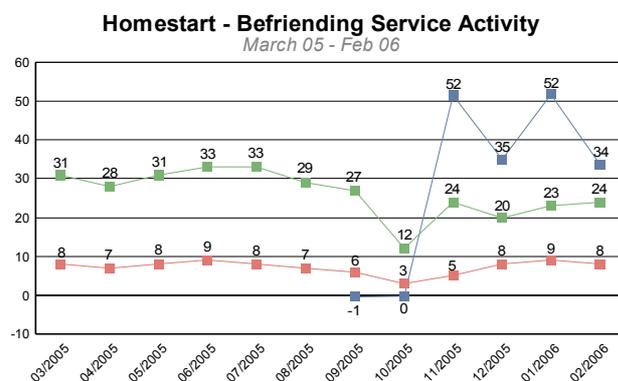
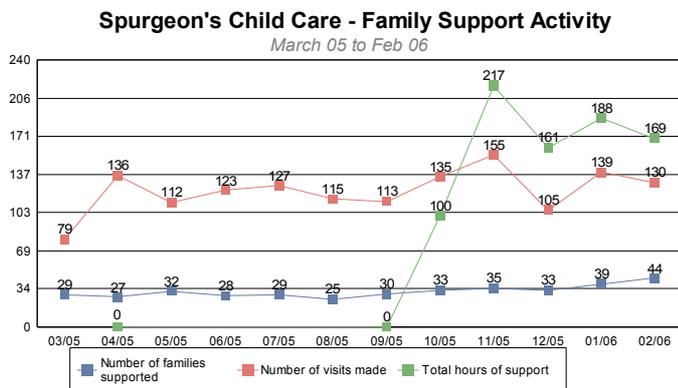
The joint initial visits started in mid September 2005. Since this time a total of 39 joint initial visits have been made (as recorded on the SurePoint Monitoring Database on 17 March 06)

06-07 Budget

The Sure Start Local Programme Budget for 06-07 was approved without allocated funding for Homestart..

Service Delivery Contact

The two graphs below show the level of Homevisiting contact for both services over an 11 month period starting from March 2005. The graph omits telephone, no-access and group-work contact. The recording of 'hours of visit' started in October 2005.



Analysis

Agency	Date	Range Families Supported	Ave Families Supported	Range No. Visits	Ave No. Visits
Family Support	Mar 05 - Sept 05	25-32	28.6	79-136	115
Family Support	Oct 05 - Feb 06	33-44	36.8	105-155	133
Homestart	Mar 05 - Sept 05	6-9	7.6	27-33	30
Homestart	Oct 05 - Jan 06	3-9	6.6	12-24	21

Family Support show an increase in both the average number of families supported (29% increase) and the average number of visits (16% increase) under the joint initial visit arrangements.

Homestart show a decrease in both the average number of families supported (13% decrease) and the average number of visits (30% decrease) under the joint initial visit arrangements.

Service Cost

Homestart costs April 05 – March 06: **£34,155**

This cost is made up of salary costs for the Organiser at £24,820 and the Senior Organiser at £9,335

Spurgeon's Family Support costs April 05 – March 06: **£78,978**

This cost is made up of the salary cost for the Family Support Team (3.6 w.t.e.) at £64,632 and a management support charge at £14,346

Cost Effectiveness Analysis

Agency	Date	Cost	Cost per family supported	Cost per visit
Family Support	Mar 05 - Sept 05	£46,070	£230	£57
Family Support	Oct 05 - Feb 06	£32,908	£218	£50
Homestart	Mar 05 - Sept 05	£19,924	£376.53	£94
Homestart	Oct 05 - Jan 06	£14,231	£431.33	£138

With reference to the cost effectiveness calculation – cost per contact - in the July 2004 to March 2005

Evaluation Report (Homestart: £85.39 - Family Support: £50.39), the cost effectiveness calculation in the table above indicates a slight widening in the gap between the cost effectiveness of Homestart and Family Support over the two reporting periods. This is due to a decrease in cost effectiveness of Homestart.

Appendix 9

EVALUATION OF LITTLE HULTON SURE START MIDWIFERY PROJECT, JAN 06

TARGETS

Midwifery targets are to;

Register families with Sure Start

Offer Wellbeing Assessments to expectant mothers

Reduce smoking

Increase breastfeeding rates

Promote healthy lifestyles and physical, psychological and emotional wellbeing

REGISTER FAMILIES

Midwives register expectant parents at an early stage in the pregnancy and are the main workers to inform new parents about Sure Start. The midwifery service is positively regarded by the community and women actively seek out midwives. Community midwives are already involved with vulnerable families and generally work well with families who other services have difficulty engaging with. This positive introduction is invaluable to Sure Start and is partly responsible for the success of the programme in Little Hulton.

WELLBEING ASSESSMENT

The Wellbeing Assessment (WBA) has been developed by the Sure Start midwifery Manager and Salford Midwives to address the wider public health, social, psychological, nutritional and physical wellbeing issues for pregnant women and their families. This is a unique and innovative tool to assist midwives in providing enhanced maternity care.

It has been well received by

To obtain feedback from users community midwives distributed Midwifery Service questionnaires to mothers whose maternity care was almost complete (Appendix 1)

Findings; n=19

- Did you see your own Community Midwife for your antenatal care?

Yes always 10 Most of the time 8 Sometimes 0 Never 1(All care at hospital)

- Did your midwife complete an interview during your pregnancy called the **Salford “Wellbeing Assessment?”** (discussions about you and your pregnancy)

Yes 12 No 5 (1 new patient) Not sure 1

If yes please answer the following question if not please go to question 6

- How did you feel having this type of discussion with your midwife?

Intruding 0 Not very helpful 0 Helpful 4 Very helpful 9 no response 3

Please Comment...”*I found the information given and the questions I ask very useful.*”

“Midwife was able to discuss issues I had in great detail.”

“Everything was explained very well.”

“She helped with questions and any worries I had”

“It was useful as it helped sort my emotions out”

nocomments 5.....
.....

- Would you want to have a “Wellbeing Assessment” discussion again if you have another pregnancy?

Yes 4 No 1, not having any more (children) no answer 4

Please comment...see above
.....
.....

- How many midwives did you see at the antenatal clinic appointments during your pregnancy?

Just own midwife 3 2 to 3 midwives 11 More than 3 midwives 1 (1 no response)

- Did you find the information you were given in pregnancy about parent education sessions, breastfeeding benefits and tests was:

Too much 0 Enough 13 Not Enough 2 Not given 1

Please comment “I was told about everything I needed to know. They never pushed it onto me “

“Not given - I was given the leaflets and left to read them myself.”
.....
.....

- Did you attend any parent education sessions in your pregnancy or after the birth? If so please circle any you attended and the approximate number of times you attended.

Parent Education at the Hospital No. of times 13 (3 respondents)

Parent Education at a Community Centre No. of times 4

Guided Birth Session No. of times 8

Aqua natal No. of times 25

Pilates No. of times 12

Breastfeeding workshop No. of times 1

Breastmates group No. of times 1

Is there any other type of group you attended or would like to see available in Salford for pregnancy or after the birth.

Please comment.....1 ...*Baby massage should be more available*

- After you returned home, did you find the midwives provided the help and support you needed?

All of the time 18 Most of the time 0 Some of the time 0 None of the time 0

- Please look at the topics below and indicate how satisfied you were with the help and support given by midwives:

Breastfeeding.....

Not satisfied 1 Partially satisfied 1 Satisfied 3 Very satisfied 9

Bottle-feeding.....

Not satisfied 1 Partially satisfied 1 Satisfied 4 Very satisfied 8

Care of the baby.....

Not satisfied 0 Partially satisfied 1 Satisfied 4 Very satisfied 12

Care of yourself.....

Not satisfied 0 Partially satisfied Satisfied 7 Very satisfied 11

Groups and support available in your area

Not satisfied 0 Partially satisfied 0 Satisfied 10 Very satisfied 6

How many different midwives visited you at home after the birth?

Just my own midwife 1 2 to 3 midwives 13 More than 3 midwives 5

- Did the midwife discharge you from midwifery care at:

10 days after birth 0 Between 10 and 14 days after birth 5

**Between 14 and 28 days 9 More than 28 days after the birth 2
3 no response**

- Would you have liked the midwife to have visited you at home for a longer period of time after the birth?

Yes 0 No 18 no response 1

- Who would you prefer to go to for future pregnancy testing

Midwife, 5 GP, 6 Other agency, Self ,4 Any 2

no response 2

- If your midwife offered Free 'on the spot' Pregnancy Testing would you use the service
Yes 11 No 1 Unsure 2 no response 3
- Who would you prefer to see for your 8 week Post natal Check
Midwife, 7 GP, 3 Either 6 no response 3

Please make any other comments or suggestions below:...Excellent midwife antenatal and postnatal care Thanks.

I am so pleased with the help and advice both before and after the birth of ----Everyone was extremely helpful and friendly.

I was very grateful for all the help the midwives gave me during pregnancy. It made pregnancy more enjoyable knowing you have somebody to turn too who knows what to do.

Throughout my entire pregnancy all midwives and other medical professionals gave me all the help and information I required

I was made to feel like an individual not just a pregnant lady

12 no comments .The respondent who was least satisfied made no comments so we are unable to ascertain why she was unsatisfied.

Feedback from midwives about the WBA has been generally positive although there has been recognition that it entails extra work for a service which is already fully stretched. Midwives have felt that it facilitates a greater understanding of the families' circumstances. Problems and issues raised can be addressed at an earlier stage in the pregnancy with more positive outcomes. Midwives have also found it helpful to set aside time to discuss health care advice in a more relaxed setting, most are conducted in the woman's home. There have been a number of referrals to other services as a result of the WBA. The WBA has been modified to make it easier to use and it has been recognised within the profession as an example of good practice.

PARENCRAFT

These sessions cover healthy pregnancy, preparation for labour and birth, child care, parenting and encourages expectant parents to make friends for social support. Many parents have expressed to midwives some years later that they made some of the best and most helpful relationships at Parentcraft.

The sessions relocated from Walkden to Little Hulton and from evenings to weekends and presently are held on Thursdays 3 – 4.30pm.

The sessions are well attended. 108 expectant parents attended in 2005. The percentage of Sure Start parents varied from 10 – 60% It should be noted that amongst even the most well educated and highly motivated expectant parents (the population most likely to attend) attendance is approx 30%. This could reflect a number of things;

There is a wealth of information and advice available in books, magazines, TV etc

Expectant mothers lead busy lives and may not have time to attend

Every expectant mother in Salford has a named community midwife and Parentcraft is often covered during antenatal visits.

Feedback from parents is very positive.

See attached Parentcraft Evaluation Sheet.

TEENAGE PARENTS

100% of expectant teenage mothers **known** to community midwives were referred to the Teenage Pregnancy Team (TPT). Some teenagers moved into the area at the end of their pregnancy or after the birth of the baby and may not have been known to the midwives or TPT. Community midwives complement the work of the TPT and refer to other services such as Supported Housing.

A series of parentcraft sessions – *Bump 2 Baby* specifically for expectant teenage parents was very successful and has provided a model for sessions to be held in collaboration with the Father's Worker and Parental Development Worker at the Little Hulton Young Mums and Dads Group.

HEALTHY LIFESTYLES

Aquanatal

Sessions are well attended with between 4 and 20 expectant mothers attending, approx 20% are from the Sure Start area. The Passport and Maternity Costumes initiative has had moderate success.

Weight management

Midwives calculate expectant mother's Body Mass Index and plan care accordingly. All women are offered dietary advice to optimise health. 73 expectant mothers have had BMI recorded in the last quarter less than 1% were less than 18 (underweight), 92% were in the normal range of 18 – 35 and 8% were 35 or over.

Guided Birth sessions prepare expectant mothers for labour and birth. Around 6 – 10 mothers attend per week approx 10 – 50% from the Sure Start area. These sessions have been evaluated separately – see report prepared by Linda Barlow.

SMOKERS

In the last quarter, of the 190 expectant mothers who were included on monitoring forms, 46% were smokers, 45% were non smokers and 9% either declined to answer or smoking status was not recorded.

All smokers were offered individualised smoking cessation advice by their named midwife and referral to other services as required. During this quarter 13 smokers gave up.

IMPROVING BREASTFEEDING RATES

Quarterly rates do not reflect the work that is done to promote breastfeeding. The Breastmates continue to work hard in the community and there has been a renewed enthusiasm following the graduation of the second group of Breastmates.

Informal contact is valuable – if each Breastmate talks to 36 people in a year (just 3 a month) – that's over 300 contacts per year, many have had much more!

From discussion at the last meeting it was clear that Breastmates did a lot of informal work that even they did not recognise. The bulk of this was with family, friends and other parents any place where parents meet – school, playgroups, pub, Bingo, on holiday and at work.

Some Breastmates have put their training and experience to good use on the internet and one had over 200 contacts with nursing mothers in chat rooms!

There have been 11 contacts with expectant mums at Hope Hospital Antenatal clinic.

The Breastmates do their work almost without thinking, most of it is informal and the full benefits will be seen in the years to come.

Promoting Breastfeeding Rates for Future Generations.

Community midwives delivered 5 sessions on breastfeeding for pupils at Harrop Fold High School during Healthy Harrop week.

The Sure Start Midwife devised the lesson plan which included a quiz, video clips, educational

information and an interactive activity to demonstrate the importance of positioning the baby correctly. Pupils were offered a small gift of a pen or key ring for handing in a completed evaluation at the end of the session.

The sessions were delivered to 49 Year 11 pupils and 17 Year 9s. They were intended to be enjoyable and educational.

96% of the pupils enjoyed the session. The most common reasons stated were **interesting**, then **educational**, 5 pupils said it was **fun** 1 pupil found **inspirational** and another was “**entertained**”

“**Because it was interesting and it made me realise what is best for baby, so now I might consider it when I have a baby**” – Year 11 Girl

“**Cos we had a lath**” – Year 11 Boy

“**Because we learnt new things and it was fun**” – Year 9 Boy

“**Because I would like to be a midwife so I found talking about babies interesting**” – Year 11 Girl

1 pupil did not enjoy the lesson and stated “**Not my Thing**” and another did not answer.

95% of pupils learnt something new, most commonly how to breastfeed and about babies’ remarkable abilities at birth. All the pupils were entranced watching the video of newborns using their reflexes and senses to feed after birth.

“**I learnt how to breastfeed. why the milk is better than cow milk. What all the different substances are**” Year 11

“**Everything that was said**” Year 11

“**Can feed with implants**” Year 11

There were some unexpected comments;

“**I learnt that breastfeeding is harder than it looks**” Year 9 Girl

3 pupils didn’t learn anything new, 1 “**Learnt it in science**” and 1 pupil didn’t answer.

96% felt that mother’s milk was best for babies and most commonly commenting that it was healthier and more nutritious. Convenience and cost were mentioned by a few pupils.

“**Because it is healthier than normal milk**” Year 11 Girl

“**Mothers grow closer**” Year 11 Girl

“**Cows milk for calves**” Year 9

One of the minority who felt it was not best for babies stated

“**Because it is not the milk there going to drink when they get older**” – Year 9 Boy.

A smaller percentage (71%) wanted their own baby to have mother’s milk. 14% didn’t answer or didn’t know and of the 15% who didn’t want their baby to have mother’s milk the most common reason for this was embarrassment,

“**Its embarrassing and horrible**” Year 9

“**Because I would feel embarrassed and it makes them go saggy**” Year 9 Girl – (presumably she refers to breasts).

“**I don’t like it**” Year 9 and a Year 11 pupil stated “**I’m not having one**” (presumably a baby).

Those who did want their baby to receive mother’s milk most commonly mentioned that it was **healthier** and **best for baby**. A few mentioned **cost and convenience**

“**Its easy and helpful and nice and healthy**” Year 9.

“**So I can see my wifes tits joking**”. Year 11 Boy.

Initial fears that the pupils would be unruly, especially during the video clips, were unfounded.

Apart from this bawdy comment, the pupils were mature and respectful during the sessions. Other positive comments were;

“**Because it is naturally made for a baby**”

“Its just better”

When teaching the sessions, it was apparent that most pupils had scant knowledge or experience of nursing relationships.

A quick browse through the school’s textbooks was also revealing. The majority of childcare texts available dealt with infant feeding by comparing breastfeeding and bottle feeding and concluded there was little difference between the two!

This prompted the Sure Start Midwife to write to the education authority pointing out these errors and suggesting replacement texts and sources of accurate information.

The pupils already appeared to be aware that mother’s milk was healthier but they didn’t know why. They did not know that formula or “normall milk” was cow’s milk but quickly grasped that another species’ milk would not provide ideal nutrition for human babies.

The value of human milk was also underestimated – one of the quiz questions asked pupils to guess how much 1 litre of donated milk from a Mother’s Milk Bank would cost. No pupil guessed £100 correctly and were astounded to hear how precious this milk is. One Year 11 pupil was heard to guess at £3.50 and said it was “cheeky” to charge even that!

Negative attitudes appeared to focus on embarrassment –a typical finding for youngsters, especially in deprived areas. If the sessions were repeated it would be beneficial to explore this and show babies being nursed discreetly.

All parents want the best for their baby. The low breastfeeding rates in some areas does not reflect that parents do not care about their babies but that the culture and beliefs in the area reflect lack of knowledge about the benefits of breastfeeding and also the disadvantages of formula feeding – a topic which is rarely discussed leading parents to regard formula as “normall” milk for babies. Hopefully the Breastmates could become involved in promoting breastfeeding in schools and could act as positive role models.

The midwives enjoyed the teaching sessions although we were not immune to the difficulties of teaching pupils of mixed ability in an inner city high school, which at the time, had problems with discipline.

The enthusiasm of pupils and willingness to learn was heartening and the midwives hope that a positive introduction to breastfeeding at school will improve breastfeeding rates in future as these young people become parents.

PERINATAL PROJECT

Midwives and health visitors have completed training to detect perinatal depression and offer treatment including referrals as appropriate.

Midwives are offering the Edinburgh Depression Score antenatally at the WBA.

A number of referrals have been made to the project by Midwives, the majority of which were done antenatally. These women (and their babies and families) will therefore benefit from having their depression detected and treated at an early stage.

CONCLUSION

Midwifery services have embraced Sure Start and welcomed the opportunity to address the wider public health issues which lead to babies born in deprived areas being more likely to experience social, educational, emotional and health problems.

Introducing families to Sure Start is a valuable contribution in itself as the Programme benefits from positive endorsement from a popular and respected service.

The Midwifery service has privileged access to all new expectant families. This universal access is not available to most projects working with Sure Start.

Parents will benefit most when projects co-operate in offering a universal service that informs, educates and detects difficulties (health professionals) and refers a limited number of families on to

other projects for more intensive work (other projects).

The Golden Rules and Perinatal Projects are excellent examples of this. All women are offered the service by their named midwife. Areas of concern are recognized and if appropriate are dealt with by the midwife or by referral on to the most appropriate agency.

It is beneficial that the Sure Start Midwife works within the community midwifery team and carries a caseload. This ensures that she remains in touch with colleagues and can ensure that strategies are acceptable both to colleagues and parents.

It has become clear as the Little Hulton Sure Start Midwifery Project has progressed that the most effective use of midwifery time is to make full use of privileged access to all expectant families. Setting up and running groups for a limited number of parents is a less effective use of midwifery time.

Some of the benefits of the Little Hulton Sure Start Midwifery Project are more easily identifiable than others and some will only become apparent in future years.

Jane Wallsworth Sure Start Midwife.

Appendix 10

Evaluation of Parental Development Work October – Dec 2005

The Role

Three aspects of the role can be identified:

1. outreach
2. building experience, confidence and community
3. help into education, training and work

Outreach

Working in partnership with Tom Cole (Teenage Pregnancy Unit Young Fathers Worker) Salford Youth Service and Sure Start Community Midwife, to develop Young Mums & Dads Group in a Youth Club Setting to try and engage with 'teenage' parents. The aim of the project is to support young parents in parenting skills, life skills and other issues that they, as a group, define – *To start in January 2006 at Greenheys Youth Club.*

Partnership work with Salford City Council's event's Team, Friends of Blackleach Country Park and Sure Start resulted in Dad's and children and parents and children attending three different sessions of Pumpkin Carving at Blackleach. Ten Sure Start children participated in the actual Super Pumpkin Event attended by over 1,000 people and Sure Start provided ten volunteers (parent's) to marshall the event.

'Felt really important when I was given a Salford City events jacket to help me do the marshalling stuff. I felt it was OK to ask people to move along, mind the path or please keep clear of the fireworks. It actually changed the way I asked people to co-operate. Friendly but firm cos I had that jacket – do you know what I mean?' Gavin Sumner – Sure Start dad.

Advocating for parents with other agencies such as housing, welfare rights, Social Services, Child Tax Credits, DHSS Social Fund and others.

Organising Social Trips for families. December – over 250 parents, carers and children attended a trip to Bury to travel on the Santa Express.

'Brilliant, just as good as last year' (Natalie Webb – Sure Start Mum)

'Bit chaotic when we got there, but turned out super – as usual' Leanne & Wayne Spink _Sure Start Parents

'I've got five kids and Sure Start includes us all – great – as usual' Tony Lawton Sure Start dad.

'My daughter is on her own with three kids but Sure Start let me go to help her with them. They had an amazing time and so did I - (Carol Chipperfield's mum).

Continuing to support groups such as Tot's & Co (Health Visitors), Sure Start Family Support Coffee afternoon, Baby Capers (Sure Start Community Midwife) when needed.

Planning and facilitating Dads Activity Group with Scott Barker.

Working with Dads Group to distribute flyers advertising group on Ellesmere Shopping Precinct.

Facilitating Splash & Play sessions.

Building experience, confidence and community

- Maintained membership of Parent Representatives on Sure Start Management Panel
- Recruited one local father to be member of Management Group to replace Scott Barker (Now employed by Sure Start)
- Still meeting needs of parents requiring childcare and transport to enable them to attend meetings and conferences.
 - Five parents attended day long conference early in October 'Access & Diversity – Reaching out to ALL parents' at Salford University in October delivered by North West Reaching Out Network. (Little Hulton Sure Start Dad's Group have been asked if they would like to deliver a workshop at the 2006 Conference)

'Felt really good to be included in an event like this. I felt quite important with my Delegate Pack and my badge' (Dot Tomkinson – Sure Start mum and volunteer)

'We need to get more Dad's to this sort of thing, I felt OK but outnumbered by women' (Ged Hindmarsh – Sure Start dad and Sure Start volunteer)

- Six Sure Start mums attended an event held at Old Trafford Football Rooms late October. The event was held by the National Family Parenting Institute and was an opportunity for people to give their views on services for children that they had experience of. Caroline Gorman, Stephanie Stanley, Helen Maher, Hannah Healey, Jackie Sutcliffe, Tracy Booth)
- Two parents represented Sure Start at the West Locality Meeting in December, concentrating on the 'Every Child Matters' agenda. The parents were encouraged to evaluate this meeting and their feedback is available if required (Stephanie Stanley & Jackie Sutcliffe).
- Parental sub group met with architect to discuss decoration of new Childrens Centre build. They felt comfortable to air their opinions and did think they were listened to. (Steph Stanley, Jackie Sutcliffe, Ruth Stead, Caroline Robinson, Dot Tomkinson).

Accessing Education, Training and Employment

Supporting Leanne Spink – Sure Start mum, who has received part funding from Sure Start to access a Foundation Degree for Senior Practitioners in Childcare, with all her assignments and introducing her to people within the Early Years setting that may be useful in giving her information for her assignments. Leanne is in her second year of the course.

Four parents, Louise Hughes, Sure Start lone parent, Vicky Morris, Sure Start one parent, Jessica Fortiss, Sure Start Lone parent and Farrida Sewgudde, Sure Start mum access basic IT courses at Learn Direct, with continued support from Sure Start PDW.

Support and practical help given to Gavin Sumner, Sure Start dad in obtaining employment at MEN arena in Manchester. Liaised with Salford Action Team for Jobs for first months bus fares and suitable work clothes.

Worked with Veronica Hyde Spurgeons Child Care Training officer to support Ged Hindmarsh –

SureStart dad- to deliver a course 'Walking Alongside Parents' to over fifteen Spurgeon's employees from various projects. (Course evaluation available if needed).

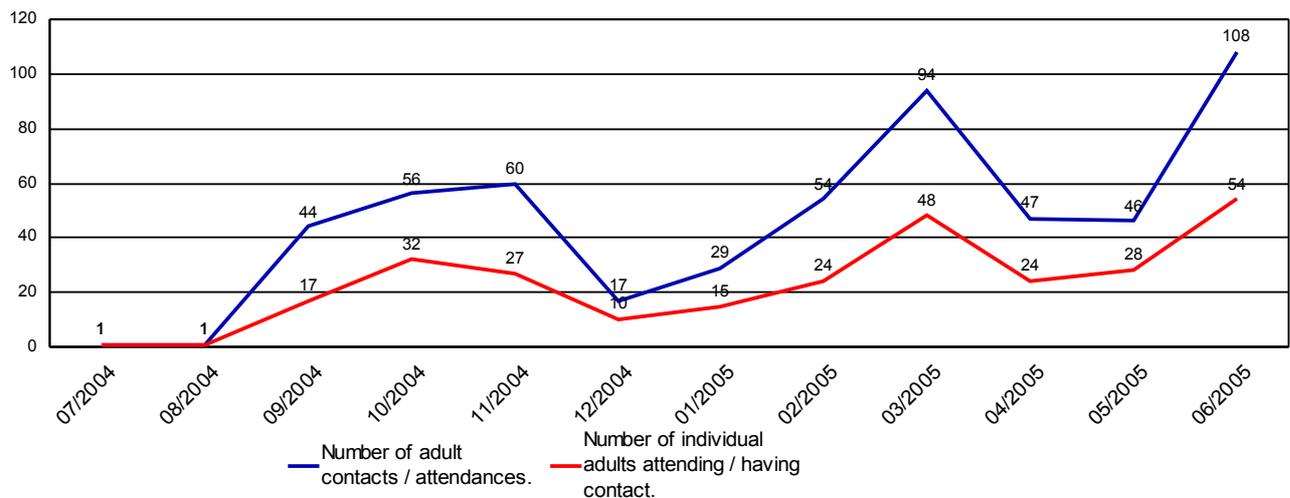
Now have over eight CRB checked Sure Start Volunteers. We have met on many occasions to discuss 'rewards' for hours completed and support needed for volunteers . (Details available if required). Also discussed with existing volunteers how to avoid becoming 'Cliques' and feel the need to keep addressing this issue.

Ged Hindmarsh now volunteering every Wednesday in the Sure Start Office with a view to exploring possibilities in the PDW field. Ged is receiving support and being given the option to explore training opportunities that Sure Start can support.

Appendix 11

Parental Involvement (Data taken from input into Pacsis, using crystal reports)

There have been a total of 557 adult sessions / contacts in the period 01/07/04 to 30/06/05 with the Parental Involvement worker. The total number of individual adults engaging is 126. The following graph shows the number of contacts / attendances on a monthly basis compared with the number of individual adults attending.



There are a variety of reasons for which parents engage with the Parental Involvement Worker. Issues tend to be around training, childcare, housing, clothing and benefits. The following table shows the reason for contact.

REASON	Count of each contact	REASON	Count of each contact
Groups / sessions	278	Volunteer support	6
General Support offered	56	Welfare Rights Advice	4
Training Support	47	Bereavement	4
General Advice	32	Playgroup issues	4
Childcare Advice	17	Child's Health & Wellbeing	3
Housing Issues	15	Parents Health Well being	3
Clothing	15	Support in attending group	2
Employment	14	Event Organising	2
Benefits	11	Register with Sure Start	2
Funding	9	Parent Advocate for Sure Start	2
Lone parent issues	8	Health Appointment	2
Child Development	6	Legal Advice	1
Family relationships	6	Safety issues	1
Equipment	6	Office Contact	1

Appendix 12

THE PERINATAL PROJECT - FEEDBACK FORM

As you have received some of the services offered by The Perinatal Project, we would appreciate your feedback and comments to help us evaluate our service for the future. Completing the form will have no affect on your care. There are no right or wrong answers.

Please put a circle round the number which best represents your answer.

(a) Did you find the service helpful?

1	2	3	4	5
no	not really	don't know	quite helpful	very helpful

(b) Do you think the service offered any additional benefit to the service usually offered by your midwife / health visitor?

1	2	3	4	5
no	not much	don't know	yes, a little	definitely

(c) Did you find that appointments / sessions could be arranged so that they were convenient for you?

1	2	3	4	5
no	not really	don't know	usually	always

(d) Would you recommend the service to a friend who was feeling depressed before or after the birth of a baby?

1	2	3	4	5
no	not really	don't know	probably	definitely

(e) Which part of the service did you find the most helpful?

(f) Is there anything about the service you think we could improve?

(g) Would you be happy for another professional to contact you to ask for your feedback and comments in more detail? If so, please write your contact details below.

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE.