

SureStart

Bacup and Stacksteads

Annual Report
2003-2004
Compiled by Ricky Hirst
Assistant Programme
Manager



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Recommendations are made within the body of each report

Thankyou to all who were involved in the compilation of these reports. It is testament to the hard work and dedication of the Bacup and Stacksteads Sure Start Team, Partner Agencies and most importantly the parents, children and community of Bacup and Stacksteads.

Ricky Hirst
Assistant Programme Manager

Background

This report provides feedback on the evaluation findings that have taken place within Bacup and Stacksteads Sure Start during 2003/04

Introduction to Bacup and Stacksteads Sure Start

Bacup and Stacksteads Sure Start is a Round 3 programme which covers 3 Wards within the OL13 post code area of East Lancashire in the Borough of Rossendale.

The workforce is a virtual team with the bulk of the workers being based within temporary offices in a local park and other workers dispersed across the town in a variety of venues. All are funded by Sure Start monies but some are employed by Spurgeon's Child Care, Lead Agency, and others by their individual employing bodies. The Accountable Body is Burnley, Pendle and Rossendale PCT.

The Team consists of:-

- Programme Manager (full time)
- Assistant Programme Manager (full time)
- Childhood Services Manager (full time)
- Deputy Childhood Services Manager (full time)
- Family Support Coordinator (post vacant) FT
- Befriending Coordinator/Health Link Worker (full time)
- Training, Employment and Childcare Coordinator (full time)
- 4 x Family Workers 30hrs (1 x vacancy 1 x maternity leave)
- 2 x Crèche Leaders 30hrs
- 3 x Administrative Staff 30hrs
- Childminding Coordinator 30hrs
- Parental Involvement Worker (post vacant)
- Literacy Development Worker 18.5hrs
- 2 x Health Visitors (BPRPCT) full time
- 1 x Community Midwife (East Lancashire Hospitals) (post vacant) FT
- 1 x Drugs and Alcohol Worker (ADS) (maternity leave) FT
- 2 x Speech and Language Therapists (BPRPCT) (0.25)
- 1 x Clinical Psychologist (Burnley Health Care Trust) (18.5)
- 1 x Cleaner (10hrs)
- 80 x Volunteers (as required)
- Approx. 10 Casual Crèche Workers (as required)

We had hoped to include the Early Years and Childcare Staff within this report, who will be responsible for running the Day Care element of the Programme, but due to unforeseen delays in completion of our new building they will not appear until the next report.

All services over the past 12 months have been delivered from temporary sites across the town which has tested resourcefulness to its limits due to the distinct lack of suitable venues. Activities have taken place in Working Men's Clubs, Football Club, Leisure Hall, Gymnasium, Swimming Baths, Church Halls, Rented office space, schools, Market Stall, parent's homes, Theatre and even a Bus Shelter to name but a few. The programme will continue to do this to a lesser extent once we move into the Maden Centre, the Sure Start Building, in order to meet the needs of this semi-rural community. This will ensure equity of access to services.



Methods of Monitoring/Evaluation Used

- Questionnaire both quantitative and qualitative
- Group Discussion
- Observation of Non Verbal Communication
- Letter
- One to One interview
- Interactive webpage
- Email response
- Children used smiley, sad, indifferent face cards to express their opinion.
- Expression through art

The Evaluation Process

The evaluation of Bacup and Stacksteads Sure Start is coordinated by the Assistant Programme Manager but many evaluation reports are produced by the various disciplines within the programme.

The model of evaluation is based on “Action Research” and aims to use research to better understand difficulties and needs within the organisation and therefore bring about change. “Action Research” involves staff in the development and improvement of an organisation, but in more recent times has more and more involved service users. This methodology ensures that evaluation focuses on the needs of the community and therefore provides useful and usable information to develop and influence the activities of Bacup and Stacksteads Sure Start.

Methods used to monitor service provision usage

- Baseline data of population under 5 years
- Baseline data of parent population of children under 5 years
- Registers of attendance input onto database
- Recognition of attendees via unique number identification
- Photographs
- Video
- Verbal feedback
- Written feedback

Service Specific Evaluations undertaken 2003

- Special Needs Research-Margaret O’Dee/Listen Hear the Right to be Heard
- Clinical Psychology Services-Andrea Johnson/Clinical Psychologist

- Training and Employment-Gina Lees/Training, Employment and Childcare Coordinator
- Customer Satisfaction Survey-Ricky Hirst/Assistant Programme Manager
- Staff Satisfaction Survey-Ricky Hirst/Assistant Programme Manager

General Operational On-going Evaluations

As a matter of good practice all activities are monitored and evaluated as an on-going process which aids planning and allocation of resources. These use a set criteria of questions regarding which Sure Start target they address, what went well, what needs to improve, attendance. These include:-

- Breastfeeding support
- Parent's Groups
- Baby Massage
- Speech Development Groups
- Drop In Advice Sessions
- Weaning group
- Safety Scheme
- Outreach Services
- Play provision
- Smoking Cessation



Summary of content of report

Within this report are a variety of sub reports which give a flavour of the wide and varied activities taking place within Bacup and Stacksteads Sure Start.

There is evidence that Sure Start Targets are being met, and in some cases exceeded.

- **100% babies and parents contacted by Sure Start in first 2 months of life.**
- **20% reduction in mothers who smoked during pregnancy**
- **16% rise in the numbers of mothers' breastfeeding in first 3 months of their baby's life.**

There are also reports on the efficacy of the Sure Start way of working in the reports provided by:-

- **Drugs and Alcohol Worker**
- **Training, Employment and Childcare Coordinator**
- **Clinical Psychologist**
- **Research into Special Needs**

Recommendations are available within these reports which will form the basis for future service provision with Bacup and Stacksteads. (See appendices)

From the statistical information and personal evidence of the impact Sure Start has made in Bacup and Stacksteads, it is evident that to date the programme has been a success.

It is not until a report such as this is drawn together that the enormity of the hard work and dedication of the Team and the Community becomes fully appreciated.

Principle Objectives of Sure Start Programmes

Sure Start Guidance outlines 4 principle objectives:-

1. Improving Social and Emotional Development
2. Improving Health
3. Improving Children's Ability to Learn
4. Strengthening Families and Communities

In order to reach these objectives a number of interim targets have been set which fall into two categories, PSA (Public Service Agreements) and SDA (Service Delivery Agreements).

PSA Target

1. Improving Social and Emotional Development

In fully operational programmes, achieve by 2005-06 a [x]% increase in the proportion of babies and young children with normal levels of personal, social and emotional development for their age.

SDA Target

All families with new born babies in Sure Start local programme and Children's Centre areas to be visited in the first 2 months of their babies' life and given information about the services and support available to them.

PSA Target

2. Improving Health

In fully operational programmes, by March 2006 a 6% reduction in the proportion of mothers who continue to smoke during pregnancy.

SDA Target

Information and guidance on breastfeeding, nutrition, hygiene and safety available to all families with young children in Sure Start local programme and Children's Centre areas.

Reduce by 10% the number of children aged 0-4 living in Sure Start local programme and Children's Centre areas admitted to hospital as an emergency with gastro-enteritis, a lower respiratory infection or a severe injury.

Ante-natal advice and support available to all pregnant women and their families living in Sure Start local programme and Children Centre areas.



PSA Target

3. Improving Learning

For fully operational programmes, by March 2006 an [x]% increase in the proportion of children having normal levels of communication, language and literacy at the end of Foundation Stage and a [y]% increase in the proportion of young children with satisfactory speech development at age 2 years.

SDA Target

95% of Foundation Stage provision inspected by Ofsted rated good or better by 2006.

To increase the number of children who have their needs identified in line with early years action and early years action plus of the SEN cod of practice and who have either a group or individual action plan in place.

To increase the use of libraries by families with young children.

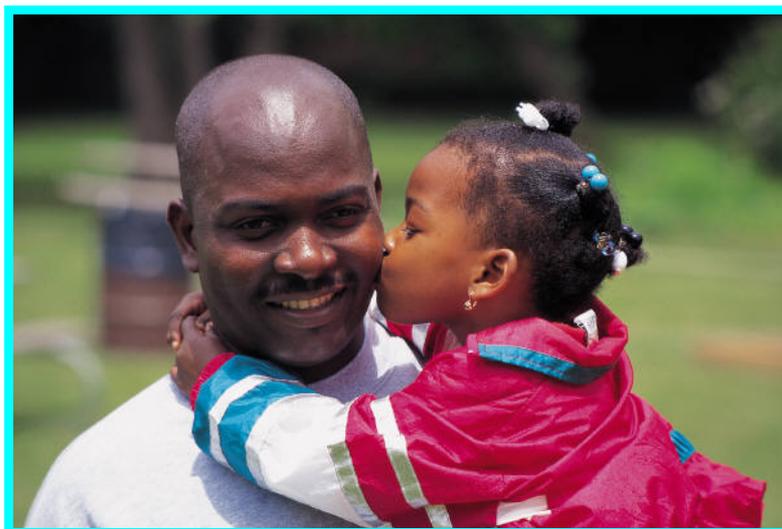
PSA Target

4. Strengthening Families and Communities

For fully operational programmes, by March 2006, a 12% reduction in the proportion of young children living in households where no-one is working.

SDA Target

An increase in the proportion of families with young children reporting personal evidence of an improvement in the quality of family support services. Sure Start local programmes and Children's Centres to have effective links with Jobcentre Plus, local training providers and further/higher institutions.



Audit of Service Provision towards Sure Start Targets.

The following questionnaire was sent out to all service providers, Child Care, Family Support, Training and Health to establish what services were being provided to families by the programme. It also gave an opportunity to pull together service-user feedback on those services. Some services appear under a number of headings as they address many needs.

Dear Colleague,

We are fast approaching Annual Review covering the timescales April 2003 – March 2004.

Could you please complete the following pro forma and return it to me no later than May 3rd 2004. Thank you.

Could you list any groups or activities you have undertaken during the specified time which work towards the Sure Start Targets:

Improving social and emotional development of children 0-5 years

1. Crèche provision
2. Childminders Drop in
3. Ducklings
4. Stay and Play
5. Toy Library
6. Working Parents' Group
7. Sure Support
8. Starting Out with Children
9. Respite
10. Outreach
11. Family Information Network
12. Individual Family Support in the home
13. Making A Difference(MAD) Parenting Course
14. Craft Groups
15. FAVE Childcare Course
16. NVQ 2 Childcare & NVQ 3 Childcare
17. Child's Play Course
18. Assessors A1/A2 awards
19. Children's' Centre Initiative Conference
20. Close links with Nursery School
21. Toddler Groups
22. Drop in advice sessions re speech and language issues
23. Staff training in identification and support re children with speech and language delay.
24. Admin Support to Clinical Psychologist and other Health Workers
25. Parent Survival Course (Webster-Stratton)

26. Child Psychology Drop in
27. Working Parents Group advice sessions
28. Young Parents Group
29. Theatre Workshop support
30. Breastfeeding Support Group
31. Weaning Group and follow up home visit
32. Bottle to Cup Campaign (dump the dummy)

Improving the availability, accessibility, affordability, and quality of child care

1. Stay and Play
2. Crèche
3. Ducklings
4. Toy Library
5. Childminding
6. Playgroup (Family Workers accompany parents)
7. Individual client meetings to discuss suitable childcare for training and/or work
8. Links with college nursery
9. Link free crèches with training
10. Training given to Childminding Network on New Tax Credits
11. Promotional work:- posters, fliers. Advice on what is available for parents and signposted to CAB for advice on benefits.

Improving Health. Reduce the numbers of mothers who smoke during pregnancy.

1. Provision of crèche facilities to enable parents to attend sessions
2. Advice and signposting to groups
3. Time for staff to access training in becoming Smoking Cessation Advisors
4. Sports Development Programme -1hr exercise – 1hr Healthy Lifestyles Training
5. Family Workers offer advice in the home (10 mothers attended of which 3 were pregnant)
6. Admin support for Smoke Free Homes Initiative, Smoking Cessation Groups, promotional work
7. One to One support offered by Health visitors
8. Referral to Midwifery Smoking Advisor

Information and guidance on breastfeeding, nutrition, hygiene and safety.

1. Advice and signposting to relevant support
2. Guidance on breastfeeding, nutrition and hygiene given through individual family support as necessary
3. 2nd stage weaning and home safety group – monthly at Health Centre
4. Home Safety Visits/Safety Packs/Fireguards and Safety gate purchase scheme linked to Credit Union
5. Provided funding for La Leche League training
6. Cooking on a budget
7. Basic skills nutrition/food groups
8. Food Hygiene x 2 courses
9. Health and Safety Training
10. NVQ 2 & 3 Healthy Eating/diet planning and FAVE course
11. NVQ student Drop In sessions
12. Promote groups, posters and fliers
13. Admin support for Breastmates
14. Advice to parents about venue and times of groups and who will be running sessions
15. Breastfeeding Support Group
16. La Leche League Training
17. Weaning Group/Safety pack
18. Follow up from Accident and Emergency slips
19. Home visits to everyone
20. Development Checks
21. Health promotion Boards
22. Information given out at Hearing Tests

Ante-natal advice to all pregnant women.

1. Extra Parentcraft sessions for all local parents provided by Community Midwifery Service
2. Advice and support for teenage/young parents in partnership with Community Midwifery, Health Visitors, Youth and Community
3. Volunteer Befriending service to enable parents to attend ante natal sessions
4. Resource Library of videos and books for parents to refer to or borrow via Sure Support Service
5. Family Workers advise parents to attend and accompany them to appointments.
6. Available to midwives and all families regarding psychological concerns
7. Child Protection advice and support to pregnant women.
8. Referral to Midwives

Improving learning. Increase the number of children having normal levels of communication, language and literacy at end of Foundation Course and increase the number of children with satisfactory speech and language development at age 2 years.

1. Ducklings
2. Sure Start Language Measure
3. Language Courses for parents and staff
4. Starting Out with Children
5. Swinging Monkeys playgroup
6. Story Sessions
7. Bookstart
8. Liaise with Library
9. Negotiated Speech and Language Therapy input into the programme
10. Step into Learning Training for 6 staff members (Basic Skill Needs in adults)
11. NVQ 2 & 3
12. FAVE Course x 2
13. Unit 1 Adult Learner Support – Supporting Literacy / Numeracy Levels in adults(16 people)
14. Home Visiting e.g. advice regarding affect of dummy use
15. Dummy Dump
16. Chatterbox Group
17. Admin Support to Speech and language Therapists and to Literacy Development Worker
18. Always encourage child centred play, thinking and communication at the core of all child management work with parents.

Strengthening families and communities. To reduce the numbers of children 0-4 living in households where no-one is working.

1. Referring to training opportunities
2. Working Parents Group
3. Crèche provision to enable parents to attend training and groups
4. NVQ in Child Care training support
5. Sponsored day care
6. Childminding network
7. Family Information Network
8. Links with Jobcentre Plus and Connexions Advisors
9. Links with Childcare Partnership Managers
10. Training Courses Vocational and Non Vocational (See attached reports)
11. Progression routes form basic Skills to Higher/Further Education
12. Individual support to discuss Jobsearch, interviews, applications, referral processes, Benefits Advice, tax calculations.
13. Links with Colleges, Training 2000, Learn Direct

14. Adult Learners/Family Learning/Theatre Week
15. Tax Credits Training
16. Attendance at Bacup Adult Learning Forum/Children's Centre Conference
17. Local Strategic Partnership Lifelong Learning Theme group
18. Admin support to Training, employment and childcare Coordinator
19. Promotion of courses available via fliers and posters

Increase the numbers of families with young children reporting personal evidence of an improvement in the quality of family support services.

Evaluations of the following:-

1. Individual Family Support
2. M.A.D. positive parenting group
3. Focus on You and Yours – series of taster sessions for parents and children
4. Child's Play – child development course
5. Sure Support Drop-In
6. Carried out Customer Satisfaction Survey
7. Theatre Week
8. Comments from professionals
9. Family Learning Day
10. Admin support to family support teams and volunteers.
11. Child Psychology Drop in and parent survival course evaluated pre and post showed positive outcomes.
12. Newsletters

If you have any specific evidence e.g. parent/child feedback regarding any of the above areas that would be appreciated too.

Comments regarding Family Support:-

"The advice given was always true and to the point"

"I got help when I really needed it"

"I am able to manage better with difficult situations concerning the children"

"Helped me to cope with daily life"

".....'s Behaviour is better. Relationship is working. I still get stressed and think I can't cope but I do, we all do"

"I was struggling to cope on my own. My family worker was very supportive"

"We both had someone to talk to and the Family Worker was very helpful in taking us to appointments and sorting things out for us"

"I found the course useful. I listen to my children and there is less conflict. There is more consistency and calmness"

"Thanks! It has been a big help, a reassurance and confidence booster"

"I now know how to control paddy tempers by staying calm. How to get the most out of my children"

"The course was very enjoyable and helped me think and notice not only how my children were behaving but how I was reacting to the misbehaviour. Things generally have improved both in behaviour of my children and my self esteem as a parent"

"I think the same course should be run for dads"

"I have learned to enjoy my child's play and not constantly want to "teach" and "improve" my child through play. The course made me look at myself and my relationship with my child. Also to analyse my own actions"

"I learned how to step back, give limited choices, give more praise and encouragement"

Comments about Family Learning:-

"Me and my children have really grown in confidence"(parent is now awaiting to train as an Adult Learner Supporter to help other parents learn)

"Amazing to see every member of the workshop get involved. For many it was the first time they had ever done anything like this. Fantastic!"(Sure Start Worker)

"I think the scheme is brilliant, not just for kids but for the adults. It has been great and I hope there are more events for adults and children"(Parent- this parent has since joined a Basic Skills "Brush up your Maths" Course with Sure Start)

"Me and my family have had a really good week, if anything was ever on again for children and parents to get involved in I would definitely do it" (Parent- This parent has since gone on to join a Basic Skills maths course with Sure Start)

"I've learned a lot and really enjoyed doing something different" (Parent- this parent is now taking a First Aid Course at the local college)

"A card to say a big thank you for all the advice and opportunities you have given me. I have now been offered places at 2 universities to start a Diploma in Nursing.(Parent- started with Sure Start Ducklings Scheme, did a Foundation Childcare Course and now moving into Further Education)

“During all the workshops it was evident that people were having fun and this showed on their faces and actions. You created for the people of Bacup and Stacksteads something which is extraordinary. You brought out the creative streak...you allowed them to shine and that is good” (Volunteer – now employed locally)

“I have letters from parents thanking me for my involvement in supporting their child” (An NVQ student)

Feedback from Speech and Language Training:-

“I enjoyed sharing experiences”

“Good ideas on games to encourage language”

“The chance to talk to other mums about our children’s skills. Group participation”

“I learnt new ways to teach my children e.g. Games”

“I learned how to make the simplest things of more interest”

Feedback about Ducklings Sessions:- (Socialisation Group held at a local pool)

“my child enjoyed coming to the Ducklings at Marl Pits. He gained confidence in water and it gave me and my child time to spend together having fun”

“My son and I really enjoyed ourselves being with other parents and children. Both workers were really friendly and helpful”

“Ducklings was great fun and gave me confidence. It was great to watch the children begin to interact with each other. I think all the mums and dads enjoyed the chance to get out of the house and chat and do something really fun with our children. I would recommend Ducklings to any parent”

“Helped my child mix with other children. It helped build her confidence”

“Breastmates thanked me for my support and help in promoting their group. After explaining I was part of Sure Start the group went on to say how happy they were that Sure Start was in their area. The variety of support is excellent, they feel comfortable with staff, don’t feel intimidated and felt lucky that they are part of a community and are looking forward to the new building”

“I feel able to get onto the stage and perform. I was really nervous. I am much more confident” (a parent at the Theatre Workshop)

Retention of Staff – a Dilemma faced by Bacup and Stacksteads Sure Start

A recent dilemma we have had to face is the loss of many quality staff to later rounds of Sure Start Programmes.

Bacup and Stacksteads Sure Start is a round 3 programme and in recent months have lost a number of staff to round 5 and 6 programmes:

- Family Support Co-ordinator
- Family Worker
- Clerk

Other staff funded by Sure Start and employed by mainstream agencies have also left:-

- Clinical Psychologist
- Community Midwife

This staff exodus has also been compounded by two members also being on Maternity Leave and there being no contingency to cover their absence:

- Drugs and Alcohol Worker
- Family Worker

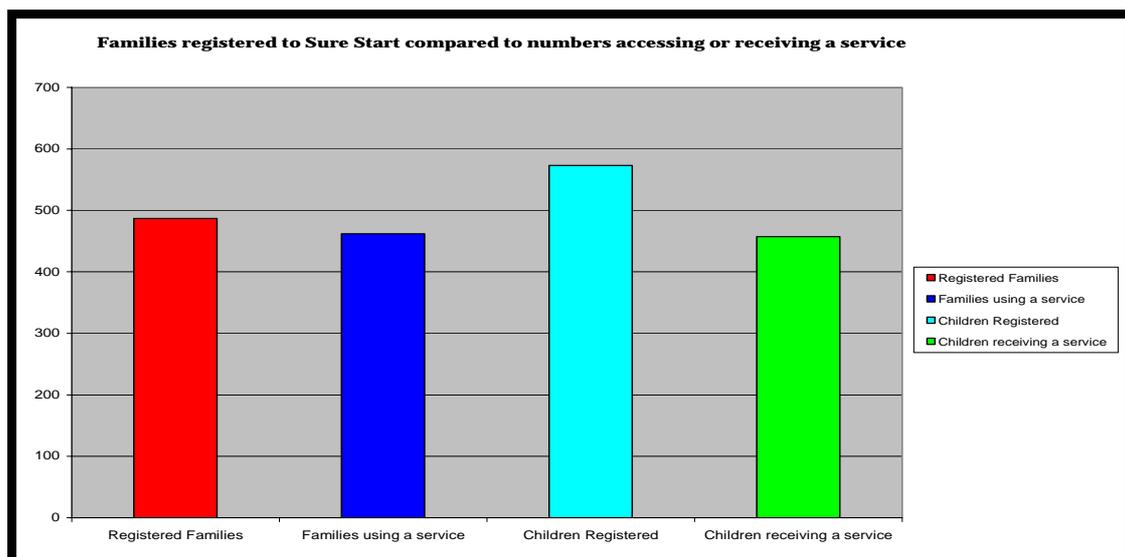
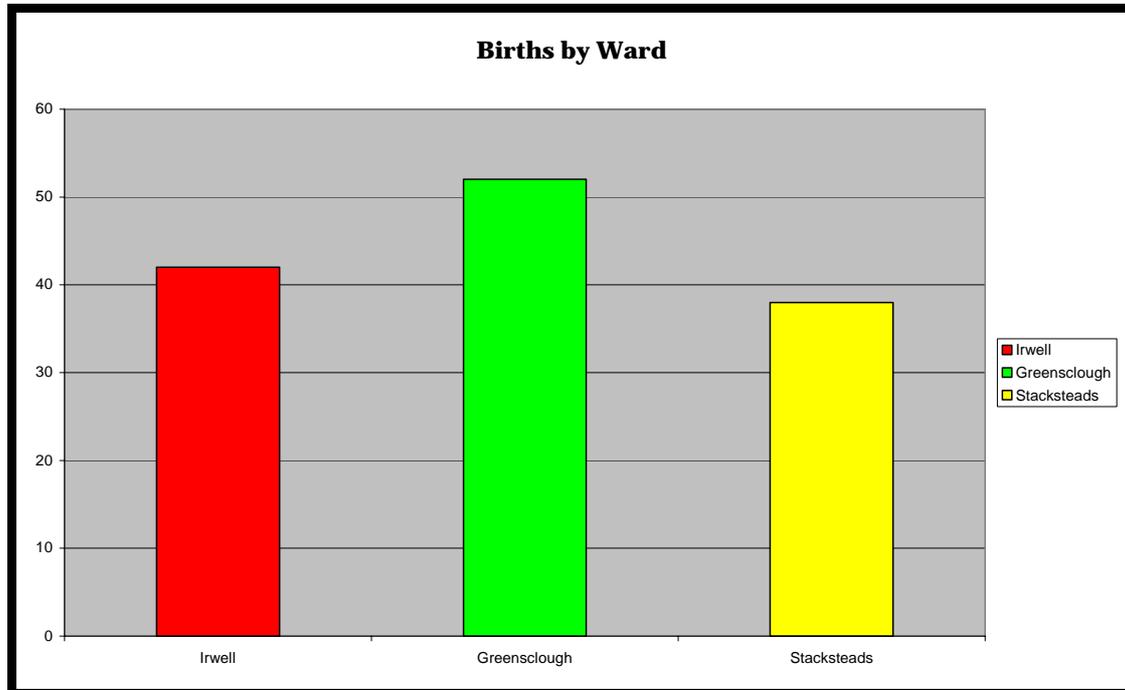
Naturally this issue is to be addressed by the Partnership Board and the areas for consideration are as follows:-

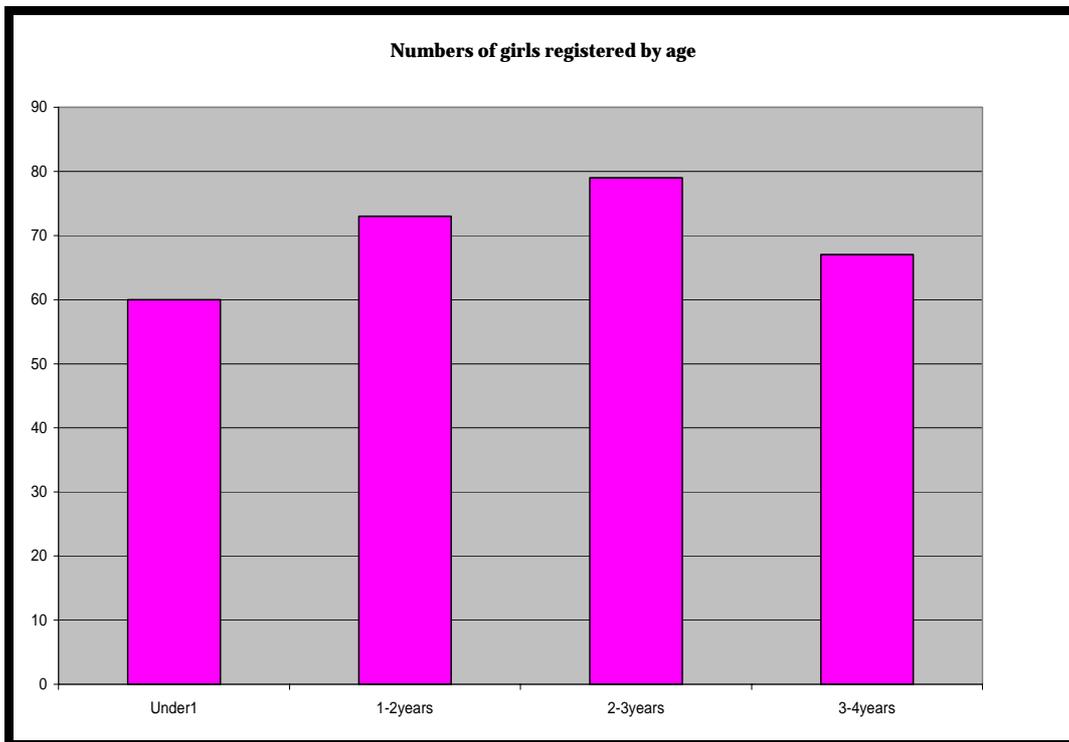
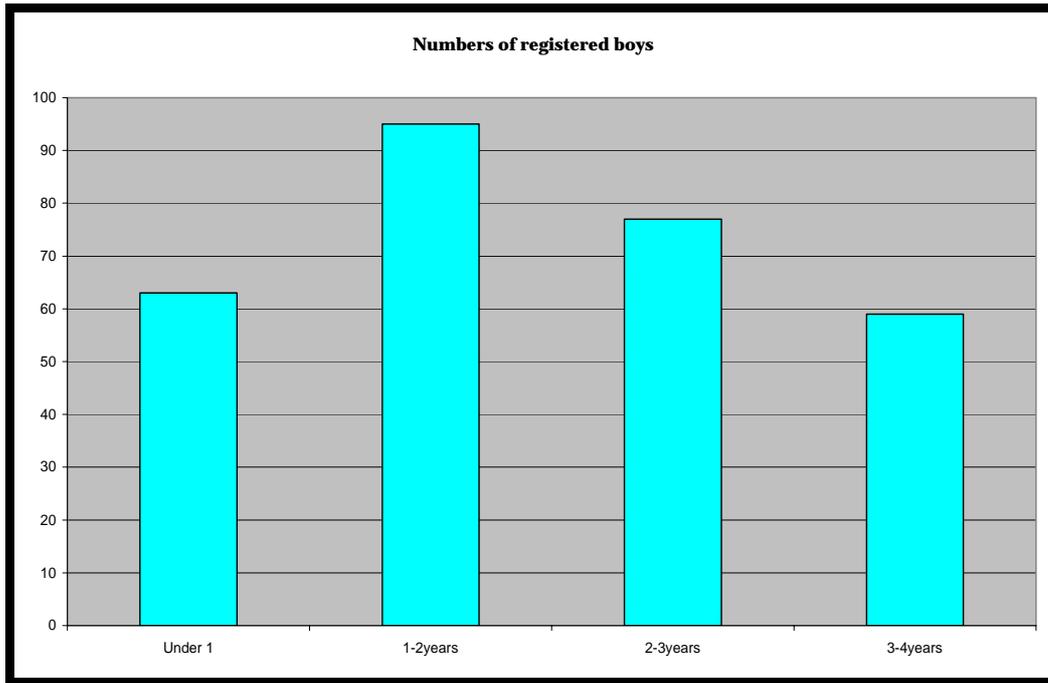
- Training had been funded for these staff which then enabled them to pursue other jobs
- They had gained wide and varied work experiences whilst working for a round 3 Sure Start which obviously would prove extremely attractive to any new Sure Start Programme. A lot of troubleshooting would have already taken place which would be time saving for any new programmes.
- Salaries at later rounds for perceived similar jobs are much higher and cannot be matched in order to retain staff.
- The dilemma 1 person 1 job creates if that person is absent for any great length of time.

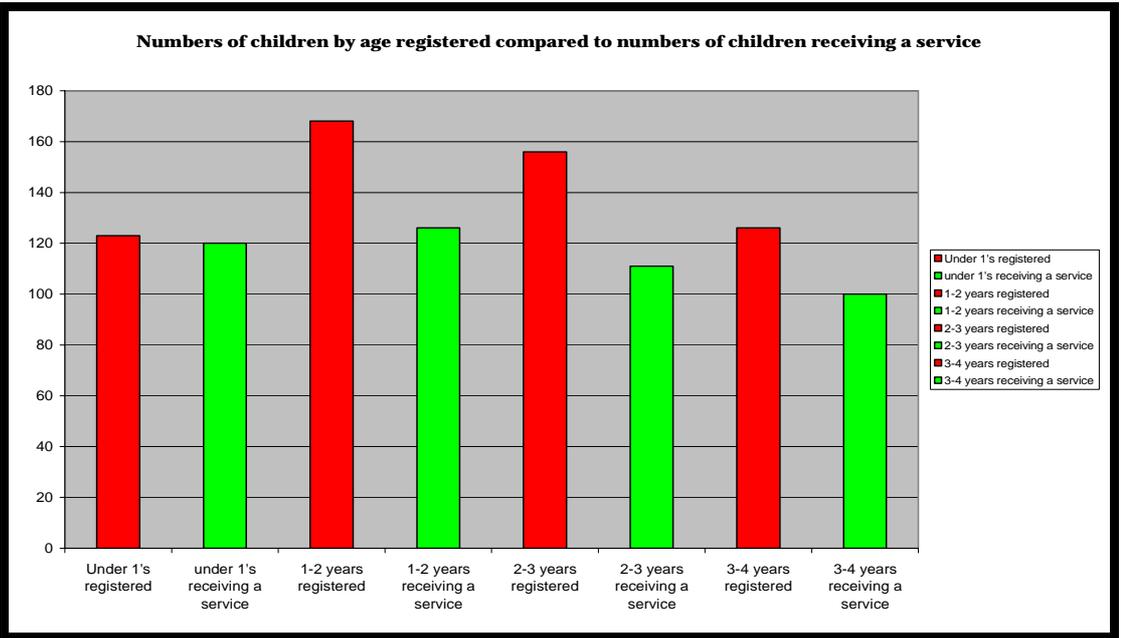
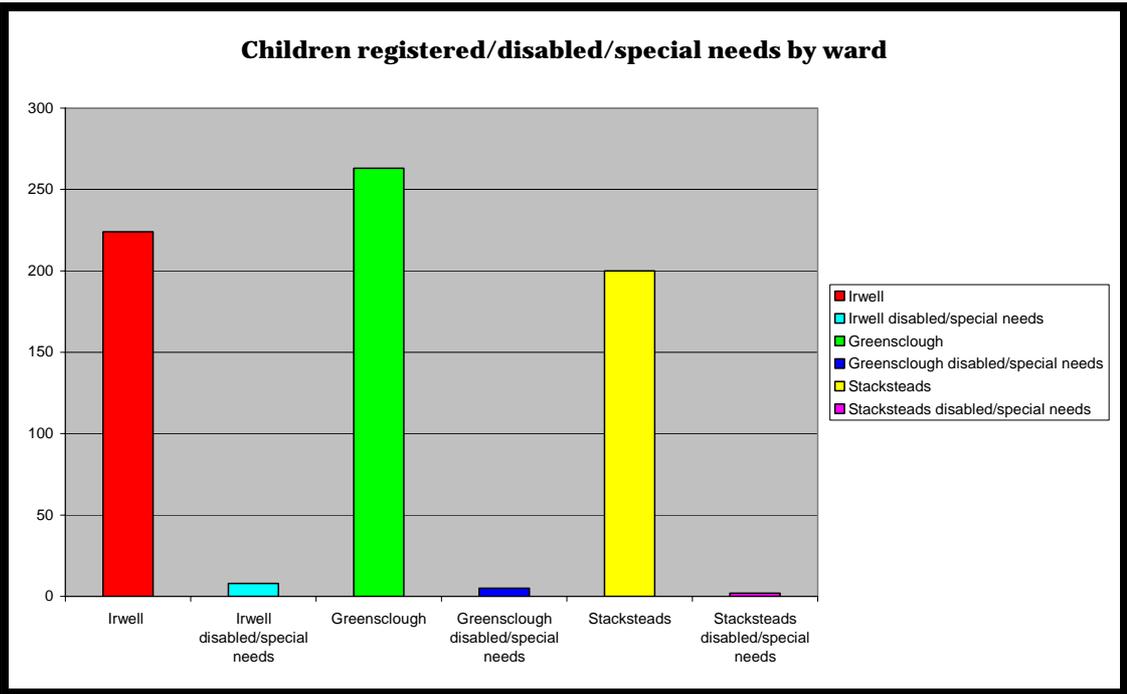


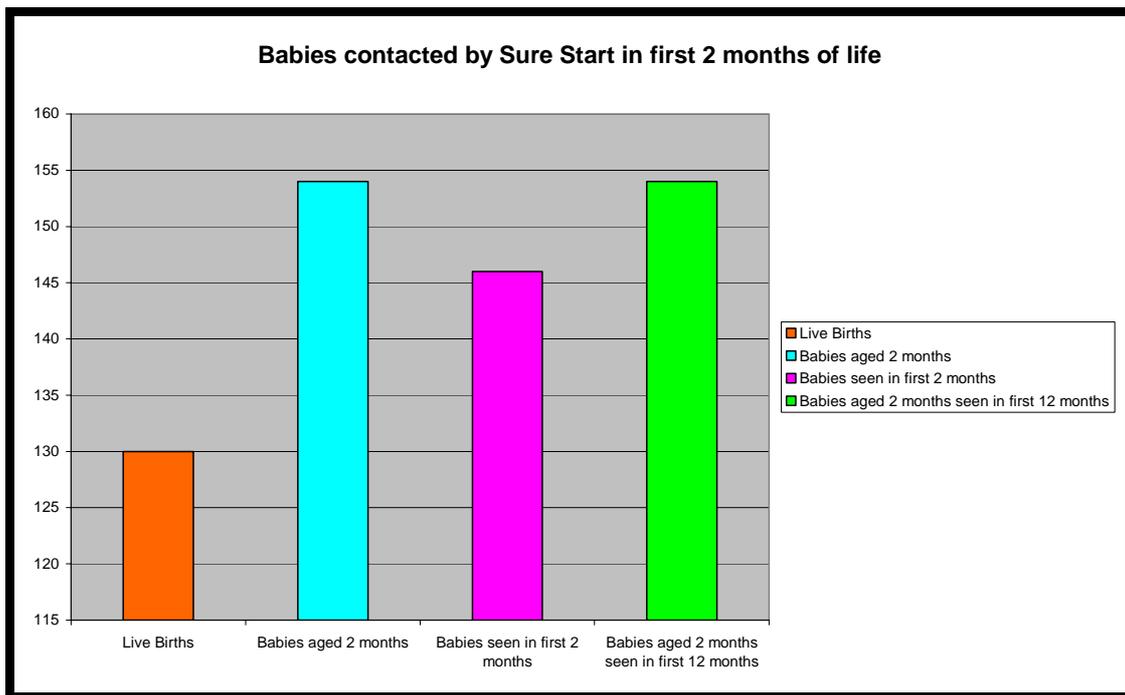
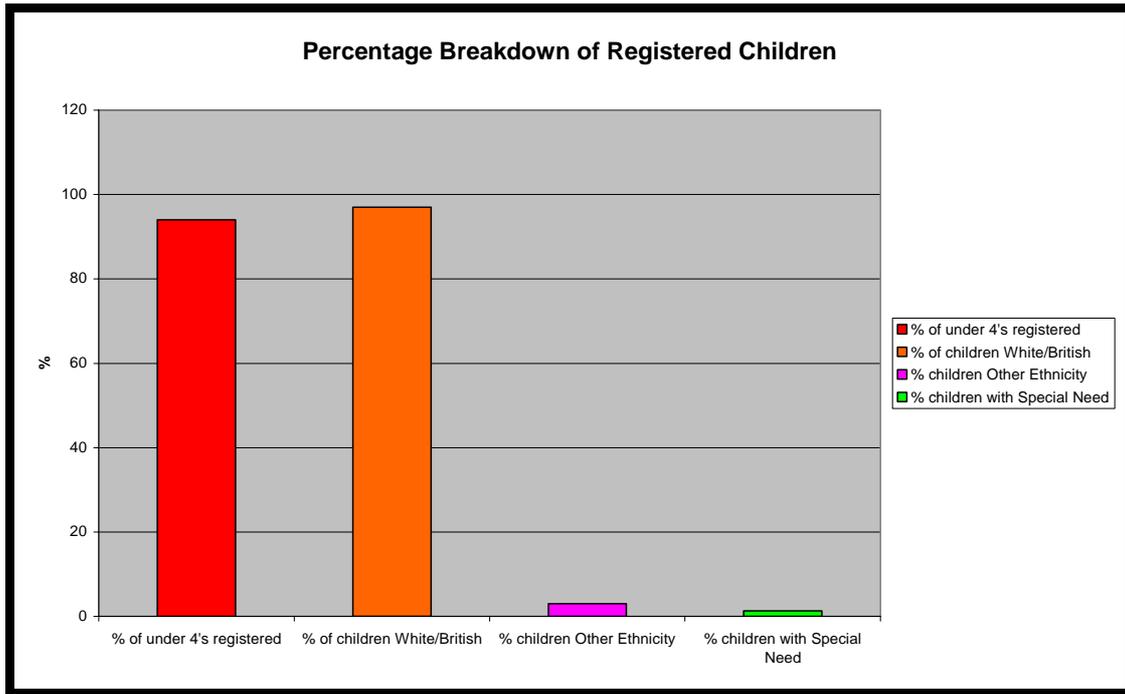


Statistical Information regarding Service Provision within Bacup and Stacksteads Sure Start

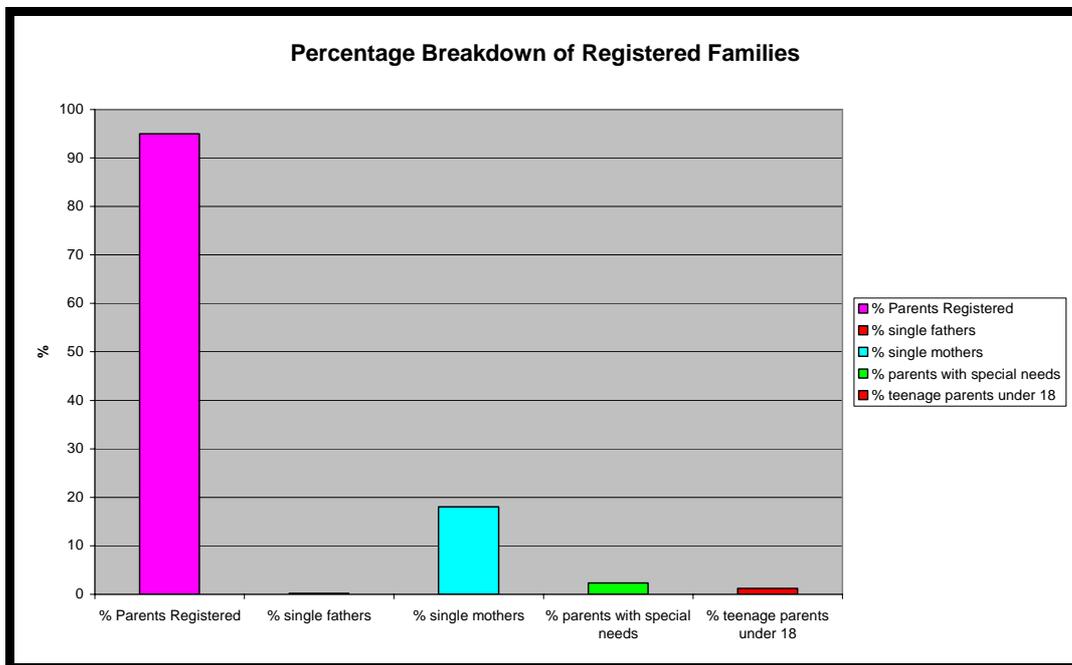
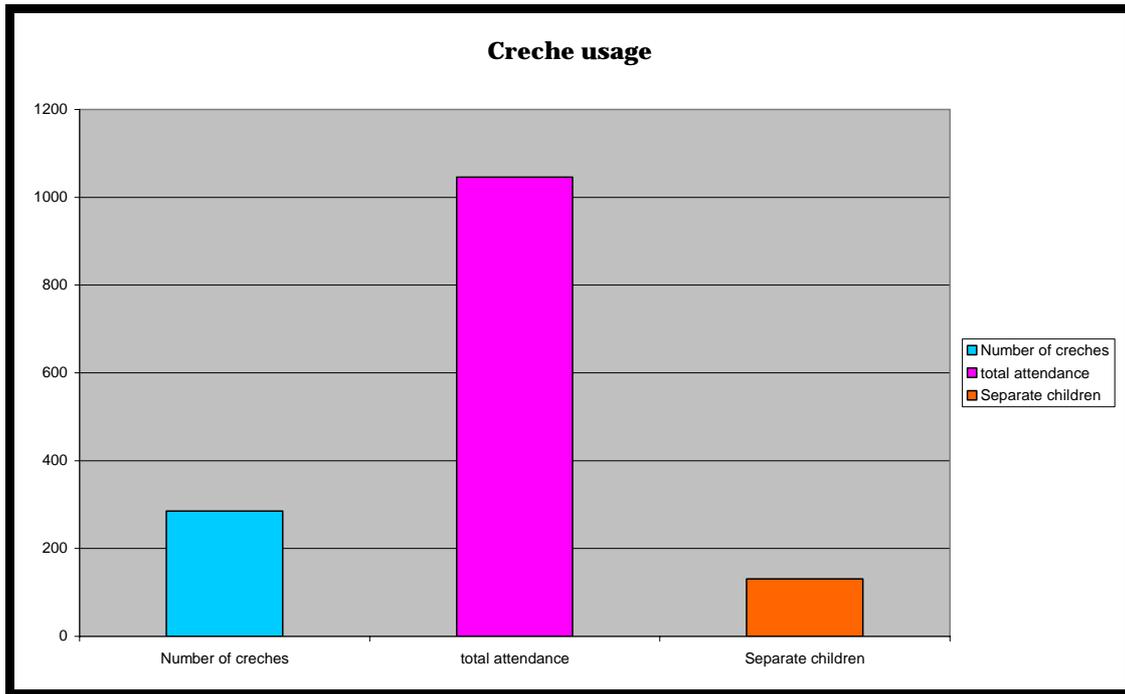


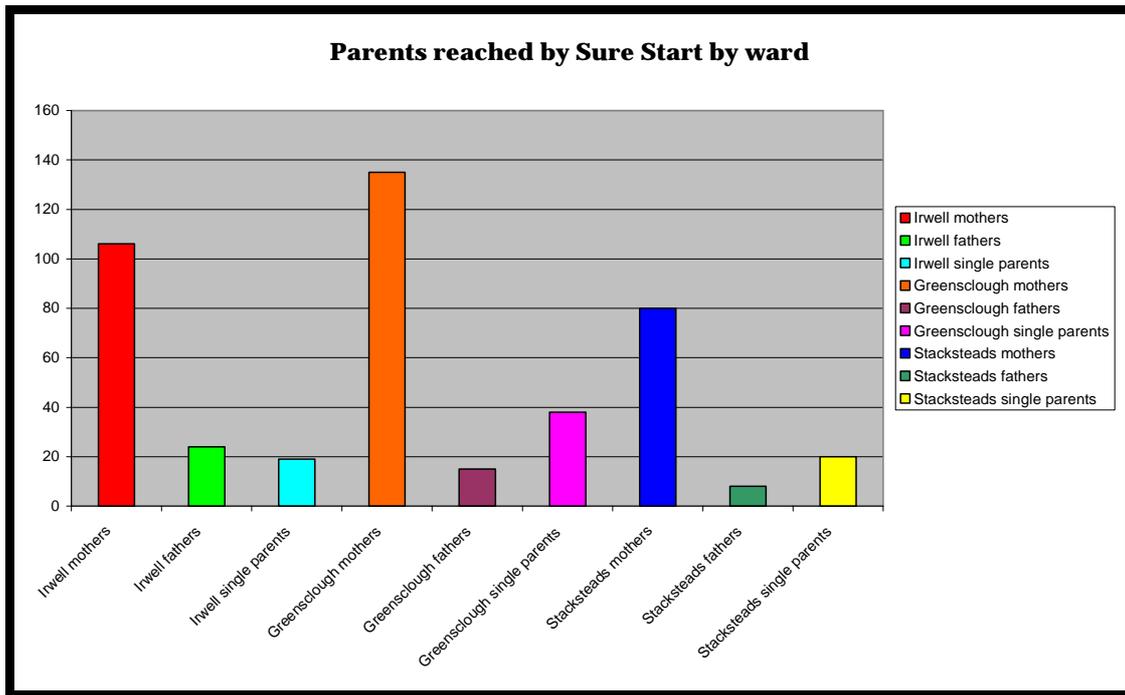
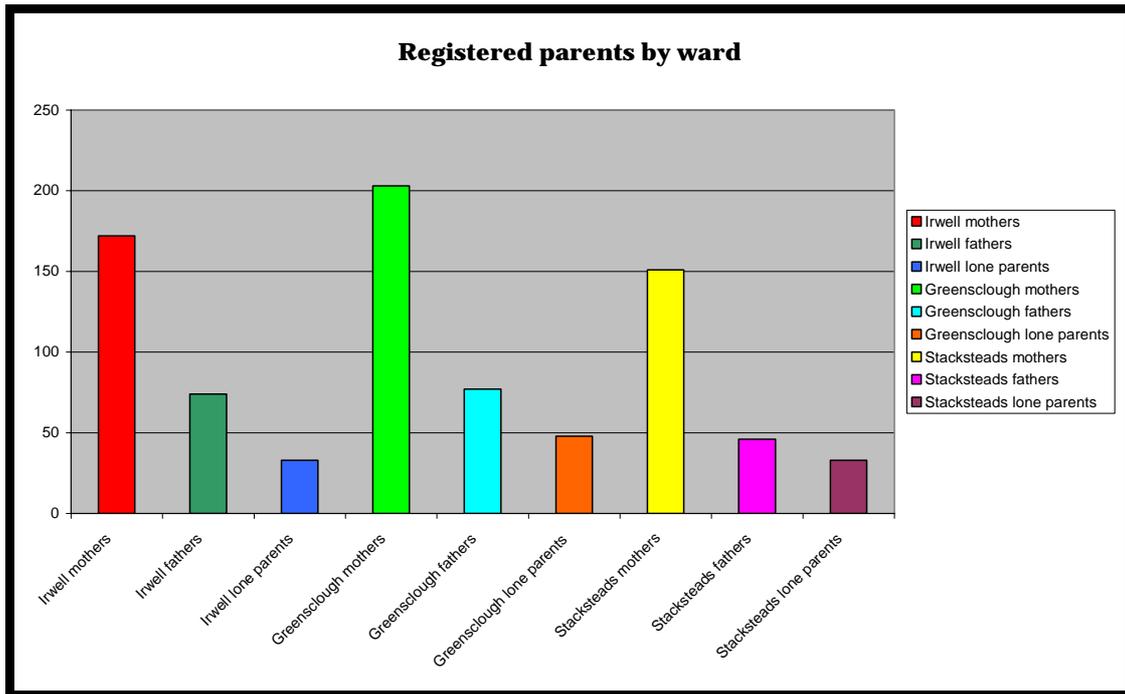


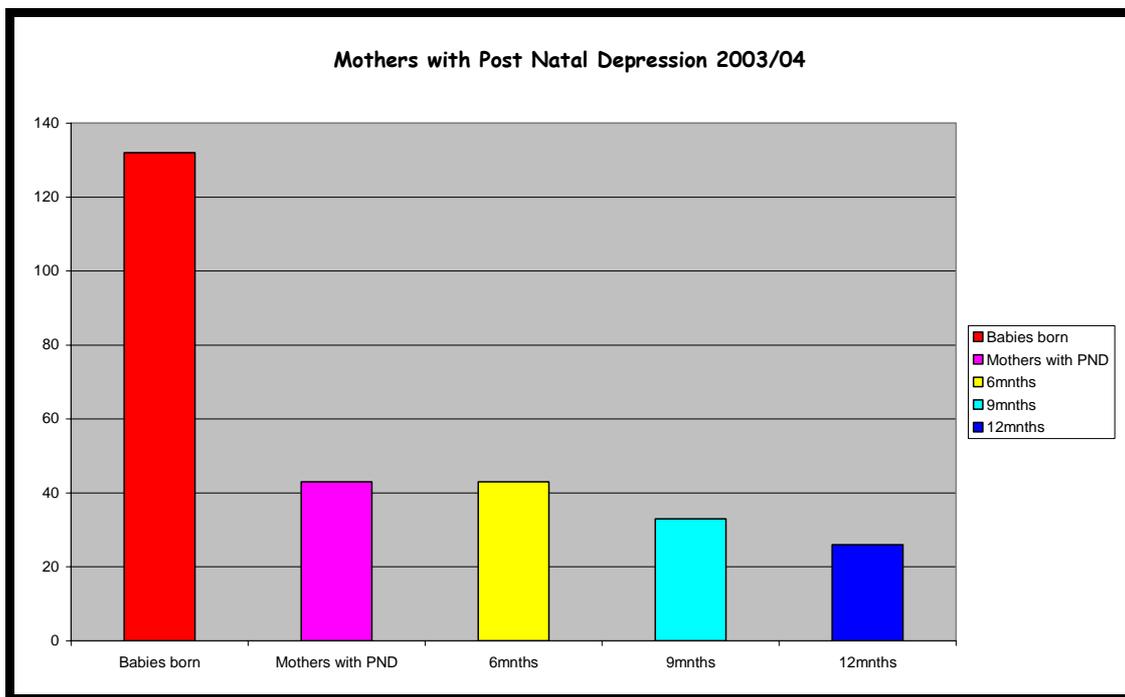
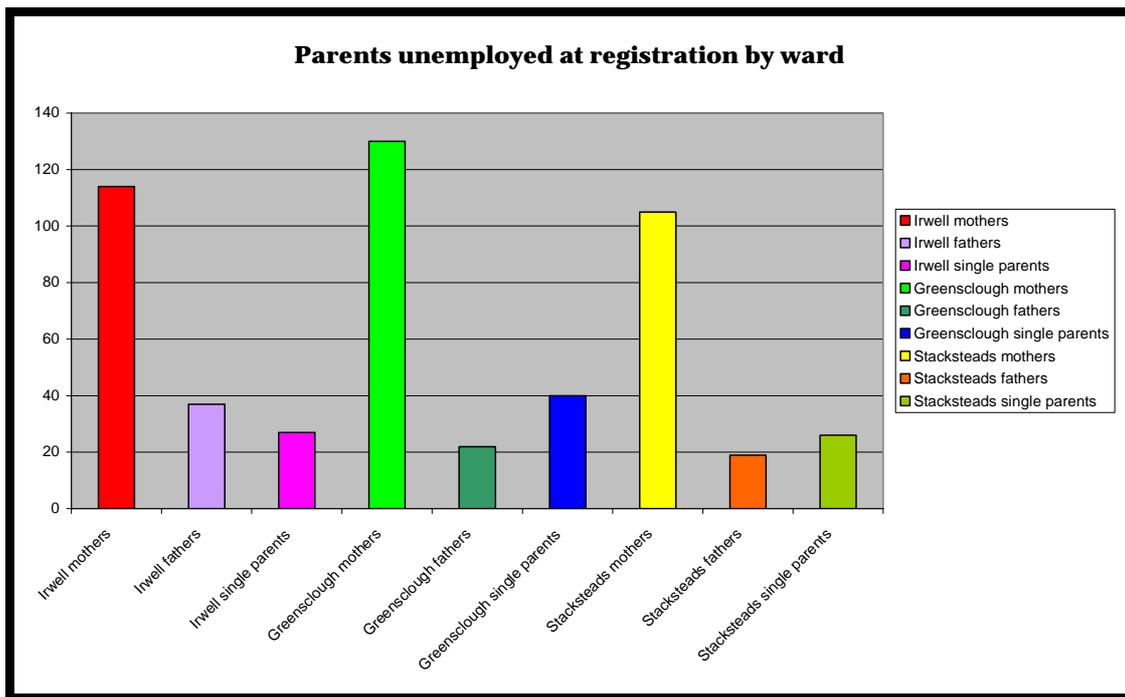


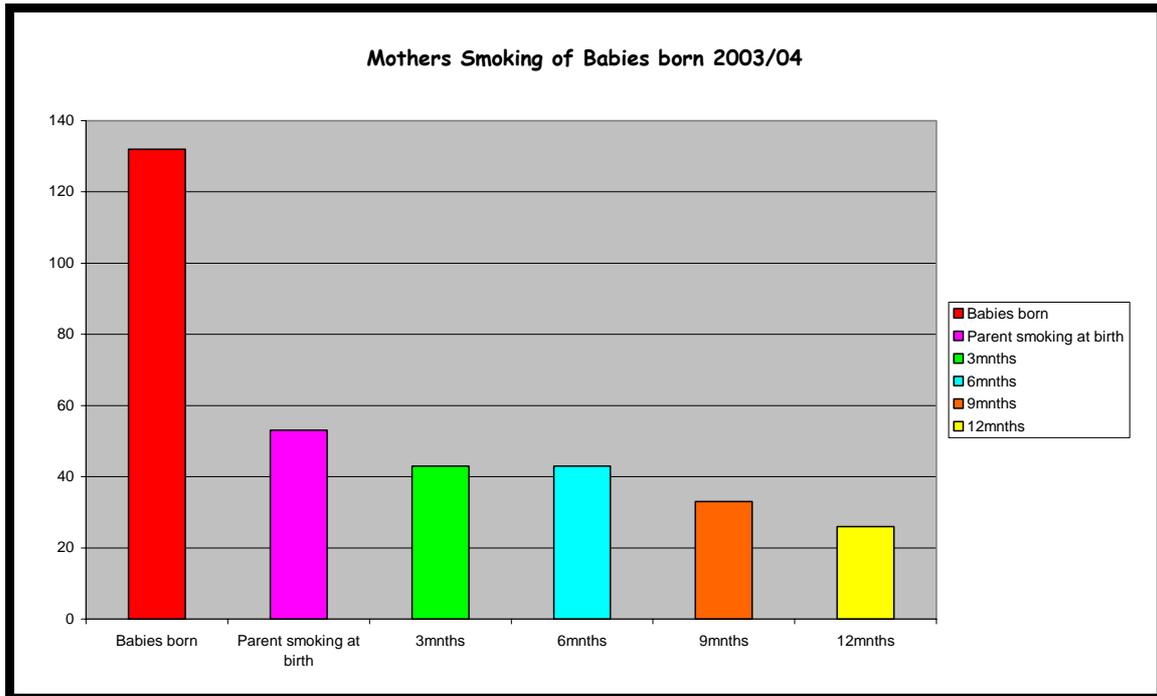


NB The anomaly between numbers of babies attaining 2 months and those being contacted by Sure Start in that time is due to babies being born outside of the area and then moving into the area in the first year of their life.





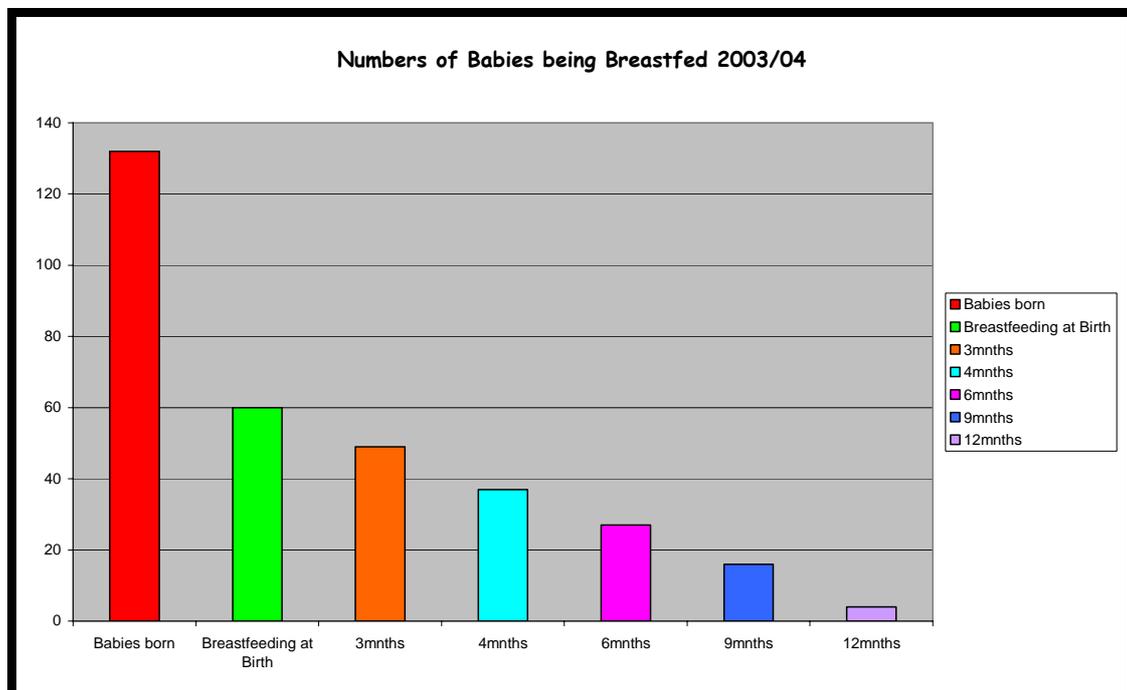




In the year 2002-03 55% mothers smoked during pregnancy.

In 2003-04 35% mothers smoked during pregnancy

This shows a 20% reduction



In the year 2002-03 30% mothers breastfed at birth

In 2003-04 46% mothers breastfed their babies at birth showing a 16% increase.

The following 3 tables demonstrate the attendance and diversity of services on offer to the families living within the Sure Start area.

These statistics can also be read in conjunction with the reports from:-

- **Training, Employment and Childcare Coordinator (Appendix 1)**
- **Clinical Psychologist (Appendix 2)**
- **Drug and Alcohol Worker (Appendix 3)**

Support Sessions received from Drugs and Alcohol worker 2003/04

Client	Total for year	Qrt 1	Qrt2	Qrt3	Qrt4
1	8		7	1	
2	36	8	8	10	10
3	21	9	10	2	
4	2				2
5	30	8	9	8	5
6	15		6	6	3
7	16	5	10	1	
8	1		1		
9	21		4	7	10
10	11				11
11	42	9	13	10	10
12	5	5			
13	8		4	2	2
14	26	9	14	3	
15	3				3
16	8				8
17	2		2		
18	1		1		



Table of activities undertaken by children 2003/04

Activity	Total of attendances	Qtr.1	Qtr. 2	Qtr. 3	Qtr. 4
Acre Mill Toddler group	93	82	11		
Baby Clinic	1242	340	342	227	333
Baby Massage	210	45	73	29	63
Baby Massage creche	4	4			
Childminders group	12	12			
Christmas crafts	3			3	
Computer Course	6		6		
Various Creche	1046	319	281	259	187
Ducklings	321	158	85		78
Family Crafts	5		5		
Family Forum Creche	1	1			
Family Swim	50		50		
Fun Day May	28	28			
Hearing Tests	40				40
Home Safety	16		13	3	
Literacy party	5			5	
Make a book use a book	1		1		
Making Music	8	8			
Men behaving dadly	12		5	7	
Healthy lifestyles	170	39	40	48	43
Speech and Language	8				8
Stay and Play	34	10	21	3	
Story time	3	3			
Trinity Baptists	6	6			
Tunstead playgroup	171	171			
Theatre workshops	137			137	
Visit from Sure Start	1200	300	316	216	368
Weaning Group	44	16	10	5	13
Weir Toddler Group	4	4			
Working parents Group	49	5	16	18	10
You and Yours	17	17			
Young Parents	11	11			

These figures are only as accurate as the information workers feed back to the programme Data Clerk which emphasises the need for accurate registers to be kept as it:-

- Demonstrates workload
- Demonstrates cost effectiveness
- Initiates further evaluation of services



Table to show attendances by parents 2003/04

Activity	Total	Qtr.1	Qtr.2	Qtr.3	Qtr.4
Acre Mill toddler group	51	43	8		
Adult Learner Support	4				4
Advocacy Training	2				2
Baby Clinic	199	61	138		
Baby massage	46	35	11		
Breastfeeding awareness	27	27			
Breastfeeding Support	48	30	18		
Brush up your maths	37			11	26
Childminders support group	29	18	11		
Childminders business course	30	30			
Child's Play	49	30	19		
Christmas crafts	39			39	
Colour Therapy	34	25	9		
Computer Course	247	61	49	64	73
Cooking on a budget	12				12
Ducklings	426	217	114	95	
Equal opportunities	12		12		
Family Crafts	43		43		
Family First Aid	18		18		
Family Information Network	34	8	11	8	7
Family swim sessions	58		58		
FAVE course	79	69			10
First Aid Course	58		3	44	11
Food Hygiene	8				8
Family Fun Day	34	34			
Home safety visit	46		20	11	15
I quit – stop smoking	30				30
Literacy day	46			46	
Literacy party	7			7	
MAD parenting programme	123	33	1	89	
Make a book use a book	30		15	15	
Making Music with Marvin	9	9			
Men Behaving Dadly (Father's group)	17		7	10	
NVQ2 Childcare	2		1	1	
NVQ3 Childcare	75		27	30	18
Parenting Skills Course	10		10		
Parent survival course	76		8	68	
Plan a tuckshop	8		2	6	
Starting Out with your child	35				35
Stay and Play	45	8	37		
Story time	3				3
Tai Chi	60		20	30	
Theatre Workshop	64			64	
Trinity Baptist Playgroup	9	9			
Weaning Group	42	18	10	14	
Weir toddler group	10	10			

Support offered in the home to parents

Worker	Total	Qrt1	Qrt2	Qrt3	Qrt4
Family support Coord	22	10		2	10
Clinical psychologist	17	4	5	5	3
Family Worker 1	198	2	45	74	77
Family Worker 2	90	43	45	2	Mat leave
Family Worker 3	249	83	50	48	68
Family Worker 4	237	56	63	54	64
Health Visitor 1	1		1		
Health Visitor 2	218	73	54	44	47
Health Visitor 3	8				8
Health Visitor 4	7				7
Drugs and Alcohol	256	53	89	50	64
Volunteer Coord	30	16	14		

Support offered in the home to children

Worker	Total	Qrt1	Qrt2	Qrt3	Qrt4
Family Support Coord	20	11		4	5
Clinical Psychologist	4	3	1		
Family Worker 1	199	1	34	73	91
Family Worker 2	135	57	73	4	1
Family Worker 3	208	70	41	26	71
Family Worker 4	363	87	96	77	103
Nursery Nurse	5				5
Health Visitor 2	11				11
Health Visitor 3	7				7
Health Visitor 4	206	53	52	34	67
Speech and language	3				3

The above tables show the wide and varied activities on offer to the parents and children living within the Sure Start area.

There are a variety of services being offered to families in the wider area which hopefully will become the designated Children's Centre Area which demonstrates the extended reach of the programme.



Report on the Volunteer /Befriending Service

The Volunteer Coordinator has recruited 90 volunteers to date and has far outstretched the original target of 30.

The current areas they are involved in are:-

- Community Garden
- Community Café
- Family Support
- Learning champions
- Breast mates
- Community Transport

33 families have been referred for befriending support and currently 17 families are receiving a service. 1 x family was referred to the Family Worker service which shows allocation of support was on the whole appropriate at point of referral. This demonstrates robust referral/allocation systems. 2 families with hearing impairment have been referred and the service is looking at setting up a Parent/carer Toddler group which is Socially Inclusive to accommodate children and parents with special needs. Linked to this group will be specialist service input to offer advice and information. This will provide support and also raise awareness.

In response to many parents requests for support/respite a service has been set up for referred families. There are 7 children currently accessing the service on a weekly basis which is manageable at the moment. If demand increases, which we feel it inevitably will, the places will become time limited to ensure it is an equitable service.

The Breast Mates peer supporters has been an overwhelming success. 8 parents graduated following La Leche League training and are now active supporting mothers in the community. It has been such a success that surrounding towns want to become involved in the programme and volunteers are being recruited as we speak.

Smoking Cessation is offered on a rolling programme in a variety of venues so no-one has to wait more than 4 weeks to access a service. To date 5 mothers have quit and a further 6 people have expressed an interest in giving up smoking. The classes are run by the Befriending Coordinator and Family Workers who are all trained in Smoking Cessation. If there are medical issues then the person is referred to mainstream services.

Another initiative is the Smoke Free Homes Award Scheme. Sue Hopkinson, Befriending Coordinator, has taken the lead and has set up a network across Lancashire involving all Sure Start Programmes in the County. In addition to this she has coordinated links with Lancashire Fire Service and the Safe and Sure scheme in order to meet their targets regarding the fitting of Smoke Alarms in homes and the offer of safety equipment purchase.

Article written by two Volunteers for Bacup and Stacksteads Sure Start

We hope that by writing this article for the benefit of the staff of the Bacup and Stacksteads Sure Start it will be seen that my wife and I acknowledge the value of the work that the Sure Start Team does in Bacup and Stacksteads.

Bacup and Stacksteads Sure Start's efforts within the community are quite broad and very beneficial to the many volunteers who support the different families within the OL13 district of Rossendale. When my wife and I were recruited as volunteers we mentioned that due to our experiences of having children and grandchildren of our own we felt we could offer help in anyway we could relating to families in the OL13 area. We know that other people and agencies are involved with Sure Start and do service in some way and that everybody contributes to the aims and objectives of Sure Start.

Volunteers have opportunities.

As volunteers we have been given the opportunity to attend many different courses that help when working with families. One course attended was to learn about Deaf Awareness and have been accredited with a certificate issued by the Council for Advancement in Communication with Deaf people (CACDP) . Having some knowledge about deaf issues has helped us to connect and communicate with the deaf community in a real way even though we have a hearing impairment.

Other courses we have attended through Sure Start include:-

- Health and Safety
- Child Protection
- Paediatric First Aid
- Arts and Crafts
- Wrought Iron and Mosaic Workshop
- Theatre Workshop Week
- Family Fun at Fearn's
- Learning Champion Basic Skills Training

We are currently helping to set up the Community Garden which will be linked with the Maden Centre in Bacup. This project is involving the community to develop this garden for the benefit of the nursery and OL13 community. We attend regular meetings and make decisions as part of the committee. This exciting project will give people in the community the chance to try their hand at gardening if they do not have a garden at home.

The courses we have attended have helped us to understand in more depth the well being of parents with young children and how we can respond when the need arises. We have also had the opportunity to support families to hospital appointments out of the area as transport has been an issue in the past and resulted in non attendance at appointments.

Our own lives have been made richer by being trained and then supporting others in a capacity that we would not have done normally and we feel that we are making a useful contribution to our community and this is very good.

We have seen a difference in the young families after Sure Start's involvement especially the children, as they get involved in learning and participating in projects organised by Sure Start. When we see these young families achieve something from what they have learnt it is good and heart warming and it is these young people with their babies who are reaping the benefits completely in play activity and because of this the community again benefits.

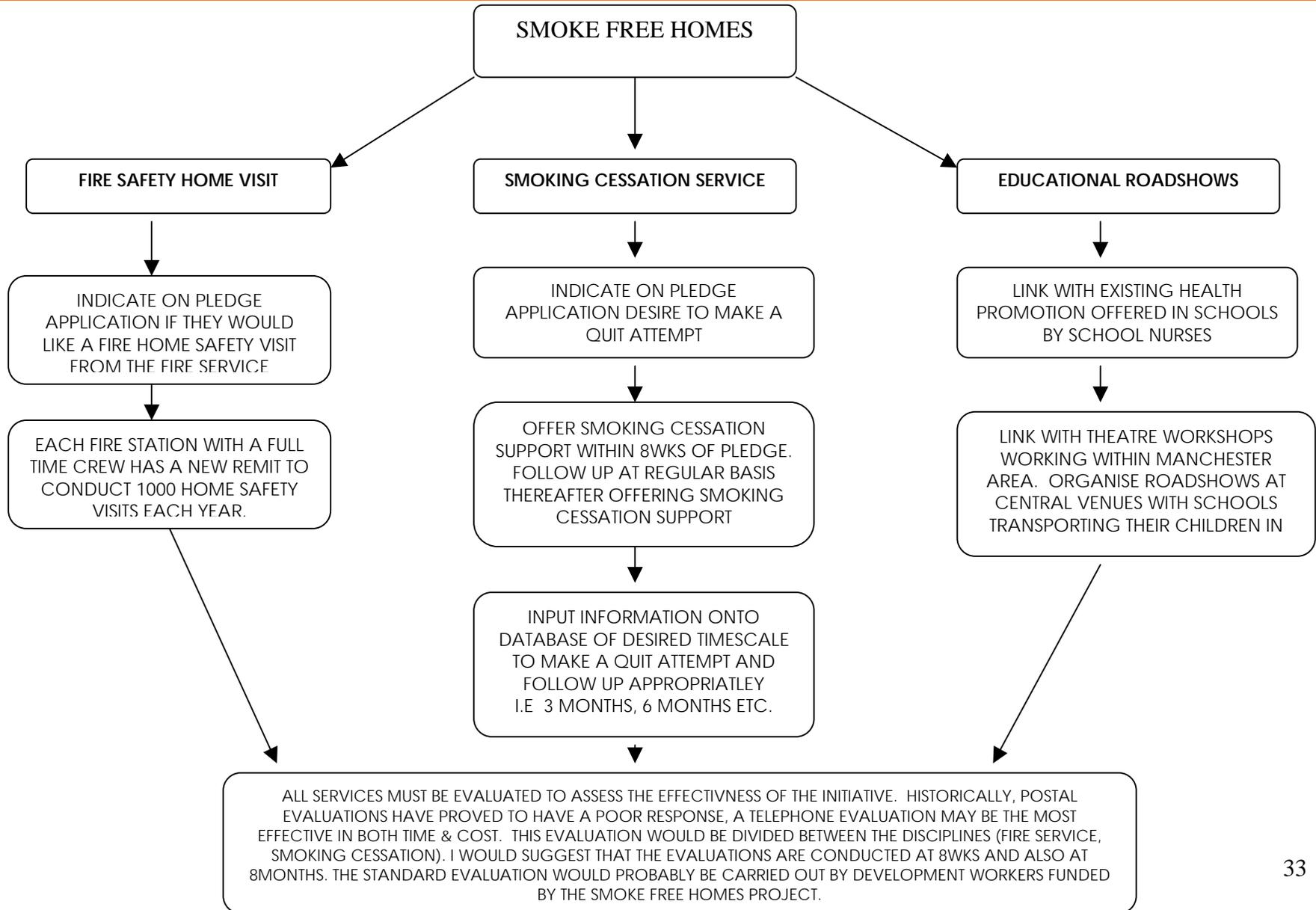
More people have become aware of the work of Sure Start and are keen to know more and we know that people are quite excited about this organisation because we have heard comments made by different people and the comments are usually very positive.

We look forward in becoming more involved with the Sure Start Team when the new building is open and feel the community will go from strength to strength.

Norman and Elaine McLaren
May 2004



Bacup and Stacksteads Sure Start Smoke free Homes Initiative



Comment on recommendations from Annual Report 2002/03

- *To continue to consult with and involve the community in the setting up of services to meet the needs of families with young children via Family For a and audit of community need with emphasis on father's and working parents needs.*

Community consulted in a variety of ways (see appendices) Father's Group established, Men Behaving Dadly, and parent and child groups and out of hours support to accommodate working parents.

- *To successfully complete the building works on time and open fully integrated services within Maden Baths.*

Unforeseen delays in completion of building due to the dilemmas faced by refurbishment of an old building. Implications for Daycare element of the programme. Surmounted by OFSTED registration of alternative venue. Building completed June 2004.

- *Restructuring of staff to better reflect roles and responsibilities in order to retain skilled experienced staff.*

This remains a dilemma despite constant review. This will remain on the agenda for the foreseeable future.

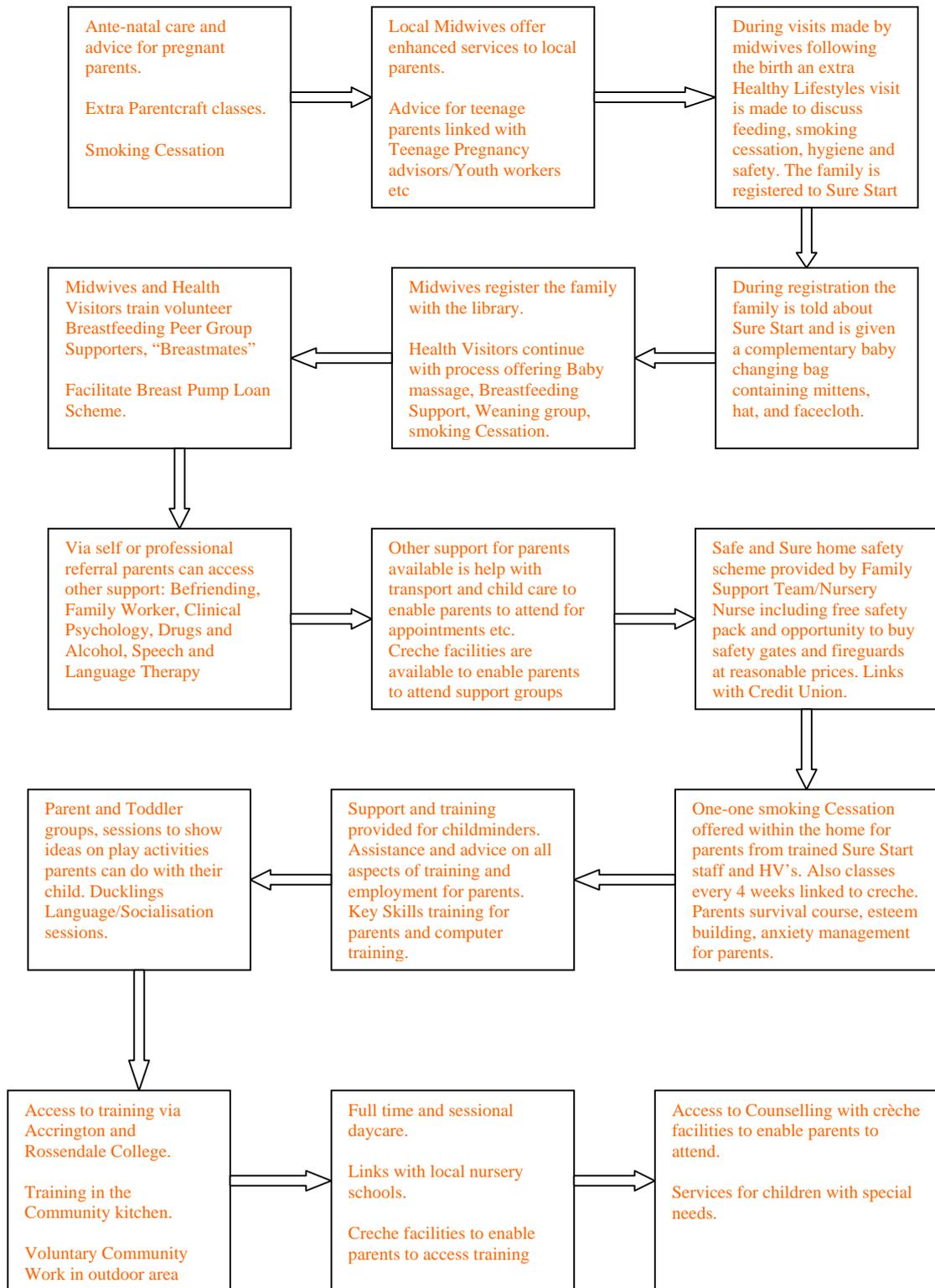
- *Work towards Children's Centre Status*

Plan submitted to Locality Group for approval.

- *Streamline boards to attract more parental involvement and establish 4 sub committees, capital, finance, mainstreaming, human resources.*

Family Information Network established to accommodate all parents regardless of status. All 4 sub committees formed and active.

Chart to show activities within Bacup and Stacksteads Sure Start and partner agencies



Rossendale, Sure Start Bacup and Stacksteads Summary of local evaluation March 2004

We are a Round 3 programme situated in a semi-rural part of East Lancashire. Evaluation is a key part of delivering our services effectively and to that end we constantly evaluate how users feel about our services.

In June 2004 we will be re-locating to our new Sure Start building which is a refurbished Victorian swimming baths. A new initiative which will aid monitoring and evaluation are the installation of two touch screen kiosks. These will provide both quantitative and qualitative data in the form of printouts of reports on areas of interest/queries made and also an interactive suggestion page to show customer satisfaction and suggestions for service improvement.

The decision to purchase the kiosks was in itself as a result of monitoring and evaluating public opinion on the preferred media for gaining information and giving feedback on services.

Informal Evaluation

Parents

We will continue to use brief questionnaires which we will attempt to keep to 1 side of A4 as in our experience these produce the most response. Any longer and people tire of completing them. We call it “ death by consultation ”

The questionnaires will contain both qualitative and quantitative questions to ascertain what the community thinks about current service provision and what future service provision they would like to see developed.

Face to face interview and Family Information Network meetings will also be used to gain verbal feedback on performance and strategic planning.

Parents are also active in the programme’s development via a number of working parties exploring Human Resources, financial matters, mainstreaming and capital programmes.

Children

Children’s opinions are gained via craft, play and drama activities. Children are very forthright in expressing their needs and let adults know in no uncertain terms if they are unhappy.

Using the face cards with 1 happy, 1 sad, and 1 indifferent as outlined in the previous years summary will continue to be used as this has proved effective.

Detailed Evaluations Planned

Safe and Sure Scheme

Parents are offered a safety pack and information regarding safety in the home when their child is 4 months old. In addition safety gates and fireguards can

be purchased at cost. On going monitoring is inbuilt in the scheme and parents are revisited at 6 monthly intervals to see if the information and equipment have proved useful or not. In the long term an audit of accidents in the home will be undertaken to monitor if accidents have reduced in any way since the scheme was implemented.

Training and Employment

The Training, Employment and Childcare Coordinator is conducting quarterly evaluation reports on the journey parents have made through training leading to employment and looking at links between attendance at non-vocational groups and how or if they lead on to formal training and employment.

A database has been purchased which aids in the monitoring process.

Smoke Free Homes Initiative

Our Health Link Worker is in the process of coordinating Sure Start programmes in East Lancashire into being partners in the Smoke Free Homes Initiative. To date 17 programmes are involved.

This is a long term piece of work which will be monitored via the number of awards presented to parents. Awareness raising will be monitored and evaluated by using a random sample of parents to see if attitudes to smoking in front of their children has altered in any way. Also statistics gained via the Health Authority Public Health Report will be used to see if smoking cessation targets are being met.

Customers of Bacup and Stacksteads Sure Start Satisfaction Survey

As a matter of good practice all service users are asked for their feedback after receiving a service from Sure Start. This is either verbal or via a questionnaire.

On the whole everyone is very satisfied and only appear to be dissatisfied with things which are out of our control, e.g. venues and frequency. Suitable venues to run services from has always been an issue in this area with particular problems arising when trying to find a room where a crèche can take place. Lack of appropriate facilities also impacts on the frequency of events as does staff available to facilitate. This problem should be somewhat alleviated once the main Sure Start building opens in Spring 2004.

In addition to this feedback 580 questionnaires were sent out to all parents registered with Sure Start asking them to let us know if they were dissatisfied with any of the services provided. To save on people's time and resources only those who were dissatisfied were asked to respond. If no response was received then the assumption was made that all were satisfied.

Only one reply was received from a parent who worked. They felt that an assumption was made by professionals that they did not need advice and support as all services were provided during "office hours".

As there are a number of "out of hours" services currently available, e.g. Saturday Toddler Group, Advice Drop In until 6.30pm, Family Support and Befriending Support, to name a few, we at Sure Start had to take some responsibility if this particular parent was unaware of them.

As the questionnaire was anonymous a response was posted in the next Newsletter which would be distributed to every registered household and a variety of community venues. Within the response was an apology regarding the parent being unaware of the services available, a list of those services, a contact name and telephone number for each service and a request for any suggestions for future services.

Conclusions

- The majority of service users are happy with the services Bacup and Stacksteads Sure Start provides.
- There is some dissatisfaction with venues and frequency of service.
- Communication could be improved so all parents are aware of what is available.

Recommendations

- To continue to deliver quality needs led services to families in Bacup and Stacksteads.
- To strive to discover more suitable venues from which to deliver services.
- To ensure information regarding services is publicised in as many forms as possible to maximise access.

Results of Survey with Staff funded by Sure Start and employed by Spurgeon's Childcare

There are 18 staff, 18 responded.

How satisfied are you with the role you have within Sure Start?

Very satisfied	8
Satisfied	8
Neither satisfied nor dissatisfied	1
Dissatisfied	1
Very dissatisfied	

Can you tell me why?

I find the job challenging, I enjoy working with parents, I feel I can develop my role, interesting feel I use my skills, sometimes I feel due to the diversity of my role I don't do any one justice, I will feel more satisfied when I feel more confident in my new role, I enjoy the autonomy and freedom to try things out, I can see direct results from the work I do, I feel confident and focussed, I feel I am making a difference, I really enjoy my work!, sometimes the intensity of the work is overwhelming I take it home and can't switch off, opportunity to motivate staff, seeing progress and knowing I was part of that, I feel trusted and respected, every day is different although challenging and emotionally draining, I enjoy working with the community.

Using same criteria please comment on:

Managerial support

Very satisfied	10
Satisfied	4
Neither satisfied nor dissatisfied	2
Dissatisfied	2
Very dissatisfied	

Can you say why?

Always available and easy to talk to, approachable, informative, calming, I am given freedom and feel trusted and respected, helps me to be objective and grounded, I trust my manager, I do not feel I get any personal support and feel uncomfortable if things should go wrong, have been dissatisfied in the past but now much improved, firm and fair, friendly, understanding, has been difficult in the past, immensely satisfied, they explain things and have written

procedures in an understandable way, I feel valued and listened to, I get answers to my questions.

Terms and conditions of service

Very satisfied	2
Satisfied	13
Neither satisfied nor dissatisfied	1
Dissatisfied	2
Very dissatisfied	

Can you say why?

Everything was well explained, feel 6 months probationary period is too long, felt pressured, good pension, knew what to expect but would like the terms I had in my previous job, sometimes it is hard to find things out, poor in comparison to other services, took a reduction in leave entitlement from previous job, would like more holidays, if I am required to work outside of my contracted hours then I should be able to take the time back when it suits me and not the programme, on the whole satisfactory, they are OK.

Salary

Very satisfied	
Satisfied	14
Neither satisfied nor dissatisfied	3
Dissatisfied	1
Very dissatisfied	

Can you say why?

I think Nursery Nurses are poorly paid anyway, people think what they do is easy, I feel my salary reflects the level of responsibility my job entails, I feel my re-grade better reflects my level of responsibility, feel it should be more as some of my work is very intense, I could always do with more money but I knew the salary when I applied for the job, comparable to mainstream but not to other Sure Starts, I feel family workers should get paid more to reflect the intensity of the work they do, salary poor in comparison to similar services, it is commensurate with the duties I perform, not enough to live on other Sure Starts pay more, on the whole I am satisfied, I feel I should be paid more as language is what all other areas of development depend upon.

Hours

Very satisfied	6
Satisfied	10
Neither satisfied nor dissatisfied	2
Dissatisfied	
Very dissatisfied	

Can you say why?

The demand for my work is greater than the hours I work, I like the flexibility, gives me time outside of work, I know I can be flexible if the need arises, I know I can negotiate, when I am tired they are fine but I would like full time, flexibility means I can work from home and I get more done, the hours suit me.

Supervision

Very satisfied	8
Satisfied	6
Neither satisfied nor dissatisfied	3
Dissatisfied	1
Very dissatisfied	

Can you say why?

I feel my points of view are listened to, feel supported, what I get is not supervision it is too directive and not personally developing, I find supervision challenging, it is a chance to talk and develop new ideas, I feel free to discuss issues in confidence, feel I am listened to and responded to, I have them regularly and can request one if I need to, they could be more focussed but on the whole I am satisfied, I have never had supervision before and find it really useful to develop my skills, I feel valued and listened to.

What does Sure Start mean to you?

As a local resident I feel it is bringing a new start in child services to an area that desperately needs it. I hope my grandchildren will benefit where my children missed out. I am proud to be a part of it I can't think of anything negative to say about it, team work, community empowerment, joined up working, community led, a range of services to help local families live healthier happier lives, quality services, enabling, making a difference, a chance to be creative without all the bureaucracy, a chance to try out new things with the support of a team, being there for people, helping people have a better life, a chance to develop the future, a chance to change what went

wrong, capacity building, it should have already been there, a chance to do all the things you knew in your heart were the right things to do but could not change mainstream alone.

Do you understand your role within Sure Start? Can you describe it?

I think I understand it but it seems to change every day, to help children develop in every way, to promote positive practice, I understand it due to regular meetings and supervision, it is really difficult to describe because it is quite diverse but I know I must support families in the Sure Start area to ensure children flourish and reach their potential, I am here to advise and support families and involve them in that process, yes I know what is within my remit, promoting language and literacy and communication through individual and one to one work, co-ordinating the Sure Start Language Measure, working towards Sure Start targets, working together, roles overlap, influencing change within mainstream services, involving the community and enabling “people power”, social inclusion.

Do you think Bacup and Stacksteads Sure Start is a friendly place to work?

17 said yes, 1 did not comment. Comments were: personalities have gelled, good humoured, we are all working towards the same goals, good communication, everyone supports each other and mucks in, of course we don't always agree but we can talk things through, people give and accept friendly banter, the work is hard but is fun, respect everyone, closer to some than others, we are all in the same boat, all new together, we all believe in Sure Start or we wouldn't have given up good jobs to work here, developing a good social network.

Are you actively seeking alternative employment?

No I am very content, I have looked at other Sure Starts just out of interest but have never sent for an application form, I keep my eye on the market, I sometimes think I would like a career change, yes but not due to job but because of the time I spend travelling, I have in the past as higher salaries are tempting but not everything, being happy in my job is more important, I have in the past due to salary, not because of the job but for career progression, I would be tempted by more money and career progression, yes due to salary, too many jobs are part time and need full time, I work across two centres I would like to be based in one centre, No I am very happy, I felt I needed to be more challenged at one time but not now I have a new role.

Any final thoughts? Try to end on a positive.

I wish I was 20 years younger with all the opportunities Sure Start offers, I am generally happy, I am going to plan better, “temporary workplace” beginning to grate after 2 years but I couldn't wish to work with a better bunch of dedicated and talented people, look forward to new challenges, It doesn't feel like work, I enjoy the buzz I get helping someone gain employment, good team

with a wide range of knowledge, I have nothing but positive feelings, first job I have had where I can't wait to come to work, I am forever the optimist.

Conclusions drawn from the responses

It would appear from the responses made to the questions regarding the understanding of people's roles, and their satisfaction with those roles, most staff are happy in their designated jobs despite finding them challenging. This would appear to be due to the provision of supportive supervision, managerial availability and team support.

Working for Sure Start appears to give much job satisfaction in particular having the chance to work in innovative ways which involve the community.

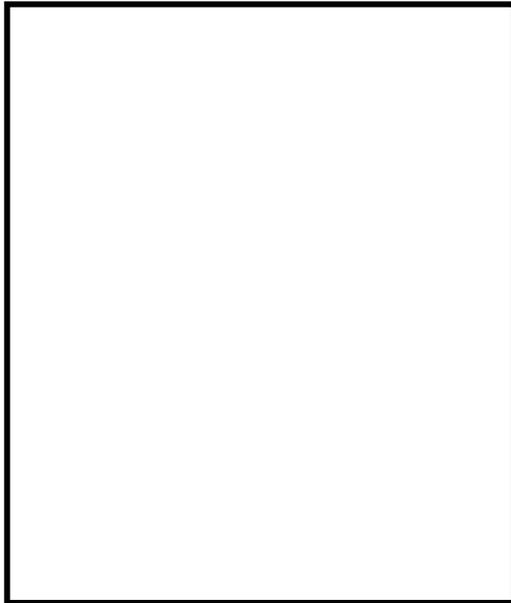
Where there is any dissatisfaction appears to be in hours, level of responsibility and salary. Some staff feel that community need far outweighs their allocated hours and due to their commitment find themselves working beyond those contracted hours. There is also dissatisfaction when comparisons are made to what appear to be similar jobs in other Sure Start programmes with regard to salary. These appear to be the only reasons anyone has looked for alternative employment and not due to job dissatisfaction.

Recommendations

- Bacup and Stacksteads Sure Start need to continue to offer quality individual supervision on a regular basis for all staff.
- Managers need to continue to make themselves available to staff and not become too distanced from the "shop floor".
- The team need to continue to meet and discuss issues on a regular basis.
- To retain quality staff regular reviews of levels of responsibility versus salary need to take place.
- Review of work undertaken needs to take place to ensure workers are not filling the gaps in mainstream services but are providing enhanced services.
- Staff need to be assertive and say "no" to work which is outside of their remit.

RESULTS OF SATISFACTION SURVEY CARRIED OUT BY STAFF LOOKING AT PHOTOGRAPHS OF THEMSELVES IN THEIR SURE START ROLES

Staff were asked to look at photographs of themselves in their Sure Start roles and say what they saw in relation to their jobs.



**Joanne Connolly
Deputy Childhood
Services Manager**

My role is to develop childcare provision in the area and support crèche provision to enable adult based groups to take place.

Words that come into my head when I look at this picture are:

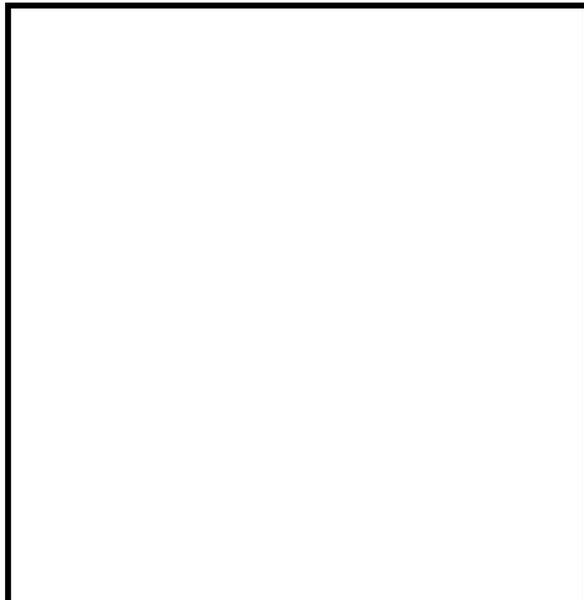
Professional, light hearted, smart, happy, satisfied, natural.

**Alison Lorente
Family Support
Co-ordinator**

My role is to allocate Family Worker support to families in the area either individually or in a group. I also co-ordinate the Home Safety Scheme.

Words that come into my head when I look at this picture are:

Approachable, friendly, Organised, innovative, Team worker.



Conclusions drawn when the responses to the questionnaires are compared with the responses given to the photographs

It would appear when confronted with pictures of themselves doing their job for Sure Start, workers respond very positively. Workers only appear to show any dissatisfaction with their job when prompt words concerning satisfaction and dissatisfaction are put to them.

It must therefore be considered in order to achieve positive outcomes from satisfaction questionnaires it is advisable not to include emotive descriptions within the questions. This could then give skewed conclusions and skewed recommendations as people may not be given the opportunity to express how they truly feel.

RESULTS OF SURVEY WITH STAFF FUNDED BY SURE START AND EMPLOYED BY THEIR INDIVIDUAL ORGANISATION e.g. Primary Care Trust, Drugs and Alcohol Agency etc.

The staff surveyed were:

- **Clinical Psychologist**
- **Drugs and Alcohol Worker**
- **5 x Health Visitors**
- **4 x Midwives**
- **Nursery Nurse**

8 responses were received which break down into:

- **Clinical Psychologist**
- **Drugs and Alcohol Worker**
- **2 x Health Visitors**
- **4 x Midwives**

Below are the questions asked and the responses given.

What is your role within Sure Start?

18.5 hrs. Clinical Psychologist for children and families.

Drugs and Alcohol Project Worker

Part-time Health Visitor

To provide a comprehensive health service to under 5's including health related issues and development.

Midwife, midwife, midwife, midwife.

What is useful to you with regard to Sure Start in fulfilling your role?

Creche provision, Family Worker Support, being able to refer to support groups, unlimited time to work with and support clients, being able to work more realistically with clients individual needs, providing quality not quantity, being able to make home visits which greatly improves contact rates, good team support and good working relationships, Clinical Psychologist, Speech and Language, Drugs and Alcohol, Family Support, Befrienders, parenting groups, parent and toddler groups, breastfeeding support group, transport provision for parents, greater understanding of other staff's roles, admin. backup, the extra time to spend with families, opportunities and time to explore new methods of working, up to date Health Education and Promotion material, money for resources, an extra full time midwife, able to set up Young and Pregnant Group,

increasing Breastfeeding rates, reducing smoking parents, Breast Pump loan scheme, study days.

What would make your role easier?

Someone to cover for me when I am on holiday or off sick, less paperwork, a midwives base in OL13 (hopefully coming soon), A local birth centre or midwife led ward at Rossendale Hospital, more money, better facilities for seeing families.

Do you feel your organisation supports you in your role within Sure Start?

6 x YES 2 x in some ways

If you answered YES can you describe how?

By allowing full autonomy to develop within the Sure Start area, they do not interfere in my role and enforce constraints in which I have to work, there is always someone who will listen if I have issues, Sure Start time is protected, my manager supports my role, regular meetings and management support, time to attend meetings, manager understands Sure Start, manager fully supportive of my Sure Start role, supportive of my role but no money available, feel Health Authority are unaware, my fellow colleagues in Rossendale need to be more supportive and not envious.

Do you feel lines of communication have improved since the TEAM BUILDING day?

7 x YES 1 x never around long enough to notice, sorry!

How does Sure Start communicate with you?

Paper mostly and often orally depending on the formality of the communication and the type of response required, minutes of meetings, meetings with Operational Manager, Message Book, meetings, letters, person to person, telephone, Newsletters, mobile.

How does your organisation communicate with Sure Start?

It doesn't to my knowledge, it doesn't, meetings, letters, face to face, through lead midwife and others working in OL13, good communication at local level, NO evidence that effective (if any) communication above local level, through our link person, referral forms.

How do you tell families about Sure Start?

Verbally, all the time in person, newsletter, flyer, notice boards, word of mouth, at initial visit and throughout clinics etc. lifestyle visits, registering new families, from first introduction Sure Start is talked about and continues to be introduced into the discussions at each subsequent visit where appropriate, clinics, home visits, any time during ante natal visits.

Have you any other comments you would like to make?

I find levels of communication open and available, people have always given me an ear and at very short notice, this is something that I really value and in my role at times it keeps me sane, just a thought that communication and morale does feel more comfortable as far as I can tell, still room for improvement but I feel we are getting there, I would like an information sheet on all Sure Start workers and their roles, I feel we are getting there.

Conclusions

It would appear from the workers responses that on the whole they are happy and comfortable in the jobs they undertake on behalf of Sure Start.

Following the Team Building day last year, where communication was an issue, staff seem to feel it has improved and at a local operational level there is a marked improvement. Where there appears to be cause for concern is at a higher strategic level where there appears to be little or no communication regarding their role within Sure Start and the need for mainstream services to adopt some of the Sure Start "ways of working".

Recommendations

- Communication should continue at least at the current level.**
- The issue around the larger organisations apparent failure to communicate with their workers regarding Sure Start strategic plans is of concern. It is suggested that this issue is addressed via the Programme's Partnership Board.**

Quarterly Training and Employment Report

April - June 2003

**Gina Lees Co-ordinator for Training, Employment and Childcare.
Bacup & Stacksteads Sure Start**

Quarterly Training Report Period One April 1st – June 30th 2003

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Summary

This report is the first evaluation of training and employment issues to date. It covers how data is collected, collated and reported upon. Responses to training questionnaires, plans for future training and contacts made/services used to date. It focuses on the Sure Start training and Employment Target and will provide a benchmark against which to measure future responses in statistical terms. It acknowledges limitations in current procedures and reporting and makes recommendations for future delivery.

Introduction

This report provides a breakdown of training and employment focused activities undertaken within the period 1st April to 30th June 2003. Proposed plans and recommendations for future delivery are also included. Statistics are taken from the Bacup and Stacksteads Sure Start database and are accurate as at 30/06/03 according to data input records. Limitations of the system do not allow a full analysis at present therefore only limited information can be reported upon. Future proposals to update the system will allow more specific data analysis in the next reporting period.

A range of training has been provided by BS (Bacup and Stacksteads) Sure Start prior to the posting of the Training and Employment Co-ordinator. This report does not cover periods prior to April 2003, but does acknowledge here that all training has been a valuable resource and has aided the planning and implementation of a BS Sure Start Training Programme.

The diversity of training delivered within the programme (prior to April 2003) highlighted an immediate need to channel the many pockets of training undertaken through one common source thus enabling training to be monitored and eventually evaluated within a common framework. The Training and Employment Co-ordinator collated information around the current training provision in early April. Using this as a foundation and with the introduction of various systems described throughout this report, training is now more strictly monitored and planned for. Future plans to introduce a first and second stage evaluation process will firm up the structure of training provision.

Methodology introduced for Data Collection

- To enable easy access to information about current provision at any given time an ***Adult Learning Log*** (Appendix A) was introduced in April. This allows the Training and Employment Co-ordinator access to all types of training being offered throughout the programme from Volunteer training to client groups with specific needs (e.g. Behaviour Management). Individuals providing training courses are requested to complete a Learning Log for each separate course they run giving details of dates, times, content, attendees, waiting lists, vocational/non vocational and how the training has been prompted. At present this information is maintained manually with plans to have this electronically maintained in the future.
- The database now records attendees on courses as well as crèche attendance. ***Updated system records*** offers a quantifiable resource. All those supporting or facilitating a course are asked to complete a Register of Attendance (Appendix B) allowing regularities/irregularities to be identified and to give relevant statistical data such as numbers of attendees, sessions per month, access by parents not in paid employment and so on. Previously only those with children attending the crèche would be shown as attending the course, this provided unreliable statistics for reporting.

Whilst the system appears to work well, it does still have some anomalies. For instance only those registered on the database can be input as attending where some attendees are volunteers, playgroup workers, childminders or others accessing our service to meet a Sure Start target. Future plans to update the system with volunteer data should reduce the impact this has. Other users are those who now have children aged 4years old that can no longer be classed as registered, but still access the services. These issues should be addressed to ensure more realistic input. Future plans to maintain a separate training database should eliminate these discrepancies.
- ***Training Needs Analysis***. Various questionnaires regarding training requirements had been distributed on several occasions prior to the reporting period. These were on the whole out of date or had been catered for. A new ***Individual Needs Analysis*** was devised in the form of a self-assessed training questionnaire. (Appendix C1) offered with a Prize Draw incentive for completion in the first instance until 2nd June and then redesigned (Appendix C2) thereafter incorporating a more in depth choice of training based on newly acquired training provision and suggestions from recently completed questionnaires.

Data collection was highly successful possibly due to the nature of distribution. It was decided that a postal questionnaire would not provide the high return required to produce a plan for training. Therefore the Training and Employment Co-ordinator visited as many Sure Start groups as possible and returned to collect completed responses. Family workers were asked to complete forms with their clients addressing any basic skills requirements and the Literacy Development Worker did likewise. Many responses were made in this way. Health Visitors are equipped with training questionnaires and responses have also been successful here. Playgroups have also been approached, but this has been limited and is an area for future target. The Family Forum, Baby Massage and Childminders groups have also been visited. A specific training questionnaire has been devised for the

volunteers (Appendix C3 to focus their training needs more directly. Future plans are to include the Young Parents Group and to devise a plan to meet their needs. Training questionnaires are being completed on an ongoing basis. Individuals can update their needs at any time. Responses are used for place allocation, to inform planning based on demand, target individuals for planned courses, identify skill gaps and to show individual progression routes. Again, this information is currently held in manual form and is therefore very time consuming. Future plans to incorporate training needs on the training system would eliminate this procedure and updating systems would be easier as would individual tracking, waiting lists etc all of which are currently held in paper copy.

- ***Attendance at events*** also proved invaluable in gathering training needs information in a less formal manner. Quick “post it” responses to training requirements gave more indication of the need. Attendance at the Deaf Awareness Fun Day and at the Sure Start Market Stall in June lent itself to this type of data collection.

Questionnaire Responses

In total 58 questionnaires were completed in this period. Collation is ongoing. Individual section plans are to be added to this data in terms of numbers

The Sure Start Training Plan has been devised from these result and meetings with various sections of the programme

The following outlines the most frequently requested courses from Questionnaire responses:

Title of course	Response (individuals)	Comments	Plans
<i>Childcare</i>	28	Numbers added to prior recorded interest equals 58 12 already completed a FAVE foundation Course – majority wish to progress to NVQ2	Ranges from parenting to NVQ 3. FAVE, NVQ2 planned for Sept 03. Childs Play course underway. Learning Through Play course with Basic skills to be devised
<i>First Aid</i>	30	Staff, Volunteer, Childminders. Childcare and parental interest	3 staff courses ran in June 03 full qualifications achieved. 1 NCMA accredited course 12hours to run in July 1 Family First Aid course planned in July
<i>Training advice</i>	22		Accrington and Rossendale College attended King St for Advice and Guidance Sessions in June. 5 individual interviews. Plans to hold these monthly by demand. Links made with Connexions Advance Careers service – sessions planned for career pathing
<i>Computers</i>	31	14 requested Basic IT 17 requested CLAIT	6 others are currently taking CLAIT 1 of the above is requesting EDCL advanced computers at Adult Learning Centre# Taster course planned fro Summer 2003 particularly aimed at new learners CLAIT to continue in September and provision to extend to 2 courses
<i>Aromatherapy</i>	21	Was included as a taster in the You and Yours sessions	Plans to have a course embedded with basic skills. Discussions with A&R College to have a progression route to qualification
<i>Basic language</i>	10		Make a Book Use a Book course starting June 4 th Many themed courses planned for future delivery Progression routes to GCSE/ A units under discussion
<i>Basic Maths</i>	11		Aromatherapy with numbers planned Progress route to GCSE under discussion with A&R College

Addressing the Sure Start Training and Employment Target

Statistical analysis

Employment

- There are 353 parents who are not in paid employment currently registered with BS Sure Start
- 83 of these are lone parents
- 98 of these are in a household where neither parent works
- 337 of those registered are not accessing any training services/groups of those not accessing any training opportunities are not in paid employment

Employment results

<u>Service/provision</u>	<u>Numbers</u>
Advice and guidance sessions (A&R College)	5 attended appointments at King Street
College Courses	1 person has registered for a vocational Call Handling course 1 person has registered for a vocational Hair and Beauty course Several Childminders and some others are interested in taking NVQ level 3 (approx 10 in total)
Actively seeking employment	1 person is receiving help with jobsearch
Benefit advice	10 people have accessed benefit advice
Job applications	2 people have had help with applications 1 has successfully gained employment

Employment results for reporting can only be based on personal contact cases. The figure could vary significantly in real terms. Also unemployment statistics are taken from registration forms which could be over a year old. These will only provide relevant snapshot statistics at the time of registration and assumes honesty at the time of registration.

Training

Limitations with the system at present means it would be too lengthy to manually calculate how many of the following were not in paid employment. This could be possible by the next reporting period.

Non-vocational training

<i>Title</i>	<i>Number of actual attendances</i>
You and Yours	90
M.A.D.	24
Colour Therapy	32
Child's Play	36

Business Need/ Employability Related training

<i>Title</i>	<i>Number of attendances</i>
Child Protection Course	7
New Tax Credits Overview	14
Childminders Business Course	25
First Aid at Work (staff)	14

Volunteer Training

<i>Title</i>	<i>Attendances</i>	<i>Comments</i>
Health and safety	9	Accredited
Anti-discriminatory practices	1	Accredited
La Leche League Breastfeeding Support	11	Training for professional to cascade
Deaf Awareness	4	
Child Protection	10	Accredited
First Aid	8	Accredited

Vocational Training

<i>Title</i>	<i>Attendances</i>	<i>Comments</i>
FAVE Childcare	66	12 people on course – 7 are not in paid employment
CLAIT Computers	38	6 people on course – 3 not in paid employment

A breakdown of courses provided in this quarter can be seen in pictorial format at [Appendix ?](#) showing the weighting of certain types of courses in the period.

Process Planning – Links to the employment target

Below is an up to date list of contacts used in direct relation to the employment and training target and an explanation as to their function in the BS Sure Start Plan.

Training Providers

Provider	Regularity	Purpose/Function
<i>Accrington and Rossendale College</i>	Anticipated monthly, less at present until plan is firmed up – plan to be implemented September 2003	<ul style="list-style-type: none"> • To provide a range a of training provision locally, mainly vocational, NVQ, GCSE and A units to enhance employability. • Courses also available with basic skills and with anticipated funding from Healthy Living Bid. • Computer courses are also popular via the Adult Learning Centre as part of the SRB. • Volunteer training planned • Vocational training available from taster “bitesize” sessions through to Degree level. • Staff training to be provided by the college on successful contract negotiation • Aid in gaining Sure Start “Approved Provider Status” for City and Guilds Qualification • Plans for new Computer Suite in building and presence in building
<i>Lancashire County Council Education and Cultural Services</i>	Frequent at present	<ul style="list-style-type: none"> • Used mostly for non-vocational leisure/pleasure training at no cost. • Employability enhancing course are also available such as First Aid, Child Protection, Equal Opportunities etc • Offer a wide range of esteem and confidence building training. • Specializes in Family Learning. • Offers a route to a Volunteer qualification • Accreditation available for most courses on request
<i>Lancashire County Council Education and Cultural Services – Basic Skills Provider</i>	A few times a year	<ul style="list-style-type: none"> • Basic skills awareness sessions • Basic skills Residential Training with vocational focus for Level 2 Supporting Basic Skills in the Community • A range of useful courses available embedded with basic skills, language and numeracy. Screening mandatory for these courses.

<i>Learning and Skills Council</i>	Irregular	<ul style="list-style-type: none"> • Used for “Step in to Learning” programme – Basic Skills awareness. • Possibility of becoming a Trainer on the Programme • Available for Community Development Qualifications, Learning and Development, Basic Skills training Levels 2 & 3.
<i>Training 2000</i>	Irregular	<ul style="list-style-type: none"> • Advice only at this stage • Vocational work placements available up to 24 years • Work Based Learning Providers via Job Centre Plus

Representation at Meetings

The Training and Employment Co-ordinator is an active member of a number of groups focusing specifically on Training and Employment. Below is a list with the functions of the groups.

Membership

<i>Meeting</i>	<i>Frequency</i>	<i>Purpose</i>
<i>Bacup Adult Learning Forum</i>	Bi-monthly	All those engaged in providing local training are invited to discuss a future plan for training provision including venues, types of training, funding available etc. A mapping exercise has been completed and an email group is to be set up with the eventual intention of a shared database for access to training. Shared ideas for marketing a “joined up” directory have also been agreed for some time in the future. Shared funding allocation for “Bitesize” training is also ‘owned’ by the group.
<i>Strategic Planning Group for Education and Lifelong Learning</i>	No cycle at present	Rossendale-wide representation to plan a strategy for meeting the objectives of Rossendale’s Strategic Plan with regard to Lifelong Learning. Representation is wide ranging with more members still to be invited. The group has only met once so far where the functions of the group and how it fit in to the wider plan were advised. Invitations were made to the Community Roadshows and members were asked to complete a task around how they currently work towards any of the objectives.
<i>Employment Target Forum</i>	No cycle at present	The group have met once and aim to continue. Sure Start representatives attend with the Employment Target interest. Plans to share ideas and resources in this area are in early development. The group welcomed a guest speaker from the LSC discussing Basic Skills Training and opportunities for Community Development qualifications. A representative from the EYDCP also attended. Plans to offer Level 4 Basic Skills and Cert Ed with supported funding were discussed, future meetings will see the outcomes of

		this discussion. It is envisaged that the group will invite relevant speakers for information and to share a common direction for employment focus in the future.
<i>Job Centre Plus Personnel Managers Meeting</i>	Quarterly	A number of local business meet to share personnel ideas and queries. They invite guest speakers and use the meeting to update knowledge on business matters. The meeting in early June discussed recent changes to the law from ACAS and DDA (Disability Discrimination Act) overview. It is a useful networking tool to mix with local businesses, although the group is heavily HR focused.

Other Useful Contacts

Below is a list of other contacts used to enhance the service provision. This is by no mean exhaustive:

Contacts

<i>Type</i>	<i>Use to date</i>	<i>Purpose</i>
<i>Advice and Guidance A&R College</i>	<ul style="list-style-type: none"> • Attended Market stall in June to promote adult learning • Appointments made in June for individual advice sessions • Regular calls to the centre for advice made by Training and Employment Co-ordinator on behalf of clients • Up to date information received regarding training provision “bite-size”, Part Time and Full Time courses 	To advise individuals of suitable and relevant training routes via the college
<i>Connexions/ Advance</i>	<ul style="list-style-type: none"> • Training and Employment Co-ordinator visited Rawtenstall Connexions to discuss use • Email/web sites received for useful information • Plans to include Career pathway technology at Sure Start for a “quick fix” response to training requests • Future plans to invite representative for appointments with individuals • Clients can use the centre as a job search tool either individually or accompanied • Psychometric tests available for aptitude to careers 	To provide impartial advice about career routes, access to training, job search etc. Advance service extends the traditional Connexions service up to the age of 65 years
<i>Job Centre Plus</i>	<ul style="list-style-type: none"> • Visit made to New Deal Lone Parents advisor to discuss JC+ 	To aid employment opportunities for those who

	<ul style="list-style-type: none"> • Regular contact made with advisors regarding benefit legislation and queries • Training opportunities via New Deal discussed and advice available readily • Access to overview training available to Management Group and Training/Employment Co-ordinator • NDLP advisor offered clinics for benefit advice in new building • Regular contact with processing sections Blackburn for specific complex benefit queries • Links made with local businesses via JC+ Personnel Managers Meetings 	can and give support to those who can't. To provide an up to date service for businesses wishing to advertise vacancies through the Jobs Direct Service
<i>Benefits Advice Clinic</i>	<ul style="list-style-type: none"> • Meeting held with local community officer at Neighbourhood Office. Discussed shared interests and agreed to update each other of relevant information. • Training available with a possible cost around HB/CTB and other government initiatives 	Focuses specifically on Housing Benefit/Council Tax Benefits Legislation
<i>Learn Direct</i>	<ul style="list-style-type: none"> • Used regularly to identify where courses are running/training providers • Used to find out about unusual/difficult to provide/locate courses 	To provide up to date information by telephone about provision of all courses and routes to qualifications

Routes to Qualifications – proposed plans

The Training and Employment Co-ordinator has identified the need to incorporate a progression route in to the Sure Start Training Plan. It is intended that eventually individuals should be able to access most training courses at a range of levels depending on where they are on the developmental ladder.

Plans are in place to provide a route to qualification wherever practicable and possible. Courses will begin at leisure interest level and lead to a short course qualification, possibly with Basic Skills embedded and move on to A units/Access courses or options for NVQ vocational qualifications or beyond. Individual learners will be able to select a level appropriate to them.

This type of progression route will provide direction for learners and in turn will lead towards eventual employment for individuals thus focusing more directly on the Sure Start Employment Target, rather than offering learners many courses at the same developmental level with no option for progression.

An example of this type of progression route is already taking shape with the options for Childcare qualifications:

Child's Play Course

(*Level 1* Parenting skills – interest/Non Voc level)



Learning Through Play

(*Level 2* Basic Skills with possible accreditation)



FAVE Foundation Course

(*Level 3* First Vocational Embedded with Basic Skills – College Certificate achieved)



NVQ 2 Childcare

(*Level 4* Vocational level 2 options for employment at this stage)



NVQ 3 Childcare

(*Level 5* Vocational and Supervisory Options for Level 3 employment status)



Foundation Degree Level

(Enhanced Qualification for Employment progression)

Other courses planned in a similar way are Health/Social Care, Catering, Exercise, Basic Skills support, Maths and English, Computers, Volunteer Training/Community Qualifications

Conclusions

- The last three months has seen a heavy focus on the development of Community Based Training and a clearer outline for the BS Sure Start Training Programme. Many courses have been delivered successfully in terms of attendance and limited evaluation comments show these have been enjoyable and worthwhile to participants. What is needed now are more courses that meet Sure Start targets rather than those simply enjoyed by participants. A clear direction needs to be given to courses and to individual learners which leads them on the route to employment and along the way enhances their employability.
- Evaluation is taking place, but methods are diverse and outcomes of evaluation unclear. More emphasis is needed on the purpose of evaluation and how if done properly this can be of use in the future. Neither it is clear if aims and objectives are being set for courses facilitated by BS Sure Start. In order to monitor and evaluate in house courses effectively there needs to be clearer indications of why courses are being run and what they aim to achieve in terms of learning and targets. Where this is not evident no basis can be made for evaluation.

A second stage evaluation process needs to be introduced to give more value to courses and their effectiveness for individuals and the organisation itself.

Evaluation needs to be comparable across the programme to be of any value statistically. The number of evaluation methods and the random way in which they are used show too much variance and in their present form could not be used for statistical reporting. Facilitators like to know if they have done a good job, but this should not be the sole purpose of the procedure.

To clarify, continuity in evaluation methods, frequency, statistical input and course aims all need to be raised in profile and developed before courses can be reported up on effectively in evaluative terms.

- Employment focus is slowly coming to the forefront, following much emphasis on Training Needs Analysis, Data Collection and planning for delivery. Many useful contacts have been made and will be used in the next period more frequently. It should be highlighted here that individual client contacts are increasing, with the wide-ranging job focus this could in time become unmanageable in terms of numbers and the time allocation required for individual cases. Possible solutions could see the use of volunteers in the client visiting process, information gathering/administration and accompanying clients to information centres on behalf of the Training and Employment Co-ordinator. Training would be required for these roles and at present expressions of interest are being directed through the Volunteer Co-ordinator. 3 places have been reserved for volunteers on the Residential Basic Skills Training with the view to these people supporting basic skills in the community and enhancing their employability by gaining a recognised qualification for doing so.
- Discussions with Accrington and Rossendale College are very positive and the hope is to negotiate a contract for service provision. Plans to access college training for staff and develop qualification routes for clients have been discussed and liaison at planning levels is now through the Training and Employment Co-ordinator and Jane Baron. Decisions for contracting will be made between the Programme Manager and Lynda Mason.
Plans are to complete a staff training audit in the Summer months as part of the Training and Employment role and to take over the training element and maintenance of BS Sure Start Risk Assessment.

Recommendations

Training/Employment

1. Introduce a system capable of monitoring and tracking individuals training participation, requirements, evaluation and to incorporate non registered learners and staff accessing the service to meet SS targets

A tag on system is required in order to report fully on training and employment developments. Individuals could have their own training records showing training participation and that needed, evaluations of courses, costs, progression and so on. Questionnaires and need analysis need to be input to reduce manual time and to enable waiting lists for courses to be held on the system. Statistics could be easily gained from the system to enhance reporting.

Contacts with employment agencies/Advance and other employment focused activities should also be recorded. Ideally individual client contacts should be recorded and case notes made from meetings that should be made sensitive to the user.

An eg. of a system has been viewed at A&R College and another to be demonstrated in July. It is anticipated however that the cheapest option would be to add on to the current system.

2. *Introduce a policy for allocation of places on courses.*

The policy should identify priority order: unemployed persons who have never accessed any training should gain priority. This will stop the same people attending all courses. It will also give priority to people on progression to next stage learning thus encouraging the planned development routes system. A draft policy has been developed and also incorporates section training and place allocation in these instances. Discussions have been held with the Psychologist around place allocation of identified courses and groups. This will be developed as a separate section of the policy as allocation in these instances can be determined by the nature of issues, group formation and other factors.

3. *Identify individuals who have never accessed any Sure Start Training and Track a random Sample over time.*

A large number of people are not accessing training opportunities. By selecting 10 people each quarter and actively encouraging participation, this number will reduce slightly and hopefully some issues surrounding non-participation will emerge. Tracking individual progression over time should also add weighting to whether or not the proposed development routes are effective and add to evaluation effectiveness.

4. *Links with Stacksteads Connect Group to offer Volunteer Training*

Close links have been made with group for training already and some clients access training held at this venue but not provided by Sure start showing good partnership at work. Sure Start also provides creches for the groups training. Stacksteads Connect has a volunteer group wishing to access training. If this could be linked with our training, it is likely that a training plan would be more viable and ultimately sustainable.

5. *Maintain Training Plan*

The Sure Start Training Plan should be updated and improved according to need. It currently incorporates many training needs from different sections of the programme. The aim is to increase provision for other sections including Young People. Continue success of varying providers giving a diverse range of courses.

6. *Introduce a more quantifiable Evaluation System*

Introduce a standardised system for evaluation that takes in to account varying aims and objectives of specific courses, but makes courses comparable in terms of effectiveness for learners and Sure Start Targets. It will also ensure that staff time is spent developing courses that meet specific aims of the programme and individual job roles. Second Stage evaluation is area for future implementation once the first stage has become effective.

7. *Complete a Staff Training Audit and Monitor Staff Training*

Put systems in place to create a database of staff qualifications, training needs, skills, skills gaps, evaluations of courses, costs and maintain an up to date record of staff training. Provide a monthly statistical return of staff training including acting as the trainer, being trained, mentoring and other training related areas to give an informed idea of the amount of training taking place and being provided in house.

8. *Maintain effective links with A&R College and be proactive in developing a staff development plan*

With proposals for staff training to be included as part of the contract with the college the Training co-ordinator needs to maintain strong links and keep up to date with provision and needs

9. *Introduce Individual Progress Records for those accessing individual training/employment advice*

The Training and employment Co-ordinator became aware that issues discussed in individual meetings may need to be shared with other partners working with the same clients. An individual record sheet has been developed which has a statement to sign to agree to the sharing of information. This will also help to focus on individual cases and to show progression and actions taken especially with a growing caseload. It will also provide a manual means of maintaining usage of outside agencies such as Connexions Advance and guidance sessions.

10. *Produce a bi-monthly chart for training groups*

11 *Identify suitable individuals to undergo training in the community support worker role*

Questionnaires have been distributed to give expressions of interest and preliminary courses identified for training in the role. Ideally a paid Caseworker would be the best possible solution. Once expressions of interest are received a decision will be made on how to progress.

12. *Increase crèche leader/crèche assistants in post to maintain crèche numbers required in order to deliver the BS Sure start Training programme*

In order to successfully achieve plans for training, crèche support is an absolute must. At present courses are manageable but from September, crèches are limited and it appears without extra workers only the current vocational courses could run plus those attended within the childminders Drop In and after hours without a crèche.

There is great concern for the Training and Employment Co-ordinator that those currently attending non-vocational courses and Basic Skills courses are now ready to move into the development stage and neither this nor other non vocational courses will be available due to lack of supporting crèches. Here is a strong recommendation to consider employing an extra crèche leader should finances allow as delivering the planned programme relies heavily on this support.

Effective links have been made with the Childcare Team at Accrington and Rossendale College and it would seem practicable to use such links when considering staffing the nursery at a future date. A training session has been held for CACHE Diploma Students this was useful for marketing purposes and in advertising for crèche assistants. A training report is available on request.

13. *Continue Job focus through Individual Action Planning*

Quarterly Training and Employment Report

July - September 2003

Gina Lees Co-ordinator for Training, Employment and Childcare.
Bacup & Stacksteads Sure Start

Quarterly Training Report Two July 1st to September 30th

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10. Appendix <ul style="list-style-type: none">▪ 1. Allocation Policy▪ 2. Sure Start Tracking Questionnaire▪ 3. Sure Start Training Plan▪ 4. Staff Evaluation Proforma▪ 5. Staff Training Audit▪ 6. Individual Progress Recoed▪ 7. Bi-monthly Training Groups▪ 8. Personal Action Plan	

Summary

This report provides statistical and qualitative analysis of Training and Employment progress for the period July-September 2003.

Detailed analysis demonstrates an increase in the number of Sure Start registered adults not in paid employment engaging in training opportunities this quarter.

16% of all unemployed lone parents and 16.6% of all households where neither parent is in paid employment are engaged in learning opportunities, accounting for 12.1% of the total target group.

Training types are more focused towards vocational learning with in excess of 40 people attending NVQ's in Childcare and CLAIT computer courses.

9 people are reported as gaining employment this quarter, 7 are registered with Sure Start and 2 are Sure Start volunteers, showing a significant increase since last period.

Partnership working continues and there is an increase in the number of referrals to the Training and Employment Co-ordinator.

Representation continues at a strategic level with the Training and Employment Co-ordinator attending Local Strategic Partnership Theme Groups for Education and Lifelong Learning and the Bacup Adult Learning Forum. An invitation has also been received to represent Sure Start on the Economic Theme Group (LSP).

Plans to engage new learners in the next period include a Family Learning Day anticipated to reach potential basic skills learners and also a Family Theatre Week during the October Half Term for the whole family as an innovative learning experience to engage more difficult to reach families.

Statistical Analysis

Baseline Overview

Total registration for this period is 520 adults.

There are 369 adults registered who are not in paid employment, accounting for 71% of all adult registrations.

There have been 50 new adult registrations this period and 25 of these are registered as unemployed.

More male registrations are being made compared to previously.

PSA Target group Analysis

95 of the 369 registered unemployed are Lone Parents – an increase of 2 since the last period.

There are 60 households (120 individuals) where neither adult is in paid employment. This shows an increase of 11 households (22 individuals) since the last quarter.

Employment Issues

9 people have reported a gain in employment during this period

4 people are registered as lone parents not in paid employment

1 person is from a household where neither parent is in paid employment. The other person in this household is engaged in a vocational learning opportunity with Accrington and Rossendale College.

7 are registered with Sure Start and 2 are Sure Start volunteers

3 are full time positions: 1 with Connexions Lancashire, 1 with Richard Courts and 1 with Kwik Save

Sure Start has provided 4 part time casual crèche assistant opportunities

Other positions are a part time shop assistant and a Health Care post.

These figures are very encouraging for this quarter.

Again, it needs to be noted that only those people who have direct contact with the Training, Employment and Childcare Co-ordinator can be reported on. Actual figures may vary enormously given that often reporting relies on information over a year old.

Sure Start National Figures use Jobcentre Plus as their baseline figures for reporting which should give a truer reflection of progress toward targets.

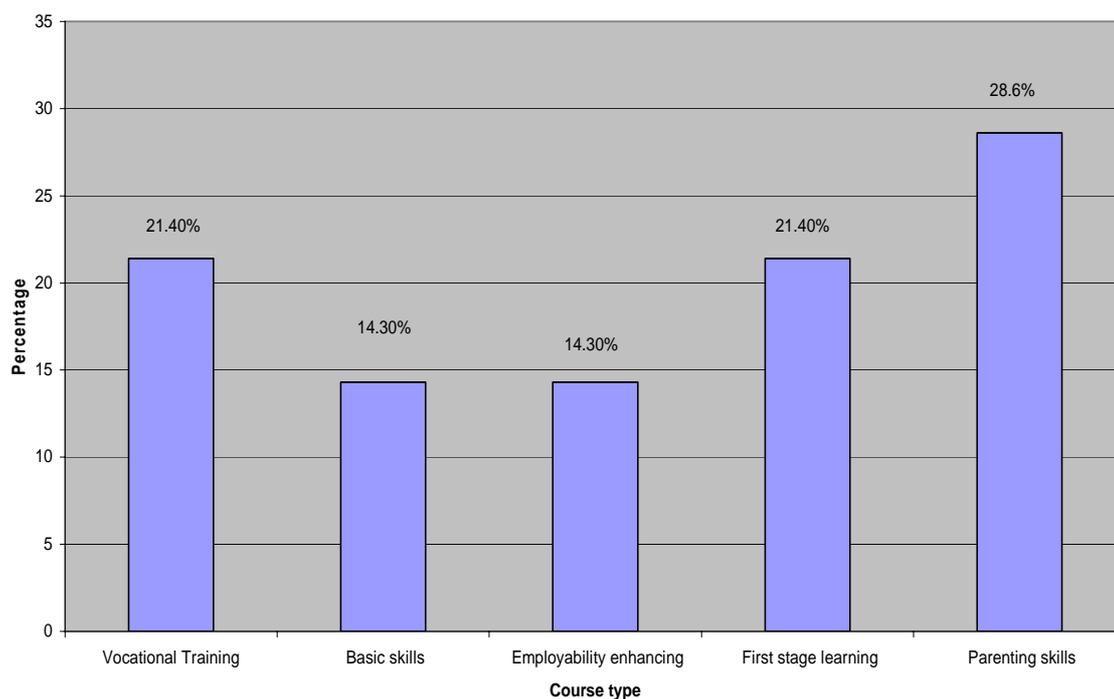
Access to Training opportunities

- There have been 56 registered parents not in paid employment attending training sessions during this period. Compared to only 16 in the last period. This illustrates a 250% increase since the last period (40 people).
- Total attendance at training courses is 148 of all registered parents/carers.
- This demonstrates that the majority of training is being taken up by people outside of the PSA Target Group.
- Only 38% of all people accessing training courses are registered as unemployed. (56/148)
- 321 people registered as unemployed are not accessing any training with Sure Start. This accounts for 86% of ALL registered unemployed parents. In the last period, 95% of all unemployed people were not accessing training courses, showing a percentage increase of 9% engaging in training opportunities. (The actual figure will be higher as this does not effectively demonstrate the increase in registrations).

PSA Target Group Analysis for Training Activity

- 15 lone parents attended training in this period accounting for 16% of all registered unemployed lone parents
- 10 dual households (11 people) have attended training in this period, accounting for 16.6% of all households where neither partner is in paid employment.
- 12.1% of the total target group (95 lone and 120 dual households) have attended training this quarter.

Comparison of Courses offered through Sure Start



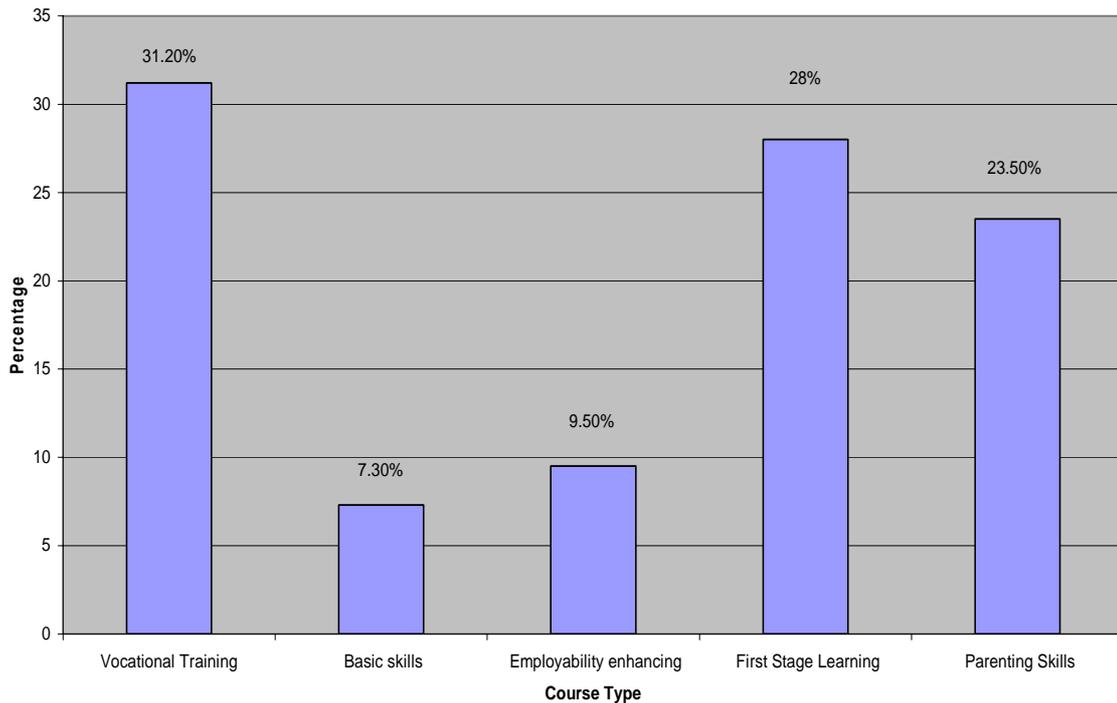
Courses Offered with Sure Start

- **A total of 14 different course types have been offered in this period, showing a slight increase since the last quarter.**
- The majority of training offered is Parenting Skills, Vocational Training and First Stage learning.
- Vocational training has increased as planned, despite the Summer months reducing the availability of courses offered by college and tutors available
- Non-vocation leisure/pleasure courses have reduced and Basic skills courses offered have increased in number.
- There has been a reduction in the number of employability enhancing courses, possibly due to most of the reporting period falling into non academic calendar months.
- A new area of learning has been introduced “Parenting Skills” to allow reporting on this important aspect of learning.

Courses offered this Quarter:

Vocational	CLAIT computers & NVQ 2&3 Childcare
Basic Skills	Make a Book & Plan a Tuck Shop
Employability enhancing	First Aid & Breastfeeding Support
First Stage Learning	Tai Chi, Family Crafts and Colour Therapy
Parenting Skills	MAD, Family First Aid, Childs Play and Positive Parenting

Comparison of Total Attendances at Courses



Attendance at courses

- **There have been 179 attendances at Training Courses in this period**
- The chart illustrates that vocational training boasts the highest attendance followed closely by First stage Learning and Parenting Skills
- Much of the first stage learning on offer during the Summer months has been crafts based and supports the need for activities for older children in this period. Family learning has been provided in First Aid, Card Making and other craft activities.
- Attendance on basic skills courses is lower as this type of course attracts fewer, yet more concentrated learners.

Client Contacts made in this period by the Training and employment Co-ordinator

Contact Type Breakdown:

A total of 43 client contacts have been made in this period

Contact type made	Number of contacts	As a % of all contacts
Training advice	26	60.5%
Benefits Advice	9	20.9%
Employment focused	8	18.6%

Referrals to Outside Training Providers

Training Provider	Number of Referrals	As a % of all referrals
Accrington and Rossendale College	27	94.2%
Rochdale College	1	2.9%
Training 2000	1	2.9%

Referrals made to or from other agencies/workers

Agency/worker	Number of referrals	As a % of all referrals
Connexions	3	21.4%
Connexions Advance	1	7.1%
Health Visitors	3	21.4%
Other Sure Start employees	5	35.7%
Jobcentre Plus	2	14.3%

Training and Employment Co-ordinator Contacts/Meetings with Outside Agencies

Agency	Number of Contacts
Rochdale College	2
LCC Basic Skills Coordinator	3
LCC Adult Education	2
Accrington and Rossendale College	9
Lancashire College	1
Basic Skills Agency	4
Learning and Skills Council	1
Burnley College	3
Library	2
Jobcentre Plus including Social Security	3
Connexions	2
Training 2000	1
Kingfisher	2

Process Planning – Links to the employment target

Below is an up to date list of contacts used in direct relation to the employment and training target and an explanation as to their function in the BS Sure Start Plan.

Training Providers

Provider	Regularity	Purpose/Function
<i>Accrington and Rossendale College</i>	Regular approximately monthly	<ul style="list-style-type: none"> • To provide a range of training provision locally, mainly vocational, NVQ, GCSE and A units to enhance employability. • Courses also available with basic skills and with anticipated funding from Healthy Living Bid. • Computer courses are also popular via the Adult Learning Centre as part of the SRB. • Volunteer training planned • Vocational training available from taster “bitesize” sessions through to Degree level. • Staff training to be provided by the college on successful contract negotiation • Aid in gaining Sure Start “Approved Provider Status” for City and Guilds Qualification • Plans for new Computer Suite in building and presence in building
<i>Lancashire County Council Education and Cultural Services</i>	Bi monthly	<ul style="list-style-type: none"> • Used mostly for non-vocational leisure/pleasure training at no cost. • Employability enhancing course are also available such as First Aid, Child Protection, Equal Opportunities etc • Offer a wide range of esteem and confidence building training. • Specialises in Family Learning. • Offers a route to a Volunteer qualification • Accreditation available for most courses on request
<i>Lancashire County Council Education and Cultural Services – Basic Skills Provider</i>	Frequently more than monthly at present	<ul style="list-style-type: none"> • Basic skills awareness sessions • Basic skills Residential Training with vocational focus for Level 2 Supporting Basic Skills in the Community • A range of useful courses available embedded with basic skills, language

		<p>and numeracy. Screening mandatory for these courses.</p> <ul style="list-style-type: none"> • Used for innovative learning ideas for maths and english
<i>Learning and Skills Council</i>	Irregular	<ul style="list-style-type: none"> • Used for “Step in to Learning” programme – Basic Skills awareness. • Possibility of becoming a Trainer on the Programme • Available for Community Development Qualifications, Learning and Development, Basic Skills training Levels 2 & 3.
<i>Training 2000</i>	Irregular	<ul style="list-style-type: none"> • Advice only at this stage • Vocational work placements available up to 24 years • Work Based Learning Providers via Job Centre Plus

Representation at Meetings

The Training and Employment Co-ordinator is an active member of a number of groups focusing specifically on Training and Employment. Below is a list with the functions of the groups.

Membership

<i>Meeting</i>	<i>Frequency</i>	<i>Purpose</i>
<i>Bacup Adult Learning Forum</i>	Bi-monthly	All those engaged in providing local training are invited to discuss a future plan for training provision including venues, types of training, funding available etc. A mapping exercise has been completed and an

		email group is to be set up with the eventual intention of a shared database for access to training. Shared ideas for marketing a “joined up” directory have also been agreed for some time in the future. Shared funding allocation for “Bitesize” training is also ‘owned’ by the group.
<i>Strategic Planning Group for Education and Lifelong Learning</i>	No cycle at present	Rossendale-wide representation to plan a strategy for meeting the objectives of Rossendale’s Strategic Plan with regard to Lifelong Learning. Representation is wide ranging with more members still to be invited. The group has met and is looking more closely at the strategic plan for learning in Rossendale.
<i>Employment Target Forum</i>	No cycle at present	The group have met once and aim to continue. Sure Start representatives attend with the Employment Target interest. Plans to share ideas and resources in this area are in early development. The Co-ordinator could not attend the meeting arranged for the Summer months
<i>Job Centre Plus Personnel Managers Meeting</i>	Quarterly	A number of local businesses meet to share personnel ideas and queries. They invite guest speakers and use the meeting to update knowledge on business matters. No meeting has been held in this period

Other Useful Contacts

Below is a list of other contacts used to enhance the service provision. This is by no mean exhaustive:

Contacts

<i>Type</i>	<i>Use to date</i>	<i>Purpose</i>
<i>Advice and Guidance A&R College</i>	<ul style="list-style-type: none"> • Appointments made and attended during July regarding training available • Regular calls to the centre for advice made by Training and Employment Co-ordinator on behalf of clients • Up to date information received eg. Taster sessions, prospectuses etc 	To advise individuals of suitable and relevant training routes via the college
<i>Connexions/ Advance</i>	<ul style="list-style-type: none"> • Coordinator has attended centre with clients 	To provide impartial advice about career routes, access

	<ul style="list-style-type: none"> • Training and Employment Co-ordinator visited Rawtenstall Connexions to discuss use • Email/web sites received for useful information • Plans to include Career pathway technology at Sure Start for a “quick fix” response to training requests • Future plans to invite representative for appointments with individuals • Clients can use the centre as a job search tool either individually or accompanied • Psychometric tests available for aptitude to careers 	to training, job search etc. Advance service extends the traditional Connexions service up to the age of 65 years
<i>Job Centre Plus</i>	<ul style="list-style-type: none"> • Visit made to New Deal Lone Parents advisor to discuss JC+ • Regular contact made with advisors regarding benefit legislation and queries • Training opportunities via New Deal discussed and advice available readily • Access to overview training available to Management Group and Training/Employment Co-ordinator • NDLP advisor offered clinics for benefit advice in new building • Regular contact with processing sections Blackburn and Burnley for specific complex benefit queries • Links made with local businesses via JC+ Personnel Managers Meetings 	To aid employment opportunities for those who can and give support to those who can't. To provide an up to date service for businesses wishing to advertise vacancies through the Jobs Direct Service
<i>Benefits Advice Clinic</i>	<ul style="list-style-type: none"> • No meeting has been arranged for this period 	Focuses specifically on Housing Benefit/Council Tax Benefits Legislation
<i>Learn Direct</i>	<ul style="list-style-type: none"> • Used regularly to identify where courses are running/training providers • Used to find out about unusual/difficult to provide/locate courses 	To provide up to date information by telephone about provision of all courses and routes to qualifications

Planned activities for the next quarter

Family Theatre Week Plans

- The Training and Employment Co-ordinator is planning a week of activities based around Stage Craft for the October half term for the whole family. Sessions are planned to be held across two sites – the Bacup Leisure Hall and Royal Court Theatre. A grant application has been submitted to the Arts Council to attract funding for the project. Management have agreed to contribute towards the project whether or not the bid is successful. Tutors have been booked and recruitment for places has begun. A separate file will detail the planning, the weeks activities, costings and evaluations.

Family Learning Day

- As part of the national celebrations for Family Learning Week, the Coordinator for Training, Employment and Childcare is planning a Family Learning Activity day on October 11th in conjunction with the Deputy Early Years Manager. The day will promote Family Learning opportunities, training with Sure Start and will identify basic skills needs in parents/carers attending. Sure Start staff will provide a range of activities to promote language , literacy

and numeracy in the home. Accrington and Rossendale College, Lancashire County Council Basic Skills and Women in to Business are also to be represented at the event. Again an individual plan and evaluation will be carried out for the event.

Step in to Learning Progress

- As part of the Government's initiative to increase Basic Skills levels nationally, the Co-ordinator for Training, Employment and Childcare attended training sessions to raise awareness of such issues and how basic skills can be incorporated into Sure Start activities, workforce issues and courses available in the local area.

Resources will be delivered to the programme in due course for use in the Neighbourhood Nursery and a payment will be made to Sure Start for attending the course. There is also an opportunity to accredit learning in the future. The Coordinator will plan a number of courses for staff and volunteers as a result of this course in order to cascade the message. A future Training Course aimed specifically at Sure Start programmes is planned and a residential awareness course for September.

NVQ Childcare Courses

- Discussions have taken place with Accrington and Rossendale College regarding the provision of NVQ's in Bacup following much interest from learners.
- Information and Guidance sessions took place during the Summer months and enrolments are well on their way.
- Research has been undertaken regarding funding issues and it is apparent that students over 25years working in the non-statutory sector (private, voluntary and community) can get the majority of their courses fees paid for by Early Years. Any other students can still access the course but would have to fund the £450 themselves as opposed to learners who meet the criteria paying only £50 each.
- Courses are due to start in September, NVQ 2 during the day and NVQ3 an evening session meeting learners' needs as the majority are childminders.
- The Training and Employment Coordinator and the Deputy Early Years manager will undergo Assessor Training to support the learners and the college and the Early Years manager will take her verifier training in due course but will also support learners as a qualified assessor.

Progress towards first Quarterly Recommendations

1 .Introduce a system for monitoring and evaluating training activity

Meetings have taken place with PACSIS and SDMS Consultants to look at systems capable of managing the information about individual training plans and organisational issues. Quotes were received and it was decided that PACSIS would be used. The package will be purchased in the New Year.

2. Introduce a policy for place allocation on courses.

A policy has been introduced and prioritises place allocation in line with Sure Start PSA and SDA targets. Places are allocated on this basis where appropriate. See Appendix 1

3. Identify individuals who have never accessed training and take a random sample

A list of those unemployed in the target group and never accessing Sure Start services was identified and 10 were randomly selected.

Out of the 10, 5 could not be contacted.

The remaining 5 have all reacted positively to this approach. A questionnaire has been devised (see Appendix 2) addressing issues surrounding non-participation to see if this raises any common factors among this group, When more questionnaires are completed a more detailed analysis can take place.

5 out of 5 contacted in this way are now actively engaged in learning with Sure Start or at College.

This therefore appears, in the first instance, to be a very effective method despite its' more time-consuming nature.

In the next quarter no random selection will be made due to the workload of the Training Co-ordinator. This should however recommence in the January quarter.

4. Volunteer Training – Links with Stacksteads Connect

A meeting took place with Paul Sandford (Stacksteads Connect) Gina Lees (Sure Start training Coordinator) and Jane Baron from Accrington an Rossendale College. It was agreed that partnership working would be the best policy and that a coordinated approach to training would work best. The college are to look at devising a a short volunteering course providing basic information about Volunteering issues.

5. Maintain Training Plan

The Training is ongoing and now incorporates the Young parents Group who are now actively engaged in training on a weekly basis. See Appendix 3

6. Introduce a more quantifiable Evaluation system

The Co-ordinator for Training has devised a paper format for use with staff training only at present. (Appendix 4)

The final version will not be released until it is tested with the new Training System to see if it is possible to incorporate the level of detail required to compare and contrast courses as originally planned.

7. Complete a Staff Training Audit

A staff Training Audit was completed in August. (see Appendix 5). This will be up dated bi-annually.

8. Maintain effective links with A&R College and be proactive in developing a staff development plan

Good relationships remain with the college and staff have chosen to take up a range of courses with the college. 2 members of staff are awaiting confirmation for the TDLB Level 3 Course, 2 wish to complete NVQ's in Management (Level 4&5) and Assessor Training for two staff members is due to start in September or January.

9. Introduce individual Progress Records

see Appendix 6

10. Produce a bi monthly chart of Training/Groups

see Appendix 7

11. Identify individuals to undergo training in the Community Support Role

Basic Skills Supporter Training is taking place in September. Possibly volunteers attending this training may choose to move on to further support training.

12. Increase Crèche leaders/ Creche Assistants to support training groups

More crèche hours have been made available and with the NVQ courses due to start, students have registered as crèche assistants increasing numbers on the crèche register. The Summer months have not been problematic as courses have been reduced in number.

13. Continue Job Focus through individual Action Planning

Personal action planning continues. See Appendix 8. All objectives for July – September have been achieved.

Conclusions

Training provision continues to grow in terms of the amount of training provided, the variety available and the numbers of learners in attendance.

Plans are beginning to have increased focus towards the Sure Start Targets, concentrating more on employability, basic skills and vocational learning, but also recognising first step learning opportunities as a vital role in engaging learners.

The introduction of the allocation policy focuses the target group more directly than before. This information now needs to be disseminated to other Sure Start workers to ensure that regular learners are steadily progressing along the learning ladder rather than maintaining their non-vocational roots.

Individual needs, of course, play a huge part in the type of learning one can access or wishes to access. Careful screening can ensure that the learner is progressed slowly along perhaps a basic route at vocational level thus ensuring that targets are kept at the forefront of service delivery and not simply offering non-vocational “time-fillers” for individuals that do not meet targets.

From detailed analysis it can be identified that many learners do not actually meet the target group requirements. A massive 62% of all learners are employed or live in a household where one in the couple is employed.

Further investigations need to be made as to the types of training these people are offered or are taking up. However, it should be highlighted that Sure Start is a universal service and access is for all. It may be that this group accesses more Family Support orientated learning. Future analysis may well be detailed enough to comment in more detail.

Employment focused activity is rising slowly and it is anticipated that this will grow steadily in the future when the benefits of training and partnership working can be seen more in statistical terms.

Future plans to engage new learners in innovative learning activities should prove a successful tool in attracting a large number of more difficult to reach learners.

Sure Start remains active at a strategic level and is represented at various Local Strategic Partnership Theme Groups, influencing service delivery and future plans for training and employment opportunities in Rossendale. The Training and Employment Coordinator continues to represent Sure Start on the Lifelong Learning Theme Group and The Bacup Adult Learning Forum and will represent on the Economic Theme Group in the Future.

Recommendations for next quarter

1. Plan or revise theatre workshop week in accordance with Grant Application Outcome

- *Continue plans for theatre week including costings, publicity and bookings.*
- *Recruitment to be managed by Training Co-ordinator and Administrative staff to limit handling.*
- *Develop a backup plan in case only part or no funding is granted from the Arts Council.*
- *Produce a Training Plan and Building plan to meet staff needs for assisting groups and also to fulfil basic skills requirements of client groups*
- *Coordinate group for Plan a Tuck shop Course to run during the Theatre Week and appropriate basic skills support*

2. Increase Basic Skills Emphasis

- *Coordinate staff and volunteer training to raise awareness of basic skills issues and screening opportunities*
- *Where possible book basic skills embedded courses for non-vocational training*
- *Research Basic skills issues in Bacup and Stacksteads to gauge the level of need*
- *In conjunction with LCC Basic Skills Co-ordinator agree targets for raising basic skills levels locally*
- *Continue plans for Family Learning day with Basic Skills emphasis. Evaluate usefulness and engage learners in future activities.*

3. Identify resources suitable for Maden Baths Building

- *Collate a library of resources for use in the information centre*
- *Look at unique packages for first stage learning and larger equipment to customise the Training Emphasis*

4. Identify future Training Needs for Training and Employment Co-ordinator

- *Identify and book suitable Connexions/Advice and guidance training*
- *Update Jobcentre Plus benefits knowledge*
- *Start Assessor Training*
- *Liaise with Accrington and Rossendale College regarding NVQ Level 4 Training, Management or TDLB (Training and Development Lead Body)*

5. Take up Learning opportunities with Local Library

- *Arrange a meeting with local library to identify learning opportunities, use of computers, job searching possibilities and increasing library membership via Sure Start partnership working.*

Appendix:

- 1. Allocation Policy
- 2. Sure Start Tracking Questionnaire
- 3. Sure Start Training Plan
- 4. Staff Evaluation Proforma
- 5. Staff Training Audit
- 6. Individual Progress Record
- 7. Bi-monthly Training Groups
- 8. Personal Action Plan

Quarterly Training and Employment Report

October-December 2003

Gina Lees Co-ordinator for Training, Employment and Childcare.
Bacup & Stacksteads Sure Start

Quarterly Training Report Three October 1st to December 31st

<u>Contents:</u>	<u>Pages</u>
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▪ 1.Childrens Centre Workshop – Facilitators Guide	
▪ 2.Referral Form	

Summary

This report provides statistical and qualitative analysis of Training and Employment progress for the period October to December 2003.

Detailed analysis demonstrates that 61.3% of all trainees attending Sure Start Training routes are unemployed. This highlights an improved focus towards the target group.

15.8% of all unemployed lone parents and 15.6% of all households where neither parent is in paid employment are engaged in learning opportunities, accounting for 15.7% of the total target group, an increase since the last quarter.

Training types continue to be focused towards vocational learning with a significant majority continuing with their courses in NVQ 2&3 Early Years and CLAIT computer courses. A heavier emphasis has been placed on Basic Skills learning with some innovative course delivery coming to the forefront and proving successful in engaging this hard-to-reach group.

The Training and Employment Co-ordinator is receiving referrals from outside of the Sure Start area which proves promising for future targets to “REACH” beyond the post-coded boundaries for Children’s Centre status. These referrals and any time/training spent is at present unreported as the current database does not allow for entries outside of the Sure Start boundaries. Therefore actual training attendance is significantly higher than is currently reported upon, particularly for vocational childcare courses.

Representation continues at a strategic level with the Training and Employment Co-ordinator attending Local Strategic Partnership Theme Groups for Education and Lifelong Learning and the Bacup Adult Learning Forum and facilitating the Children’s Centre Conference Workshops. (see Appendix A)

This period has seen two extremely effective events engaging a number of new learners of all ages.

The Family Learning Day attracted 175 attendances and feedback highlight the events success and proves promising for future plans to deliver Family Learning Programmes in the Maden Centre. The event was useful in highlighting parents with Basic Skills needs and marketing future courses. A separate report collates the planning, aims, objectives and evaluation of the day. Please ask should you wish to see it.

The October half term saw the **Theatre Workshop Week** engaging the whole family in an innovative learning and community building experience. Staff, volunteers and parents thoroughly enjoyed the event and evaluations show a real commitment to continue training with Sure Start. Learners’ progress will be tracked through the next quarter to see the impact of such an event. 110 learners participated in each session leaning skills in acting, characterisation, samba bands, teambuilding, dance, mime and music. The week culminated in a public performance of the skills gained during the

week. Partner agencies were also invited to attend. Their comments were extremely positive.

A re-union of learners in late December was equally popular with families being invited to see their own performances on video. This also attracted Bitesize funding for each learner meeting the criteria.

A full guide to the week including grant applications, individual learning programmes, training plans, costs and evaluation is available if required. Please ask.

Sure Start Bacup and Stacksteads was awarded the “Accrington and Rossendale College Partnership in Action Award 2002-2003” a positive achievement of the shared actions, planning and implementation of learning within the programme.

Statistical Analysis

Baseline Overview

Total registration for this period is 571 adults.

There are 380 adults registered who are not in paid employment, accounting for 66.5% of all adult registrations a reduction of 4.5% since the last period.

There have been 48 new adult registrations this period and 17 of these are registered as unemployed.

PSA Target group Analysis

95 of the 369 registered unemployed are Lone Parents

There are 64 households (128 individuals) where neither adult is in paid employment.

Employment Issues

The focus this quarter has been heavily slanted toward learning and engaging new learners. Time for individual appointment with clients has been more limited than usual due to the time spent planning events.

This quarter only one person is reported as having gained employment. This was a volunteer who accessed help with application, interview techniques and personal development profiling. However, figures show that parents *are* accessing support with employability issues.

True figures may differ as only those people that have direct contact with the Training and Employment Co-ordinator can be reported upon.

Concerns over the accuracy of information held in the database are still apparent. An update of relevant information is needed in the near future to be able to report more accurately.

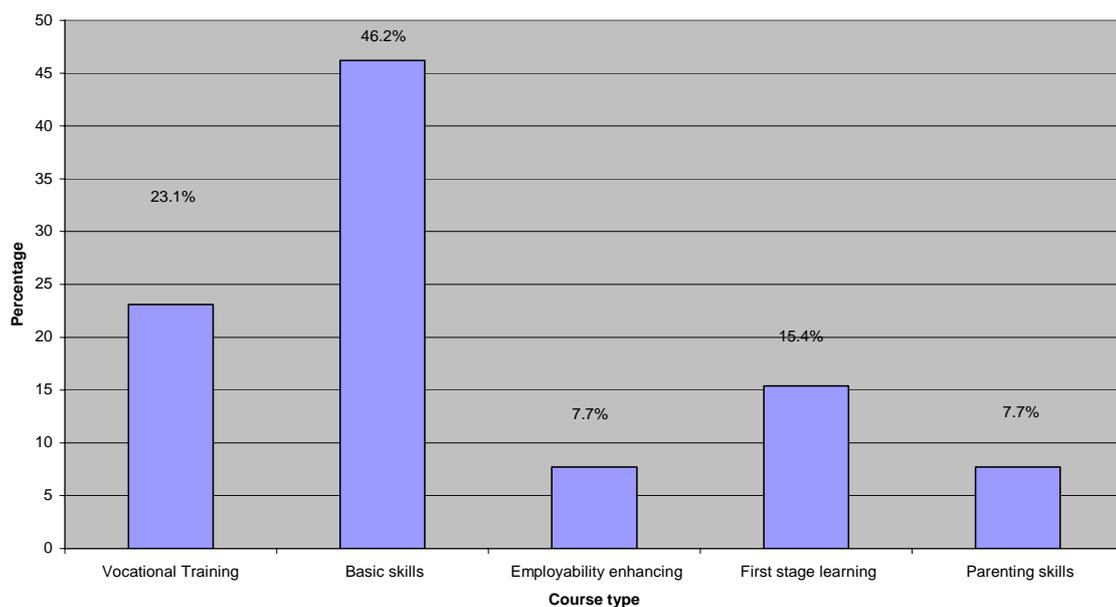
Access to Training opportunities

- There have been 46 registered parents not in paid employment attending training sessions during this period.
- Total attendance at training courses is 75 of all registered parents/carers.
- An increase to 61.33% of all people accessing training courses are registered as unemployed. compared with only 38% last quarter.
- 335 people registered as unemployed are not accessing any training with Sure Start. This accounts for 88% of ALL registered unemployed parents.

PSA Target Group Analysis for Training Activity

- 15 lone parents attended training in this period accounting for 15.8% of all registered unemployed lone parents
- 10 dual households have attended training in this period, accounting for 15.6% of all households where neither partner is in paid employment.
- 15.7% of the total target group (95 lone and 64 dual households) have attended training this quarter.

Comparison of Courses offered through Sure Start



Courses Offered with Sure Start

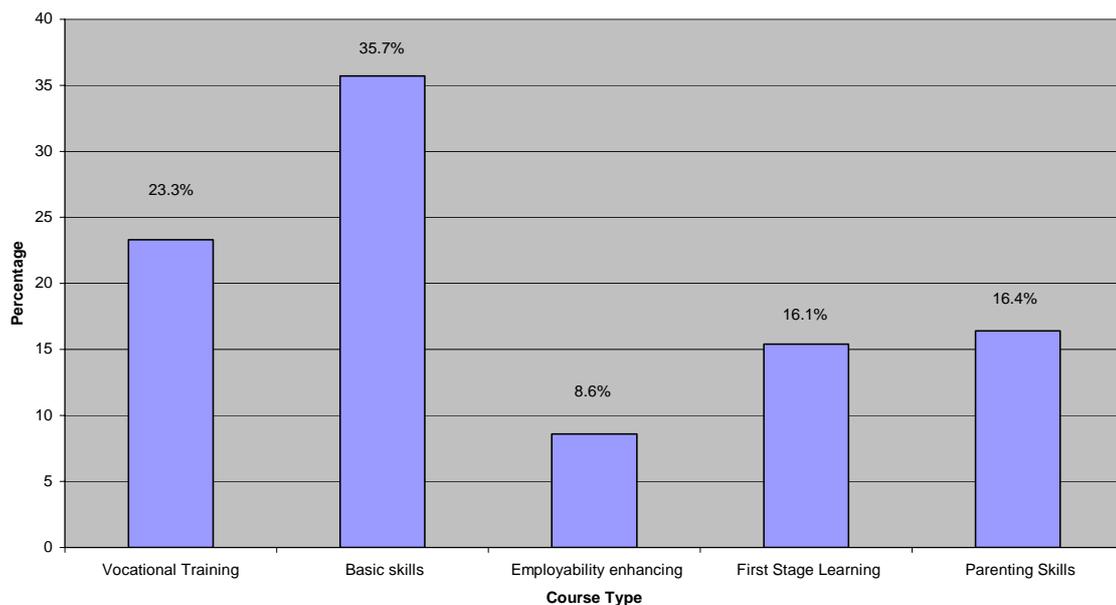
- **A total of 13 different course types have been offered in this period, similar to the last quarter.**
- The majority of training offered is Basic Skills and Vocational Training and First Stage learning.
- Vocational training has remained stable since the last quarter as planned, accounting for 23.1% of all training offered, with the majority of trainees continuing their vocational training
- Basic skills provision has increased in line with the need for this necessary stage of learning, allowing learners to progress on to vocational learning in time. Funding available for this type of training is a plenty and so it is natural that this would form a high percentage of that available
- There has been an emphasis in first stage learning with the Learning events in October.

Courses offered this Quarter:

Vocational	CLAIT computers & NVQ 2&3 Childcare
Basic Skills	Brush up Maths, Literacy Day, Literacy Party, Make a Book, Plan a Tuckshop
Employability enhancing	First Aid
First Stage Learning	Tai Chi, Xmas Crafts, Theatre Workshops
Parenting Skills	Parenting Survival Course

Attendance at courses

Comparison of Total Attendances at Courses



- **There have been 373 attendances at Training Courses in this period an increase of 194 attendances since the last quarter.**
- The chart illustrates that Basic Skills training boasts the highest attendance and increase since last quarter from 7.3% to 17.4% of all attendances, despite the smaller group-nature of this learning.
- This is followed closely by Vocational Learning accounting for 23.3% of all attendances.
- Much of the first stage learning on offer has been as a result of the Theatre Week or the Family Learning Day with the purpose of combining family activities with basic skills and first stage learning and to engage new learners.
- There seems to be a pattern emerging that once learners engage, they continue into further learning and can therefore attend a number of courses simultaneously. This effectively demonstrates the initial “Learning Ladder” concept introduced in Quarter 1. By tracking individuals, patterns of learning reflect the Non-vocational to Vocational learning route.
- NVQ levels 2&3 have a number of learners not registered with Sure Start. This is acceptable as the course content and purpose meets the Sure Start target to improve the quality of childcare provision.
- A trend for other service users and contacts to access training and events is also developing, such as Drug/Alcohol clients, volunteers and Partner Agencies. Reporting can not as yet reflect these additional learners but an approximation would be additional 40-50 learners this quarter. This is a positive learning trend as a number of these learners would meet the REACH targets for Children’s Centre status.
- In addition to non-registered users, another learning group has become apparent. This is the staff training group, many of whom are engaging in learning opportunities from CLAIT through to Foundation Degrees and in the Adult Learner Support Role. With the implementation of the new database this can be tracked more effectively for reporting purposes. It will also add value to the Investors in People Award application planned for late next year.

Client Contacts made in this period by the Training and employment Co-ordinator

Contact Type Breakdown:

A total of 56 client contacts have been made in this period compared to 46 last quarter

Contact type made	Number of contacts	As a % of all contacts
Training advice	46	82.1%
Benefits Advice	6	10.7%
Employment focused	4	7.2%

Referrals to Outside Training Providers is 183 in this period

Training Provider	Number of Referrals	As a % of all referrals
Accrington and Rossendale College	108	59%
Hopwood Hall (Rochdale)	1	0.54%
Library	3	1.64%
Burnley College	1	0.54%
LCC Adult Education	65	35.5%
LCC Parental Involvement	5	2.73%

Referrals made to or from other agencies/workers (Total 6)

Agency/worker	Number of referrals	As a % of all referrals
Connexions	1	16.6%
Connexions Advance	0	0.0%
Health Visitors	1	16.6%
Other Sure Start employees	3	50%
Jobcentre Plus	1	16.6%

Training and Employment Co-ordinator Contacts/Meetings with Outside Agencies are 41 this quarter

Agency	Number of Contacts
Jobcentre Plus including Social Security	5
LCC Basic Skills Coordinator	3
LCC Adult Education	4
Accrington and Rossendale College	9
Lancashire College	1
Basic Skills Agency	4
Lifelong Learning LSP	4
Burnley College	3
Library	2
Kingfisher	2
Connexions	2
Children's Centre Conference	2

Process Planning – Links to the employment target

Below is an up to date list of contacts used in direct relation to the employment and training target and an explanation as to their function in the BS Sure Start Plan.

Training Providers

Provider	Regularity	Purpose/Function
<i>Accrington and Rossendale College</i>	Regular approximately monthly	<ul style="list-style-type: none"> • To provide a range of training provision locally, mainly vocational, NVQ, GCSE and A units to enhance employability. • Courses also available with basic skills • Computer courses are also popular via the Adult Learning Centre as part of the SRB. • Vocational training available from taster “bitesize” sessions through to Degree level and funding attracted • Staff training to be provided by the college on successful contract negotiation. A1/A2 assessors awards, degree programmes and management awards in the pipeline • Aid in gaining Sure Start “Approved Provider Status” for City and Guilds Qualification • Plans agreed for Computer Suite in building and presence in building • Hopeful links to become a National Test Centre for Basic Skills
<i>Lancashire County Council Education and Cultural Services</i>	Bi monthly	<ul style="list-style-type: none"> • Used mostly for non-vocational leisure/pleasure training at no cost. • Employability enhancing course are also available such as First Aid, Child Protection, Equal Opportunities etc • Offer a wide range of esteem and confidence building training. • Specialises in Family Learning. • Offers a route to a Volunteer qualification • Accreditation available for most courses on request for a small fee
<i>Lancashire County Council Education and Cultural Services – Basic Skills Provider</i>	Monthly	<ul style="list-style-type: none"> • Basic skills awareness sessions • A range of useful courses available embedded with basic skills, language and numeracy. Screening mandatory for these courses. • Used for innovative learning ideas for maths and English eg Plan a Tuckshop
<i>Learning and Skills Council/Basic Skills Awareness</i>	Irregular	<ul style="list-style-type: none"> • Used for “Step in to Learning” programme – Basic Skills awareness. • Staff Learning • Available for Community Development Qualifications, Learning and Development, Basic Skills training Levels 2 & 3.
<i>Training 2000</i>	Irregular	<ul style="list-style-type: none"> • Advice only at this stage • Vocational work placements available up to 24 years • Work Based Learning Providers via Job Centre Plus

Representation at Meetings

The Training and Employment Co-ordinator is an active member of a number of groups focusing specifically on Training and Employment. Below is a list with the functions of the groups.

Membership

<i>Meeting</i>	<i>Frequency</i>	<i>Purpose</i>
<i>Bacup Adult Learning Forum</i>	Bi-monthly	All those engaged in providing local training are invited to discuss a future plan for training provision including venues, types of training, funding available etc. A mapping exercise has been completed and an email group is to be set up with the eventual intention of a shared database for access to training. Shared ideas for marketing a “joined up” directory have also been agreed for some time in the future. Shared funding allocation for “Bitesize” training is also ‘owned’ by the group. This has been allocated between Sure start and Stacksteads Riverside Drop In
<i>Strategic Planning Group for Education and Lifelong Learning (LSP)</i>	No cycle at present approximately monthly	Rossendale-wide representation to plan a strategy for meeting the objectives of Rossendale’s Strategic Plan with regard to Lifelong Learning. Representation is wide ranging with most members in place now. The group has met and is looking more closely at the strategic plan for learning in Rossendale.
<i>Children’s Centre Conference and Facilitators meeting</i>	2 Specific meetings	The Training and Employment Co-ordinator has been involved in designing and facilitating workshop sessions for the Children’s Centre Initiative Conference. Appendix 1 Information formatted in an easy to collate fashion for Locality Group Use.

Other Useful Contacts

Below is a list of other contacts used to enhance the service provision. This is by no mean exhaustive:

Contacts

<i>Type</i>	<i>Use to date</i>	<i>Purpose</i>
<i>Advice and Guidance A&R College</i>	<ul style="list-style-type: none"> • Regular calls to the centre for advice made by Training and Employment Co-ordinator on behalf of clients • Up to date information received eg. 	To advise individuals of suitable and relevant training routes via the college

	Taster sessions, prospectuses etc	
<i>Connexions/ Advance</i>	<ul style="list-style-type: none"> • Coordinator has attended centre with clients • Training and Employment Co-ordinator visits Rawtenstall Connexions • Email/web sites received for useful information • Plans to include Career pathway technology at Sure Start for a “quick fix” response to training requests • Future plans to invite representative for appointments with individuals • Clients can use the centre as a job search tool either individually or accompanied • Psychometric tests available for aptitude to careers 	To provide impartial advice about career routes, access to training, job search etc. Advance service extends the traditional Connexions service up to the age of 65 years
<i>Job Centre Plus</i>	<ul style="list-style-type: none"> • Visits made to New Deal Lone Parents advisor to discuss JC+ • Regular contact made with advisors regarding benefit legislation and queries • Training opportunities via New Deal discussed and advice available readily • NDLP advisor offered clinics for benefit advice in new building • Regular contact with processing sections Blackburn and Burnley for specific complex benefit queries • Links made with local businesses via JC+ Personnel Managers Meetings 	To aid employment opportunities for those who can and give support to those who can't. To provide an up to date service for businesses wishing to advertise vacancies through the Jobs Direct Service
<i>Benefits Advice Clinic</i>	<ul style="list-style-type: none"> • No meeting has been arranged for this period 	Focuses specifically on Housing Benefit/Council Tax Benefits Legislation
<i>Learn Direct</i>	<ul style="list-style-type: none"> • Used regularly to identify where courses are running/training providers • Used to find out about unusual/ difficult to provide/locate courses 	To provide up to date information by telephone about provision of all courses and routes to qualifications

Planned activities for the next quarter

- Following the implementation of the NVQ 2&3 programmes, 2 staff will undertake **A1/A2 assessor training**. This has unfortunately been delayed from September to January term. This demonstrates excellent partnership working between Accrington & Rossendale College and Sure Start. Following the start of the A1/A2 award two more staff will begin the Verifier Training completing the NVQ learning process.
- **Accrington and Rossendale College Learning Champions Training** (Adult Learner Support Role) will commence in the New Year. This training is intended for Volunteers and/or staff interested in developing this important role in supporting the many students with basic skills needs in their learning. The college has agreed to fund training and pay students

a one off fee for their attendance. The opportunity is to complete Unit One of 3 of the training. It is imperative that students are given the opportunity to complete all the units in order to gain the full qualification. On completion, as qualified Adult Learner Supporters students will have the opportunity to be employed by the college on a casual basis supporting Sure Start Basic skills students. This is an excellent opportunity for the students and for Sure Start. The training and Employment Co-ordinator has been influential in ensuring the very best student package and learning/employment opportunities and has negotiated on a number of occasions.

- **Young Parents Sports & Healthy Lifestyles Training** in partnership with Sports Development. This is due to start in the new year at Haslingden Sports Centre. Youth and Community support the Young Parents Group and so much of the interest and design has been in collaboration with the Youth Worker and Sports Development. Sure Start are providing crèche assistants and transport to the venue. If the pilot is successful, this will be offered in Bacup at a later date.

Progress towards Second Quarterly Recommendations

Plan or revise theatre workshop week in accordance with Grant Application Outcome

- *The Theatre Week went ahead and proved a great success despite the rejection for Grant Funding. A separate evaluation is available on request.*

Increase Basic Skills Emphasis

- *A number of staff and volunteers have attended basic skills awareness courses*
- *Family Learning events are proving successful and cost effective in recruiting new Basic skills learners*

Identify resources suitable for Maden Baths Building

- *Collation of information for the library of resources for use in the information centre in ongoing*

- *Packages for first stage learning and larger equipment to customise the Training Emphasis are being researched*

Identify future Training Needs for Training and Employment Co-ordinator

- *Connexions/Advice and guidance training “Introducing Connexions” is booked*
- *Jobcentre Plus benefits knowledgeis updated by internet and local jobcentre initiatives*
- *Start Assessor Training in January*
- *Liaison with Accrington and Rossendale College regarding NVQ Level 4 Training, Management or TDLB (Training and Development Lead Body) is ongoing*

Take up Learning opportunities with Local Library

- Meeting held with Librarians to discuss Partnership working.
- The Training and Employment Co-ordinator uses the library with clients for Job search on their computers
- NVQ students are to display Sure Start work/displays in the Childrens Library
- Meetings to be held at least bi-annually to update

Conclusions

Training provision continues to grow in terms of the types of training provided, the variety available and the attendance. There is also much more emphasis towards the unemployed client group which has increased significantly. This could be due to the new allocation policy for places on courses introduced last quarter.

A significant increase in attendance has been noted as has client tendencies to continue along the “Learning Ladder” once engaged. A number of learners are now attending several courses per week.

Learning events prove to be a cost-effective method of attracting new learners and promoting Sure Start services. The events also impacted on staff morale and were useful for teambuilding and in valuing volunteer support.

Employment focus is minimal at present as the programme as a whole is actively involved in the learning stage. This learning cycle will eventually reap its’ rewards in the future in employment terms. Also with time commitments from Partner Agencies will come to fruition in a more accessible ways (e.g. Jobcentre Plus/Connexions surgeries) in the Maden Centre.

Future training is planned around CV, applications and Job search. The Young Parents' group is heavily focused in the area and they are making a significant progress towards their long-term goal – to be employed in satisfying, sustainable occupations. So far four out of the 16 Young Parents attending this group are reported as having gained employment.

The introduction of the referral form (**Appendix 2**) ensures specific activity focus and makes prioritising a caseload easier. It also enables data collection around the types and frequency of referrals and the agencies that make those referrals. The form also has a section allowing the Training and Employment Co-ordinator to report back on progress when a client has been seen.

Recommendations for next quarter

1. Plan Learning delivery timescales towards Learning Champion training

- Liase with Accrington and Rossendale College regarding delivery plan of Unit 1
- Recruit interested volunteers/staff
- Finalise venues, creches, payments etc.

2. Introduce the Sports Development Scheme to the OL13 area

Monitor progress and attendance at Haslingden Group

- Revise course to meet client needs
- Market and recruit delegates
- Liase with sports development for delivery/venues/dates etc.

3. Continue links with Young Parents Group

- Attend group on request for information and advice sessions regarding learning and employment issues
- Maintain the training plan for this group

4. Research Investors in People

- Gather information regarding the process required for IIP award

- Collect more staff training information and incorporate this into a database for Individual Staff Learning Accounts
- Develop a staff training request form to monitor training undertaken
- Continue representation on the HR sub committee

5. Start planning services in the Maden centre

- Strategically plan service delivery with regard to Training, Employment and childcare
- Familiarise self with plans, space available and diary management of training arm of the programme

6. Formulate product design for PACSIS

- Collate information required for database to include staff, volunteers, REACH and clients
- Meet with PACSIS to design layout and responses required
- Plan timescale for start-up with product design
- Cost product and amend as necessary

Appendix:

- Children's Centre Conference – Facilitators Guide
- Referral Form

General introductions from group members and facilitator (names and organisations)

Brief discussion ensuring an overall understanding of Children's Centres

15 minutes

QUESTIONS:

1. How do you envisage your service delivering to the Children's Centre criteria or delivering better outcomes for children and families? (can use Children's Centre Core offer from pack as a guide)

Activity can be done in pairs/threes to encourage discussion.

20 minutes

Use 'post its' to state how you would meet the offer.
Put them under the relevant flipchart headings: (Early Education integrated with childcare, Family Support, Child and Family Health, Links with schools and CIS, Links with Employment and Training)

2. Look at the Draft Terms of Reference for the Locality Group (in packs).

Are there any omissions that the group feels should be represented?
List any comments/suggestions on flipchart.

10 minutes

3. Is the HUB and SPOKE model the best for Rossendale?
Use VISUAL AID if needed.

Any other suggestions to be noted on flipchart.

10 minutes

FACILITATORS to prepare one question from the groups comments to be asked at QU & A time

4th Quarterly Report Overview – to be followed by full report

Baseline Overview

Total registration for this period is 736 adults.

There are 426 adults registered who are not in paid employment, accounting for 57.9% of all adult registrations a reduction of 8.6% since the last period.

There have been 50 new adult registrations this period and 20 of these are registered as unemployed.

PSA Target group Analysis

95 of the 426 registered unemployed are Lone Parents

There are 62 households (124 individuals) where neither adult is in paid employment

Employment Issues

The focus this quarter has been heavily slanted towards the 32 NVQ learners and assessments and a significant portion of the Training and Employment Co-ordinators time has been taken up with this activity . Time for individual appointment with clients has been more limited than usual due to the time spent on assessing.

This quarter three people are reported as having gained employment.

1 volunteer as a Part Time Disability Tutor

1 parent as a cleaner 10 hours per week

1 parent as bar person

True figures may differ as only those people that have direct contact with the Training and Employment Co-ordinator can be reported upon.

Concerns over the accuracy of information held in the database are still apparent. An update of relevant information is needed in the near future to be able to report more accurately.

Access to Training opportunities

- There have been 36 registered parents not in paid employment attending training sessions during this period.
- Total attendance at training courses is 58 of all registered parents/carers accounting for 322 attendances.
- An increase to 62% of all people accessing training courses are registered as unemployed a small increase since the last quarter.
- 390 people registered as unemployed are not accessing any training with Sure Start, accounting for 91.5% of all unemployed, a slight increase since the last quarter.

PSA Target Group Analysis for Training Activity

- 13 lone parents attended training in this period accounting for 13.7% of all registered unemployed lone parents
- 6 dual households have attended training in this period, accounting for 9.7% of all households where neither partner is in paid employment.
- 11.5% of the total target group (95 lone and 62 dual households) have attended training this quarter.

Training, Employment and Childcare Co-ordinator Activity

Contact Type made	Number of Contacts	As a % of all contacts
Training advice	92	80.7%
Benefits Advice	14	12.3%
Employment Focused	8	7%

Referrals made to outside providers

Training Provider	Number of referrals	As a % of referrals
Accrington & Rossendale College	24	38.7
Hopwood Hall	1	1.6
LCC Adult Education	36	58.1
Jobcentre Plus	1	1.6

Other Activities

Attendance at Meetings this quarter	24
Referrals Received this quarter	25
Training Sessions provided	78

Supported by



Clinical Psychology in Bacup and Stacksteads Sure Start.



April 2003 – March 2004

Clinical Psychology in Bacup and Stacksteads Sure Start.

Bacup and Stacksteads Sure Start funds five sessions of Clinical Psychology time from Lancashire Care NHS Trust. The post is split with the Child and Family Team from Burnley, Pendle and Rossendale Psychological Services. I started this new post in September 2002 and have spent four sessions each week directly in the Sure Start area with the remaining session being taken up with activities essential to my post, i.e. supervision, team meetings, admin, trainee supervision. In addition two trainees have conducted research relevant to Sure Start.

What is Clinical Psychology?

The British Psychological Society, Division for Clinical Psychology states the purpose of the profession as follows: "Clinical Psychology aims to reduce psychological distress and to enhance and promote psychological well-being by the systemic application of knowledge derived from psychological theory and data".

The core skills of a clinical psychologist are assessment, formulation, intervention, evaluation and the training also includes a significant part of research. My role as a child and family clinical psychologist means my focus would be on the child in the context of parenting and family dynamics. Adult mental health issues would be part of my assessment but would not be the focus of my intervention.

Clinical Psychology in Sure Start.

The role of Clinical Psychology has been a developing one and is well placed to meet Sure Start objectives 1 & 4 with some relevance to objective 3.

Objective 1: To improve social and emotional development.

Target 1: Parent support and information available for all parents in the Sure Start area.

Target 2: Reduce by 10% by 2004 the proportion of children re-registered on CPR.

Objective 4: To strengthen families and communities.

Target 8: 75% families reporting personal evidence of an improvement in the quality of services providing family support by 2004.

Objective 3: To improve the ability to learn.

Target 7: 100% children under 4 to have access to good quality play and early learning opportunities.

Clinical Psychology Activities.

Consultation.

I have met with the Family Support Team fortnightly for group psychological consultation. The aims of this have been to support this group, facilitate them to share their expertise and to increase psychological knowledge and awareness for their work. Group members have taken it in turns to present families or issues of concern and we have used the time for group supervision. Verbal feedback from the group has been very positive, especially from the team leader who valued the

opportunity to join her team and share the experience of their role with external facilitation.

I have also been available to all family support workers, health visitors, midwives and other professionals for ad hoc consultation either on the telephone, by appointment or at the child psychology drop-in. Table 1 presents the number of consultations for the year.

Table 1. Psychological Consultations with Professionals, Apr 03 – Mar 04.

Professional	No. Different Staff	Frequency
Health Visitors	5	20
Family Support Workers	5	18
Other Sure Start Workers	2	4
External	1	1
Total	13	44

Direct Contacts.

Following a consultation or attendance at the Child Psychology Drop-In I have been available to make a joint visit with a health visitor or family support worker if desired by the family for a one off visit. Following this I agreed to be involved with a family for up to three sessions for an assessment or mini intervention depending on the difficulties discussed. Table 2 presents joint visits and direct contacts.

Table 2. Joint Visits and Direct Contacts, Apr 03 – Mar 04..

Professional	Attended	No Access	Total
Health Visitors	5	4	9
Family Support Workers	14	5	19
Direct Contacts	21	6	27
Total	40	15	55

The direct contacts included 16 different families with a range of 1 – 3 visits and an average of 1.5 visits per family.

With only five sessions and with regard to the emphasis on early intervention and prevention in Sure Start it was agreed that ongoing involvement with a family could not be offered. Instead I would refer to mainstream Clinical Psychology, Child and Adolescent Mental Health Services and Primary Mental Health Teams when appropriate.

During the year I made five referrals to mainstream child clinical psychology, two to child psychiatry and four referrals to adult mental health services.

Child Psychology Drop-In.

In recognition of barriers such as stigma, ignorance, geography and fear of services such as clinical psychology it was agreed that accessibility was important. The drop-in ran in parallel with the Child Health Clinic every Wednesday afternoon at Bacup Health Centre between 2.00 and 4.30pm and began on 27th November 2002. An appointment was not required although could be made in advance if preferred and was open to any family or professional in the Sure Start area.

In summary, between April 2003 and March 2004 the Drop-In was open for 40 out of 52 weeks. During this time **a total of 83 contacts** were made as follows:

Families using drop-in provision: **32**
Families attending an appointment: **21**
Families arranging but missing an appointment: **18**
Professionals using drop-in provision: **12**

There were 7 weeks where no one came to the drop-in with a maximum of 4 and an average of 2.

Research I.

A small scale service related project conducted by Rachel Stretton, (Trainee Clinical Psychologist) conducted between October 2002 and March 2003 explored barriers to accessing Clinical Psychology Services and how best services could meet this need. This was then followed up to explore the uses of services set up. Results indicated that information about clinical psychology was essential and some form of personal introduction helped access. Being visible in the community, the use of posters and leaflets and support from health visitors and family support workers all promoted access. Respondents welcomed the Drop-In and indeed feedback included a request for more opportunities to meet the Clinical Psychologist such as evenings and weekends.

Research II.

Furthermore, in September 2003 I followed up this study with questionnaires and interviews with families who had accessed the drop-in. Joanne Durkin, (Assistant Psychologist) conducted these interviews as home visits. Results indicated that those who had used the service had found it to be reassuring and informative with emphasis on the experience being more normal than expected and appreciation that the contact was non-judgmental and positive. Comments for improvement included a request for crèche support, the need for a better venue and more opportunities such as weekends, evenings, mornings and a 24-hour helpline number.

Feedback

Feedback from Family Support Workers and Health Visitors has been very positive in favour of the Drop-In in terms of providing prompt and easy access to Clinical Psychology and allows colleagues to pass on a number of presenting child management concerns.

I feel that the advantage of a Clinical Psychologist providing this service is their ability to make sufficient assessments in order to make a clinical judgment about the best possible intervention. This could be a one off intervention, a brief psychological intervention or when a referral is indicated. Referrals have been made to Sure Start Family Support, mainstream Child Clinical Psychology or Psychiatry and to Adult Mental Health Services.

Young Parents Group.

The young parents group is for parents under twenty-five years old and has been a joint venture between Youth and Community and Clinical Psychology with support from Sure Start. This was a Youth and Community initiative and is a follow on from a group run for pregnant teenagers. The group provides a social setting with crèche on a weekly basis for two hours. The sessions aim to provide social support and an opportunity to discuss issues of concerns to group members. Issues of parenting and mental health are often discussed. Youth & Community, in liaison with Sure Start, also use this group to provide training opportunities as required.

Attendance data.

Between April 2003 and March 2004 we have had 16 different young parents, all mothers, attend the group. Average weekly attendance is 3.8 with a range of 3 – 6. Analysis of attendance data indicates that attendance improves when courses are offered, following liaison with the Young & Pregnant Provision and when Tracy and Andrea increase their recruitment and retention efforts.

Of the 16 young parents who have attended the group: 4 have attended consistently and are still with us; 5 have moved on to start college or work; 2 dropped out to access facilities closer to home in Stacksteads; 1 moved away; 2 have continued to attend the Young and Pregnant Provision instead and 3 stopped coming.

Two of the group members were recruited to join a 12-week Parent Survival Course run by Sure Start and one completed this course.

Young Parent Feedback.

Current group members are keen for the provision to continue. Their feedback can be summarised as follows:

- coming to the group has allowed them to make friends and reduced social isolation,
- provision targeted at young parents is preferred because they feel more comfortable as they have more in common and feel less stigmatised than when mixing with older parents in mainstream provision,
- crèche is needed to allow for time out for them as people as well as parents,
- crèche also gives an opportunity for their children to socialise and begin to develop some independence,
- they want a supportive space for socialising and sharing problems,
- they also want an opportunity to do more courses to learn new skills, to do things for their children and to do some things to look after themselves,

- they like having lunch together prior to the group and are willing to do fundraising to make this possible,
- they are willing to help with recruitment and retention,
- Group members also appreciate outreach from Health and Sure Start services.

Future Plans.

In February 2004, a multi-agency meeting, which included current group members, agreed a service-level agreement between Youth and Community, Sure Start and Health Services in order for this Young Parents Provision to continue.

Webster-Stratton Basic Parent Training Group.

In partnership with Michelle Jiva, (Health Visitor) and Aileen Burnett (Trainee Clinical Psychologist) we ran our first “Parent Survival Course” between September and December 2003, with Crèche support and venue provided by Sure Start. This was a twelve-week course for two hours with follow up visits and telephone calls and a Booster Session in February.

Research III.

Aileen has evaluated this group for her Doctoral Small Scale Service Related Project Three measures were used to assess change. These were all completed by parents at Session1, at Session 12 and three months after completion of the group. Measures used were:

- Becks Depression Inventory II for parents.
- The Eyeberg Child Behaviour Inventory (Eyeberg and Robinson, 1983) is a parent rating scale designed to measure conduct problem behaviours in children
- The Parenting Stress Index – Short Form (Abidin, 1990) is a 36 item questionnaire which gives scores on four different measures of parental stress; Parental Distress, Parental-Child Dysfunctional Interaction, Difficult Child, and a Total Stress score which gives an indication of the whole level of stress a parent is experiencing in their parenting role.

Demographic Data.

There were 8 parents who completed measures at all three time points, all were female, the mean age was 28.75, aged between 20 and 41. Five were married; two living with a partner and one was single. Four parents described themselves as British; one as British Pakistan and the mean age of the child with problematic behaviour was 3.75 years.

Statistical Analysis.

Statistical analysis of the data indicated that five out of seven measures showed significant improvements across the three time points. Only two of the scores did not differ significantly (PSI Parental Distress, and PSI Total Stress). Further analysis was carried out to see whether the scores were significantly lower at the 3 month follow up than the pre group scores. Parental Distress scores were not significantly lower, but all other scores were, indicating that the successes gained by parents at the end of the

group were being maintained three months after the group ended. More details of this analysis are available if you contact Andrea.

Weekly Feedback.

Evaluations were completed after each weekly session and comments were as follows:

- “Very much enjoyed today. Looking forward to next week!”
- “Brilliant, can’t wait till next week!”
- “Made me even more determined to find time to play with my children. Example on ignoring bad behaviour was excellent.”
- “Brilliant! Can’t wait to get home and praise!”
- “I find the group to be very helpful. I feel I am learning a lot.”
- “Learnt a different perspective on rewards and bribery.”
- “Very successful session, learnt a lot.”
- “Looking forward to trying out at home.”
- “I hope that this works for me at home. I’m really going to try hard to make it work.”
- “I think that the group discussion was more helpful because it showed that all children are different and need to be handled as individuals.”
- “I am enjoying the sessions and am learning a lot.”
- “Determined to seek out and praise the good behaviours I see at home in order to decrease negative behaviours.”
- “Enjoyed session.”
- “Very much enjoyed and found helpful.”
- “I still find role-playing very difficult but enjoy watching.”
- “I think the meeting has been a good help for me and my daughter. She has calmed down a lot and she has become a nice little girl.”

Evaluation.

Furthermore, on completion of the course, parents were asked to complete a Satisfaction Questionnaire which consisted of 8 sections. In the first section parents were asked to rate how helpful they had found the course in dealing with behavioural problems in children. All questions had three possible answers, a negative response, a neutral response, and a positive response. In this section all parents responded positively to all questions indicating that they had found the approach helpful and effective

Parents were asked seven open-ended questions about their opinions of the facilitation of the group, i.e. the preparation, teaching, facilitators interest, and how they felt towards the facilitators. All comments were positive indicating that the group felt that facilitators prepared for sessions and were friendly and interested in participants and their children.

Some of the comments included:

- “Really approachable and helpful.”
- “Made the group fun.”
- Very good and nicely explained.”
- “Very good preparation and time-keeping.”
- “They had obviously gone to a lot of trouble.”

- “They showed a great deal of interest in me and my children.”
- “Was confident that they knew what I was going through.”
- “Very helpful without being overbearing.”
- They were helpful and friendly.”
- “I like and respect them.”
- “They were helpful, and listened to you.”

Overall course evaluation asked about the parts of the course which were most and least useful. All parents reported that it was worth their while coming to the course, 62.5% found all of the sections of the course equally helpful, 25% found the initial settings of Praise and Play the most helpful and 12.5% found the Ignoring section most useful. Group discussion was the most popular aspect of the course for 75% of the group, and 25% reported finding it all equally helpful. With regards to the least useful parts of the course, 83.3% of the group reported finding role-play difficult although some reported finding it easier as time went on and found it useful to observe role-plays. 16.7% reported finding the videotapes less useful, commenting that a British version may be a useful addition for future courses.

All parents reported feeling always comfortable and listened to in the group, and had noticed positive changes in both themselves and their child. Comments included:

- “I am much more calmer and shout less.”
- “I’m less irritated and more patient.”
- “Much more understanding.”
- “More relaxed and enjoying my children more.”
- “More aware of the benefits of playing with my children.”
- “My child is more cooperative, happier and eager to receive praise.”
- “He’s a lot calmer.”
- “They thrive off praise.”
- “Much happier and more positive.”
- Seems happier and more playful.”

Practicalities and other Sure Start activities.

In this section parents were asked eight open-ended questions about the practicalities of the group. Parents were asked whether the provision of lunch made it easier to attend the group. All reported that they had found it useful and enjoyable to continue the conversation over lunch, but no-one reported that they would have been unable to attend the group had lunch not been provided. All parents reported that the location, day and time were convenient. One parent reported that an evening or weekend group would allow her partner to attend, and one parent reported that an earlier start and finish would have allowed her to collect her child from nursery.

All of the parents had found out about the course from one of the facilitators or at the Psychology Drop-In. With regards to involvement in other Sure Start activities, only one parent had had no previous involvement. Other involvements included Theatre Workshops, Computer Course, First Aid Course, Breast Feeding Support Group, and Crafts. All parents thought that the length of the sessions and the length of the course was about right as it was. All parents except one found the crèche extremely helpful

and reported that they wouldn't have been able to attend if a crèche hadn't been provided.

The Future

In this section parents were asked how they felt they could best maintain the positive changes they had made in their lives. All of the parents reported that a booster session would be useful in order to troubleshoot any remaining problems and recap topics already covered. Parents commented that this session along with the book would be a good way to help maintain change. All parents reported that their lives felt more positive now. Comments included:

- “Thank you for the course, it was very helpful.”
- “I have really enjoyed coming and really appreciate all your hard work.”
- “Had a great time, keep up the good work!”
- “I really enjoyed being here, I am sad that it has finished.”
- “This course has been invaluable to me, it has given me the confidence that I needed in order to be a better parent.”

Webster-Stratton Workshops.

In conjunction with this group we also ran two afternoon workshops for staff interested in the Webster Stratton Model as it is an excellent model for understanding and working with children and parents. These workshops aimed to share the model and have some experiences of using it with individual families.

11 colleagues accessed these workshops from various disciplines and received certificates. Evaluation of these workshops indicated that all found the model itself to be useful. All those who attended responded that it was worthwhile, some as a refresher and some appreciated the new information. In particular, the pyramid and the application of it was helpful and the coming together as a mixed group was appreciated.

Overall feedback was that the workshops were friendly, informative and well presented. Three people did not like role-play whilst two responded that this was most helpful and one responded that a Friday afternoon was not the best afternoon.

In terms of how the workshops would be useful in their work; feedback was that the all of the training would be useful to five people, four responded that the pyramid as a whole would be useful, two appreciated the use of handouts that could be shared with parents and three picked up on the importance of play in the model.

These workshops do not provide sufficient training for running groups but this training can be accessed in Manchester (Tel: 0161 220 5201)

Professional Liaison and Networking.

In the beginning an essential part of the Sure Start Clinical Psychology role was to become known by the local people, families and professionals. To this end, I met

monthly with the health visiting team, joined Sure Start de-briefings and met the local midwife, educational emotional health worker, school nurse, Bacup Family Centre manager, Youth and Community staff, Riverside Community Drop-in staff and staff from Women's refuge for Rossendale. I also attended various family forums and family fun days and 'You and Yours' groups run by Sure Start.

Sure Start Psychologists North West Group.

Due to the particular challenges faced by Clinical Psychologists working in Sure Start settings across the North West, there is a group that meets every three months. This group aims to provide a supportive group for the exchange of ideas and resources and a network for discussing issues particular to psychologists working in the community. The group meets on a rota basis around the region. I found this group very helpful for support and ideas and to clarify a range of issues particular to working in Sure Start.

Future Plans.

I am due to leave post at the end of April 2004 to work for Clinical Psychology at Royal Manchester Children's Hospital providing community services for children and families in Salford (Tel:0161 727 2125). However, it is the intention of Clinical Psychology to recruit a replacement and in terms of future possibilities I would like to recommend:

- The Child Psychology Drop-In continues as indicated by positive feedback and the frequency of its use.*
- Consultation for Family Support, Health Visiting and Midwifery be discussed and negotiated, either on an ad hoc basis or more formally as group consultation.*
- For the Clinical Psychologist to be involved with running Parent Training Groups.*
- For the Clinical Psychologist to liaise with Youth and Community and at least have some contact and links with any provision for young parents.*
- For the Clinical Psychologist to attend Family Fun Days, Family Information Networks and Management Meetings when possible to keep people informed about our work.*
- For training on Child Development and Behaviour, Parent Training and other mental health issues to include the Clinical Psychologist.*
- For short-term direct interventions to be carried out by the Clinical Psychologist, in liaison with other Sure Start colleagues with systems for referring on to mainstream services.*

Other ideas I have had but been unable to follow up are:

- *To work more closely with the Midwifery team regarding pregnant women at risk of mental health problems and attachment difficulties. This could be on a case by case basis or for the Clinical Psychologist to have input to local antenatal classes.*
- *Furthermore, to offer brief interventions with new parents aiming to promote positive attachments and reduce the risk of parental mental health problems and behavioural difficulties in children.*
- *To work more closely with the Sure Start Drugs and Alcohol Worker, Speech and Language Therapists and Childminding Network Co-Ordinator with more joint projects and casework.*
- *To develop closer links with mainstream mental health services in Rossendale in order to bridge the gap between Sure Start services and the local Primary and Community Mental Health Services.*
- *To liaise more with local Domestic Violence Services and other local agencies in order to improve access to Clinical Psychology for their clients.*

Some Personal Reflections.

I believe that clinical psychologists are well placed to provide services to community services such as Sure Start. The generic nature of the training means that a comprehensive assessment will be carried out to take into account variable factors. Psychologists consider children in their psycho-social context and so make good use of multi-agency services based on a systemic formulation. It is also a challenge for a clinical psychologist who has essentially been trained in a therapeutic intervention model to transfer these skills to provide short term and preventative interventions. Psychologists also have skills in evaluation and outcome which are essential for Sure Start and have skills in consultation and supervision and a familiarity with building positive professional networks for the benefits of children and families.

The opportunity to be part of Sure Start has been excellent for several reasons. Firstly, the fact that we cover a relatively small area has meant a closeness in relationships with local families that has been enjoyable and useful in terms of providing early intervention and prevention and increasing access to clinical psychology. The Bacup and Stacksteads team are enthusiastic and positive and much of my work has been enhanced and supported by joint working with excellent health visitors and family support team. It has also been useful to be able to access additional input and services from other Sure Start workers, such as training and employment advice, childcare and activity groups and fun days. This joined up working has certainly allowed clinical psychology work to be part of a broader intervention with families which has been very satisfying.

Dr. Andrea Johnson
Chartered Clinical Psychologist

April 2004.

Bacup & Stacksteads Sure Start

Project Review

Laura Brown Drug & Alcohol Project Worker

April 2003 – April 2004

The Families

I have now been involved with 25 families suffering from the consequences of substance misuse. Of those families eleven are now closed having reached their desired outcome and the remaining fourteen I have contact with on a regular basis.

I am currently working with 14 families all of whom vary in the levels of support required and the amount of time taken by their individual needs changes on a weekly basis.

Of the twenty five clients, eleven suffer from alcohol related issues and fourteen from drug related issues, predominantly heroin.

Referrals have come from the following sources as detailed below;

Health Visitors	15
Family Support	2
Social Services	1
Domestic Violence	1
Self Referral	4
Client Recommendation	<u>2</u>
	25

All clients are contacted within 48 hours of the referral being received and an assessment is done within a week.

Four members of the community have contacted me volunteering their time and support to help families and individuals suffering from substance misuse.

Nine prospective clients have made contact seeking help who did not meet the Sure Start criteria either geographically or they didn't have children. I was able to offer all of them advice or information of other organisations which may be of help.

User	Gender	Substance	Age of Sure Start Children	Further Children	Status
1	F	Alcohol	1	2	Weekly consumption reduced from 110 units to 0-40 units
2	M	Alcohol	1	4	Weekly consumption 209 units abstinent 12 months
3	F	Anti depressants	1		PND cleared no longer using substances

4	F	Alcohol	1		Weekly binge drinking / blackouts – now abstinent.
5	F	Heroin	1	3	Regular heroin use to controlled methadone programme.
6	F	Heroin	1		Heavy heroin addiction – controlled methadone programme motivated to achieve abstinence
7	F	Alcohol	2	3	Regular binge drinking – abstinence 5 months
8	F	Heroin	2		Long term heroin addiction – controlled methadone programme and attendance of family centre.
9	M	Heroin	1	3	Heroin addiction – Methadone Programme Drug Free 2 months
10	M	Crack Cocaine	1		Drug Free 9 months
11	F	Alcohol	1	2	Reduction Programme
12	F	Heroin	1		New client not engaged
13	F	Alcohol	0	2	Chronic Alcoholic, Chronic depression 5 months
14	F	Amphetamine	1	1	Reduced waiting for detox
15	F	Alcohol	1	2	Chronic Alcoholic 6 months abstinent
16	F	Cannabis, Anti depressants	1	0	Abstinent
17	M	Alcohol	2	0	Abstinent
18	F	Heroin	2	0	Not engaged
19	F	Heroin	2	1	Engaged in Methadone Programme waiting for detox
20	F	Heroin Crack Cocaine	1	1	Cocaine free 8 – 10 mls methadone for detox
21	M	Alcohol Cannabis	1	1	Abstinent recreational
22	M	Alcohol	2	0	Not engaged
23	F	Alcohol	1	2	New Client
24	F	Coproxamol	1	0	Detox Programme
25	F	Heroin	2	0	New client

Sure Start Targets Met

Objective 1

Improving social & emotional development

Majority of parents have reported having more awareness of their children once they have reduced their substance misuse. They are more patient, take more interest in the children, spend more quality time playing and go out more mixing with other people, socialising with parents and children.

Seven families were registered on the child protection register prior to seeking help with their substance misuse currently only two remains on the register, five are now off due support in reducing or abstaining from substance misuse, by attending the

family centre & working with health professionals and proving that they have the necessary parenting skills and motivation to adequately care for their children. As a result of engaging with a substance misuse programme seven new families have begin to make use of programmes such as ducklings and stay and play.

Objective 2

Improving health

Advice and information is passed on to all clients verbally and in leaflet form promoting healthy development before and after birth.

Time is spent looking at cause and effects of behaviour and substance misuse on the clients and their children.

Typical health issue covered with clients have been; nutrition, effects of alcohol, safety – risk assessment and harm minimisation, Hepatitis B & C, depression, Post natal depression.

Two new babies have been born to heroin addicted mothers who have engaged in antenatal care and switch from illicit drug use to methadone programmes thanks to support provided by Sure Start.

Objective 3

Improving children's ability to learn

As clients reduce substance intake they are healthier, more aware, more energetic able to focus and function positively.

Clients are motivated to attend Sure Start fun days and groups. Children are encouraged to learn through play both on a 1:1 at home with parents and socialising in Sure Start crèches.

Eight clients have regularly attended Sure Start events

Twelve clients have attended, or been involved in, one or more Sure Start groups or events.

Objective 4

Strengthening families & communities

One of the most traumatic effects for individuals suffering from substance misuse is loneliness and isolation from their families and the community. Twenty-one out of twenty-five of clients working with substance misuse have shown varying degrees of positive improvements in personal development in levels of communication, levels of self esteem and displayed a belief in personal growth and a positive future.

- 7 clients are involved in further education
- 2 clients are working part-time
- 6 clients are working full-time
- 5 clients have expressed a desire to be in full-time work in the future

Laura Brown
Drug & Alcohol Project Worker
April 2004

Special Needs in Bacup and Stacksteads



by
Margaret O'Dee
(Listen Hear The Right to be Heard)
2003

Children's Emotional And Behavioural Well-Being

A child is in need if:

- a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;
- b) his health or development is likely to be significantly impaired or further impaired, without the provision for him of such services; or
- c) he is disabled.

Section 17(11) 'development' means physical, intellectual, emotional, social or behavioural development; and 'health' means physical or mental health (Children Act 1989).

Under the Children Act 1989, children with emotional and behavioural problems are 'children in need'. Local authorities have statutory responsibilities both to assess the number of children who may be in need in their area as well as to provide services for individual children in need.

SUPPORTING FAMILIES - THE 1998 GREEN PAPER: HOME OFFICE

The Green Paper recognises that parenting is a challenging job and that most parents get by with a combination of instinct, advice, reading and family support. The Green Paper notes that this is not always enough. Parents often need help to ensure that small problems in a child's behaviour do not grow unchecked and become major difficulties. Children with emotional and behavioural difficulties are often at the centre of the more serious problems in family life.

The refocusing debate

The summary of over 20 research studies brought together in the Department of Health publication Child Protection - Messages from Research (1995) found that the majority of children who enter the child protection process exit after the early stages of the investigation and receive no subsequent support or service. The report concluded that social services departments needed to change their thresholds and

refocus more services to support children and families in need. The poorest outcomes were amongst children raised in 'families low in warmth and high in criticism'.

Children's psychological well-being is at risk in such families. Emotional and behavioural problems are like a barometer of how a child is coping. If the aim is to refocus services from child protection to more family support - and if services for children in need are to be child-focused rather than situation-focused – it is important to address children's emotional well-being.

One impetus for children's emotional and behavioural well-being to be expressly considered arose from discussions with workers who were concerned about some of the young children in families where the major input of the worker was with adult/s of the family. These concerns were in relation to the emotional and behavioural well-being of the children. They believed that discussions directly with parents of these children, in many cases, would not be appropriate. For instance, parents who were addressing their own problems of substance misuse, where parents had mental ill-health difficulties and where it was known, or believed, that there was conflict (often involving domestic violence) in the family. In the event, we were able to talk to a few parents in such situations and concluded that there was a high level of congruence between their accounts and those of workers.

A second, and not insignificant, impetus for this 'stand alone' chapter was the recognition that emotional and behavioural problems are the most common cause of disability in childhood (Bone and Meltzer, 1978).

In addition, during the life of the project, it became apparent when talking with parents that many of the problems they identified in raising their children did relate to concerns about emotional and behavioural problems. These may be in addition to an identified disability or special need.

Some of these concerns had led to further referral whilst others, which were less marked, could be addressed by an agency such as Bacup and Stacksteads Sure Start who were well-placed to offer help and support to ensure the child's needs were met.

It has been widely recorded that whilst children's physical health has generally improved in Western countries over the last 50 years, there have been increasing concerns about the mental health of children (and young people). Increases have been recorded in terms of, for example, depression, conduct and eating disorders (Rutter

and Smith, 1995). The emotional health of children is one of the most important public health issues today.

A significant minority of children (around 45%) are likely to have psychological problems at some time in childhood or early adulthood. For a large proportion, these problems are transient and there is no requirement for specialist help (Buchanan and Ten Brinke, 1998). However, at any one time some 20% of children and young people may be affected by emotional and behavioural problems, most commonly anxiety disorders, disruptive disorders and attention deficit hyperactivity disorder (ADHD) (Mental Health Foundation, 1999). Such difficulties are not distributed evenly throughout the population: poverty, poor housing and poor educational attainment are associated with higher levels of prevalence. In relation to ADHD, we were surprised to discover the significantly high numbers of children so diagnosed, often within very small geographical areas of OL13.

Whilst we accept that children can be enormously resilient, observers have noted that there is often a continuity between childhood problems and adult outcomes, particularly where there have been no effective interventions offered to children and their parents at the point where the difficulties are identified.

SOME DIFFICULTIES DISCUSSED WITH THE RESEARCH TEAM:

“Father physically and emotionally violent and aggressive towards wife and children ... children appear overly quiet and lacking in self-esteem.”

“Teenager in the family constantly running away from home and disruptive in the home. Parents concerned about the child as well as younger children in the family.”

Three-year-old boy has behavioural problems that seem to be worse when his mother is present. Mother appears depressed but is reluctant to seek help. Concerns, too, about alcohol use by both parents.”

“Mother’s problems often meant that she could not cope with parenting the three children of the family (one under 4 years). Possibly one child has ADHD.”

“Mother recently transferred into the area following domestic violence. Feels isolated and unsupported. School concerned about child’s progress.”

“Oldest boy (15) diagnosed as depressed following death of grandfather 2 years ago. Often aggressive towards younger children in the family who are becoming increasingly withdrawn and anxious.”

“Mother with mild-moderate learning difficulties unable to manage the behaviours of three children. Reluctant to seek help.”¹

FACTORS TO BEAR IN MIND WHEN INTERVENING IN FAMILIES:

Though troubled children and teenagers are common, many of them have social or educational problems rather than health problems. These require social and educational solutions, not health interventions (Goodman, 1997 p 4-5).

From discussions with workers and some parents and a review of relevant research, we considered the following points to be important as a starting point when considering appropriate intervention.

- Difficult or problem behaviour in children and young people may relate directly to the adversities besetting their families that frontline workers are trying to alleviate. Children's behaviour may improve once the stresses are lifted.
- Some 'troubled behaviour' seen in children and young people may be a direct communication of the distress they are experiencing. It is important to hear the message. Their behaviour may improve when the message is heard and appropriate action taken.
- Sometimes, however, the emotional and behavioural difficulties remain long after the original message of distress and get in the way of progress and future development. Strategies to help children regain control of their emotions and their behaviour are therefore a central plank in support packages. Sure Start is well-placed to offer appropriate support in such situations.
- What we believe causes the problems to some extent determines what we believe we should do about them. There is general agreement that emotional and behavioural problems are associated with socio-economic conditions; relationships between parents and children and relationships within families; events at school and factors within the individual.

Directly or indirectly, children with emotional and behavioural problems are a factor in almost all social services' referrals highlighting that such problems are central in family support work. Children in these families are a high-risk group for emotional

¹ (Identifying details have been altered so as to preserve anonymity).

and behavioural problems. In a recent study for Barnardo's (Buchanan et al 1995), 80% of referrals were either from step-families or from lone parents. Psychological problems are strongly associated with family breakdown and families experiencing change. In one study, some 27% of families coming to social services had experienced domestic violence. The figures may be higher in inner urban areas. We know that witnessing family conflict can be disturbing for children. The child is the victim, but their distress can place them at risk of abuse. Where children are no longer living with their families, placements may break down under the pressure of emotional disturbance.

We reasoned that if intervention services were offered, in this instance by Sure Start, before families required the involvement of social services, such problems might be alleviated before they became entrenched. How such interventions, for instance, parenting programmes, are introduced is the challenge that needs to be addressed. It is unfortunate that parenting programmes, where the aim is to help parents with the day-to-day aspects of child care as well as the more challenging aspects, are often associated with a punitive approach. For example, parents of non-school attenders are not only open to court action and fines but also are 'sentenced' to attend parenting programmes.

There is considerable evidence that the number of children with 'troubled behaviour' is rising (Rutter et al, 1995). The heaviest concentration of these children is in the inner urban areas where services are already stretched.

Although more psychiatric and psychological services are required, a recent report from the Maudsley Hospital (Goodman, 1997) suggests that most children with 'troubled behaviour' need social and educational solutions rather than health intervention.

The authors of the report argue that in some cases psychiatric intervention may be counter-productive. Labelling a child a 'psychiatric case' can be more damaging than the disorder itself. The best people to help a child in these circumstances may be those who know the child best. However, if these people are to be effective, they need to learn from evidence-based psychological/psychiatric interventions.

Many children have emotional or behavioural problems at some stage. Most children recover - but they may need a little help. Recent research (Buchanan, 1998) using data from the

National Child Development Study (NCDS) has shown that nearly half of all children have 'difficult' behaviour at some stage in their growing up period. Although the study looked at older children, it does have a message when considering younger children (particularly as evolving research indicates that younger children respond more readily to intervention). In the study, children's behaviour was measured at three time points: age 7, 11 and 16. Around 50% of the children who had difficult behaviour at one age had grown out of it by the next time point four years later. Very few of these children had formal treatment. It is likely that the natural process of development is responsible for many of these changes but other children can be helped to modify their behaviour by actions of parents, teachers and friends.

effective interventions

As children grow up most parents develop a range of strategies to help their son/daughter 'come through' difficult phases. For instance, when a child has problems in a particular area, they find opportunities for the child to develop new skills, and/or they devise strategies to divert the child from problematic behaviour. Some children, however, may have more difficulty 'coming through'.

There is now a range of effective interventions that can be used by workers to help these children. At one level, these may be 'compensatory' approaches, very like the sort of things parents do to help their children 'grow out' of their problems. At another level, there is a range of group and community projects; these projects may offer more specialised help. At yet another level, there are a range of individual therapies that can be used by front-line workers without specific mental health training.

A number of studies since Gil (1970) in the USA have reiterated Gil's findings, namely, that children reported to social services came overwhelmingly from the lower socioeconomic groups. It has been argued that as some families are unable to escape from extreme disadvantage and poverty, society should share the blame. Although Gil was focusing on child maltreatment, it is clear that fewer structural and gender inequalities, less racism, as well as greater recognition of children's rights would reduce the numbers of troubled children. Indeed, the present government's policy to combat 'social exclusion' takes us along this route and has become implicit in many government policies, not least the introduction of Sure Start Programmes and the planned Children's Centres.

Similarly, few would argue that how parents interact with their children and how families interact, are also a cause of difficulties. Improvements in inter-family communication and family relationships may also help troubled children. Finally, few would argue that every child is different and this difference may be due to genetic or biological factors or a subtle interaction between that child's nature and nurture.

We would recommend that workers, mindful of their knowledge, expertise and the limits to their competence need to choose carefully, on the evidence available, which approach they use with whom.

During the life of this research project the Research Team observed with interest (and some excitement) the development of services by Bacup and Stacksteads Sure Start. In line with the principles of action research, we were often in the position to offer advice and guidance to parents, and occasionally workers, in managing children's behaviour. This might include simple 'compensatory techniques' or how to access more specialist services (and offer support to do so).

We found that older children and young people who presented with emotional and behavioural difficulties affected the whole family (and in some instances, in terms of anti-social behaviour, the rest of the community). We believed it unethical not to address such difficulties and offer advice and guidance as appropriate.

A difficulty parents voiced was they felt that focusing on the child with problems, and the dynamics engendered, negatively affected their caring role with other children in the family. Our observations did support this view to a degree but we often found that parents were more 'available' to younger children in the family than they realised. Parents welcomed this type of intervention, which they believed created less tension between them and the individual child.

IDENTIFYING EMOTIONAL AND BEHAVIOURAL PROBLEMS:

Nearly half of all children have a 'difficult patch' at some stage while they are growing up. A few children suffer long-term harm because of short periods of extremely turbulent behaviour. Other children develop a longer-term pattern of emotional and behavioural problems. As family relationships and schoolwork suffer, opportunities and life choices gradually erode. From an early age, then, children can start on a path that may lead to them being socially excluded.

When children are disturbed, they can react in two ways. Some become sad and depressed. These children are said to be 'internalising' their distress. Although children may first develop an internalising disorder following a difficult time in their lives, some children may be inherently more prone to anxiety and depression than others (Kovacs and Devlin, 1998). Whatever the cause, the distress of these children may be associated with a range of psychosomatic problems such as wetting and soiling. Younger children may become fearful and try to avoid situations they find difficult, such as nursery or school.

Other children may have temper tantrums or become aggressive and start fighting with their friends. These children are acting out or 'externalising' their problems. They can be very hard to manage particularly if they are overactive. This overactivity may be a characteristic of the child but the behaviour becomes more problematic when parents themselves are under pressure. It is very easy for parents to get into a negative cycle.

Children who are constantly 'told off' become negative about themselves and act out their frustration and aggression. They may become progressively more antisocial and may become involved in antisocial activities as they become older.

Similarly, children with internalising behaviour may get into a downward negative cycle where each new problem increases their distress and confirms that they cannot cope. The challenge for those at the front-line who are working with children who have internalising or externalising disorders is to reverse the process and start a more positive cycle.

Measuring behaviour:

Professor Sir Michael Rutter was one of the first to develop, in 1970, a checklist of behaviours that identified children (age 10 – 11) with adjustment difficulties. Other checklists have developed following Rutter's early work. Some of the better known are the Achenbach² checklists, the Pre-School Behaviour Checklist and more recently the Goodman Strengths/Difficulties Questionnaire.³ The last checklist is particularly

² Achenbach checklists should be administered by those with some psychological training and give a more in depth assessment.

popular because it focuses on what a child is good at, as well as what he/she finds difficult.

THE NUMBER OF CHILDREN WITH EMOTIONAL AND BEHAVIOURAL PROBLEMS:

Different definitions of emotional and behavioural problems, different ages, and different areas will give very different figures of the number of children involved. For instance, Rutter in the Isle of Wight found that 7% of children had significant emotional and behavioural problems at age 10 and 11. When he repeated his study in inner city London using the same assessment measures, the rates were more than doubled. In London, the rate of disorder for boys was 25% and 13% for girls. Generally, most studies have found nearly twice as many boys as girls with problems. Internalising disorders, such as depression and anxiety, are less common in early childhood and more common in adolescence, particularly amongst girls. Externalising disorders are common in younger children, particularly amongst boys.

The following summary of ‘Risk and Protective Factors’ comes from an extensive review of the literature undertaken by Buchanan and Brinke (1998).

Risk and protective factors

Factors in the person	Factors in the family	Family in the school/community	Wider World
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³ The Goodman SDQ is readily available see Goodman R (1997) The Strengths/Difficulties Questionnaire, *Journal of Child Psychology and Psychiatry*, 38, 5, 581-586 or available from the Institute of Psychiatry, London.

<p style="text-align: center;"><i>Risk</i></p> <ul style="list-style-type: none"> • genetic factors making the children more vulnerable to emotional and behavioural problems • temperament • impulsiveness • physical illness or impairment • mental disabilities 	<p style="text-align: center;"><i>Risk</i></p> <ul style="list-style-type: none"> • family adversities • poverty • mental illness in parents • alcoholism criminality • conflict with, and between parents • lax inconsistent discipline • punitive, authoritarian / inflexible parenting 	<p style="text-align: center;"><i>Risk</i></p> <ul style="list-style-type: none"> • poor reading/low school attainment poor rates of achievement in schools • bullying in schools • disadvantaged community/ neighbourhood crime • racial tension / harassment • an experience of public ‘care’ 	<p style="text-align: center;"><i>Risk</i></p> <ul style="list-style-type: none"> • economic recession • unemployment • housing shortage • family change: increasing • family breakdown • long working hours/job insecurity
<p style="text-align: center;"><i>Protective</i></p> <ul style="list-style-type: none"> • biological resilience • good health and development • good problem solving skills/high IQ 	<p style="text-align: center;"><i>Protective</i></p> <ul style="list-style-type: none"> • good relationship with parents • supportive grandparents • lack of domestic tensions • family involvement in activities • being brought up in birth family 	<p style="text-align: center;"><i>Protective</i></p> <ul style="list-style-type: none"> • supportive community • schools with good rates of achievement, good ‘ethos’, lack of bullying • opportunities for involvement and achievement 	<p style="text-align: center;"><i>Protective</i></p> <ul style="list-style-type: none"> • ‘inclusive’ policies

In including this summary in the report, it is our intent to draw attention not only to risk factors but also to the protective factors that workers could build on and strengthen by early interventions. Whilst recent studies imply that some children may be biologically more vulnerable to particular problems (Plomin, 1994), there is optimism that through early intervention, for instance, ‘manipulating’ the environment, they could be less likely to develop the problem in the first place. In addition, there is optimism too in relation to those children who already have problems in that if the social situation is adjusted they are more likely to ‘recover’.

Whilst Sure Start is ideally placed to put in place such interventions, the success or a positive outcome would be intimately related to inter-agency cooperation and a willingness to share appropriate information. Of prime importance, too, is the need to

listen closely to parents and take into account their perception of problems or difficulties.

Principles In Intervention

Good practice in providing services should be guided by the rights and needs of clients, the clinical realities and knowledge of possible health gain from intervention, rather than service demands or idiosyncratic practices. Providing quality services to young people means facing a variety of challenges. These include identifying priorities and balancing the conflicting needs and expectations of patients, families and professional groups. There will be a continuing debate about the most effective ways of applying these principles in practice.

(Health Advisory Service, 1995)

For the vast majority of children with emotional and behavioural problems, the best help they can get is from those front-line workers with whom they are in touch. Given their lack of specific mental health training, it is important that front-line workers have an understanding of their rights and responsibilities; the limits of their competence when they need to pressurise for more specialist help; and the interventions most likely to be successful.

RESPECTING THE RIGHTS AND NEEDS OF CLIENTS

Children and their families have a right to expect from the professionals helping them:

- that advice should be available at an early stage;
- that their views are heard and respected and that their agreement is sought in the process of assessment and care;
- that they are guaranteed confidentiality within relevant legal constraints;
- that they are able to participate in interventions which are open, visible and clear;
- that they receive feedback and the opportunity to comment;
- that they are treated in a manner which affirms the rights and responsibilities of parents;
- that they receive interventions from workers that are sensitive to the issues of discrimination and the variety of forms they can take;

- that the worker is competent to undertake the intervention.

(Health Advisory Service, 1995)

Ethics and values

Each profession working with distressed or disturbed children and their families is guided by their own ethical code of practice. In social work, for example, basic to the profession is the commitment to:

The recognition of the value and dignity of every human being, irrespective of origin, race, status, sex, sexual orientation, age, disability, belief or contribution to society. (British Association of Social Workers, 1985).

Common to all the caring professions is the concept of 'doing no harm'.

Competence

Those working with emotionally and behaviourally distressed children and their families, have a commitment to their own professional development. They should be aware of what tasks they are competent to undertake, where they need more knowledge and training before they become involved and what tasks they are not competent to undertake. Skills and knowledge identified include:

- Empathetic interviewing and counselling skills
- A working knowledge of child development
- An up-to-date knowledge of child and family problems and disorders
- Understanding how major events impact on children's lives: e.g. abuse, bereavement.
- An awareness of how the professional's own life experiences inform their approach to others
- Familiarity with/knowledge of manifestations of serious or potentially serious psychiatric disorders.

The above factors are clearly important for Sure Start staff to develop and/or consolidate. We would also add that staff have a right to regular formal (and informal when necessary) supervision, to be clear about the difference between supervision and being supervised, and to be clear about the model of supervision employed.

Confidence in inter-agency working and being able to consult with colleagues from other disciplines also ensures the best and most appropriate interventions for children and their families. Whilst staff should be supported in their work with children and

families they may also need help to realise the limits of their competence and when to refer to other, perhaps more specialised, services. Staff may further their own development and expertise, and thus offer a more comprehensive service to families, if they are able to form alliances with other professionals, perhaps around areas of mutual interest or concern.

The key task for anyone trying to help children with emotional and behavioural problems and their families is to engage with them. The following examples proffered by families and workers highlight what can promote and what can inhibit successful interventions:

Unsuccessful cases - reasons for failure	Successful cases - reasons for success
Father refused to engage in family work.	Working in partnership with parents, sharing responsibility and power. Negotiated, action-based assessment.
Mother unable to reinforce with child what worker was trying to do because of poor relationship. No extended family support.	Practical services available (eg transport to hospital appts) and worker who made good relationship with mother - parents' willingness to make it all work.
Mother unable to use worker as partner undermined work plans.	Good working relationship between child's mother and worker. A general commitment on part of child's family to work to improve the situation.
Lack of success due to inability to engage father.	Mother and children able to accept intervention and help.
Inability to get to grips with the different layers of problems; domestic violence, medical, financial etc, surrounding the child's problems.	Agencies working together; each worker trusting the others, knowing their roles but sharing information. Knowing that it is good enough not to expect rapid change but not losing sight of the potential risk.

Child's behaviour destructive and aggressive; no extended family support; family dynamics very destructive.	Finding childminder; joint working with mental health worker; family befriender.
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From the above examples, the key to successful outcomes is a good working relationship with parent(s) and an acceptance that, in the main, parents are 'experts' in their own children. They are also responsible for them before the law (unless *parental responsibility* is shared with others).

Good working relationships are built on trust, respect, a non-judgemental approach, empathy, openness, honesty, competence and genuineness (Egan, 1990). This does not mean that a good working relationship on its own is enough but it is a prime factor in promoting potentially effective interventions.

What Works -Prevention Projects

'Although mental disorders cost our nation billions each year in treatment, related support, and lost productivity, the funding for prevention of mental disorders has been inconsistent, due in some part to a lack of confidence regarding the effectiveness of specific programs'. (Albee et al, 1997)

Although the above quotation is from US authors, the same could be said for the UK and points to the value of intervention in the early years. Increasingly, the UK is following the pattern set by the US ie a tradition of systematic programme evaluation that meets the aims of evidence-based practice. The Sure Start initiative has been described as one of the most 'scientific' initiatives currently in place given the focus on monitoring and evaluation that is demanded of the programmes. (Professor Swales, Radio 4, Jan 2004). This is vitally important given the many schemes to combat 'social exclusion' in the UK.

In presenting the following review of evaluated programmes (including both US and UK studies but not all studies) it is the author's intent to point to those interventions that have been shown to be of value in preventing emotional and behavioural

problems. The *principles* of intervention as outlined above are important in any consideration of implementing, or further developing, such initiatives.

PERINATAL HOME VISITING:

<u>Intervention</u>	<u>Outcomes</u>	<u>Why it works?</u>
Home visits by nurses: 1. Free transport to pre-natal care. 2. Developmental screening. 3. Home visits – child development knowledge and skills/strategies - practical help for family problems - help to develop support networks	Considerable evidence that home visiting improves parenting and leads to positive outcomes for infants and young children. Homes more developmentally stimulating and parents less likely to abuse or neglect. One study (Olds et al, 1997) at follow-up 15 years later showed a reduction in subsequent pregnancies, substance abuse, offending and use of state welfare.	The basic idea has been replicated many times <ul style="list-style-type: none"> • Around birth of first child, mother is very willing to receive support and guidance. • Best programmes start before birth and continue up to 2 years. • More intense problems need more intense interventions. • Interventions matched to needs of parent(s)/child more successful than standardised programmes.

What looks promising - working with fathers

The evidence that 'father-involvement' is protective against a range of life's adversities suggests more could be done to involve fathers. Various projects in the UK are now taking up the challenge.

There is growing evidence that father involvement especially with boys is important, but involving fathers is not straightforward. The Fathers Plus audit (Richardson, 1998) recommended a forum for groups workers working with fathers to network, to support, to develop and to learn the best way of involving different types of fathers according to their different needs. There is a view, for example, that fathers see Family Centres as too 'women' focused; that fathers' work needs to 'sold' to fathers and that fathers' groups need male facilitators.

At a Management Group meeting of Sure Start in 2003, members of Tomorrow's People (young researchers) presented their views on the changing roles of fathers. This was a particularly moving presentation given that a number of the young men who put their views forward came from families where fathers were absent, disabled or they were living in a family where the male adult was a step-father and they had minimal contact with their birth father. The qualities they identified in tomorrow's

fathers included: being 'there' for their children, listening to their children (girls and boys), showing an interest in their hobbies and schoolwork; helping them achieve at school, talking with them as opposed to talking 'at' them. Clearly, as well as the more, expected, physical activities that fathers seem to be more comfortable with (eg football) these young men saw themselves as meeting the emotional needs of their children. It was noted, too, that football for girls is one of the fastest growing sports in the UK!! These young men, as fathers of the future, were clear that they would engage in fathers' groups or forums if they anticipated such groups would benefit their children. This indicates, therefore, that talking with teenage males, perhaps in schools or youth centres, would augur well for the future in terms of fathers attending such groups.

WHAT WORKS - HIGH QUALITY PRE-SCHOOL PROGRAMMES

The findings from the US Headstart have been influential in the UK. It should be borne in mind that early evaluations of Headstart were not promising; it is only over time that the value of these programmes (and the Perry Pre-School programmes) has been realised. Some suggest that the success is due to routines in the nursery school that taught the children how to plan. This would link with Rutter's (1984) classic study of institutionalised children that showed that those who had an ability to plan had much better outcomes as adults. Others think that success of the programmes is related to the parent involvement and interest in their children's education.

TARGETED PRE-SCHOOL PROGRAMMES:

<u>Intervention</u>	<u>Outcomes</u>	<u>Why it works?</u>
<p>Key elements:</p> <p>Headstart</p> <p>Enjoyable active learning curricula, well-trained staff, good relationships between staff and parents, non-stigmatising.</p> <p>Perry Pre School</p> <p>The curriculum was based on a 'Plan-Do-Review' routine. Task-orientated. High levels of parent participation.</p>	<p>Headstart</p> <p>In the long-term, less use of remedial services, less offending, better school attainment, better track record in employment.</p> <p>Perry Pre School</p> <p>Fewer behaviour difficulties, lower drop out rate, higher levels of educational attainment, lower teenage pregnancy rate, higher incomes and levels of home ownership.</p>	<p>Headstart</p> <p>Programme was originally thought to have failed because gains in IQ were not sustained in primary school.</p> <p>The real pay-off from such programmes may only become apparent in the long term.</p> <p>The success of the Perry Pre-school may be due to the 'think-do-review' routine as well as the parent/school link.</p>

Similar programmes that engage children as active learners in an enjoyable process have shown to have better short and long-term outcomes in emotional and behavioural terms as well as in attainment than those that do not engage the children. In Oxford, the PEEP project works in partnership with parents, who are the child's first educators, using a structured curriculum:

PEEP builds on the growing body of evidence which links such factors as the early development of language, literacy, personal and social development with outcomes relating to higher educational attainment, improved behaviour and crime prevention and the disposition to life-long learning. (PEEP Annual Report, 1997-1998)

Sylva, who is closely involved with PEEP, is also undertaking a five-year longitudinal study on the effects of different types of pre-school education. Sylva concludes:

If we were to make evidence-based decisions for preventing behaviour problems, we would recommend universal early childhood education. Educational practice should be shifted away from the current stress ... on formal academic preparation towards the development of social skills and commitment.... The most important impact of early education appears to include: children's aspirations, motivations and social adjustment. These are moulded through active learning experiences in the pre-school centre which enable children to enter school with a positive self-esteem and begin a career of commitment and social responsibility. (Sylva and Colman, 1998)

WHAT WORKS - PRE-SCHOOL HOME VISITS WITH AN EDUCATION FOCUS

The following well validated US project links with the ideas behind the UK PEEP Programme.

	<i>Interventions</i>	<i>Outcomes</i>	<i>Why it works?</i>
Parents and Teachers programme. Central concept: Children are born to learn and children learn best from the people they love. It is community-targeted rather than family therefore is less stigmatising.	Home visits (1/month or more) by paid parent educator who gives information on child development and how to maximise everyday learning opportunities. Monthly group meetings Special meetings for dads.	At 3, children of participating families were advanced over the comparison group in language, social development, problem solving and other intellectual abilities. A follow-up study of pilot project and comparison groups showed that in all behavioural areas participating children did better.	The success of this programme may be due to its focus on child development and education rather than social problems. The programme respects the diversity of parents and families whilst uniting them around a universal goal – raising healthy and successful children.

WHAT WORKS - STRUCTURED PARENTING GROUP PROGRAMMES TEACHING CHILD DEVELOPMENT AND BEHAVIOURAL MANAGEMENT OF PROBLEM BEHAVIOUR:

Durlak (1997) in an analysis of many studies of primary prevention mental health programmes for children and adolescents found that programmes that relied

exclusively on parent training were the only category that did not produce significant overall, positive effects. He notes that programmes may need to be longer to produce an effect. In line with other agencies that are attempting to introduce parenting programmes, he also notes the difficulty of recruiting parents for parent training (see above re: parenting programmes as punitive). Whilst there are more pronounced difficulties in evaluating unstructured parenting programmes, early indications are that they may not be effective.

Smith in reviewing parenting programmes in the UK believes there are a number of unanswered questions about the effectiveness of parenting programmes although:

Anecdotal evidence, parents' self-reporting and the views of a range of professionals all suggest positive outcomes for both parents and children in terms of a number of indicators. (Smith, 1998)

Webster-Stratton's well-validated programmes focus on children who already have behavioural difficulties or 'conduct disorders'. Using her programmes, based on behavioural and cognitive behavioural principles, about two thirds of these children will improve. A key component of the Webster-Stratton programmes is the 'fun' way in which they involve the child and the non-threatening way they involve parents. In the author's experience, behavioural programmes simply do not work, unless the child and parent are engaged in way that stimulates their interest. The programmes also use a wide range of media to get the messages across including videos and puppets.

Increasingly, programmes are being set up in such a way that their effectiveness can be assessed although relationship type programmes are more difficult to evaluate. Drop-out rates from parenting programmes can be high, especially if access is via 'parenting failure' (again, as noted above). A vital component in such programmes is that they engage the child and the parent – and are 'fun'!

In discussion with parents about the above initiatives and what they would like to see to assist them in their parenting roles they identified the following: information about availability of day care; community resources such as crèches; courses for mothers; drop-in days for parents to meet local adult training and advice services; individual sessions for parents plus a telephone hot line; a room for adult training and education to run alongside nursery provision; as well as contact with health visitors.

However, a repeated message from a number of studies reinforces the view that those parents most need of support are the least likely, and the most difficult to encourage, to come forward. We looked at what barriers might prevent parents from attending groups and other activities. Parents identified the following: lack of confidence, feeling uncomfortable if going alone (the 'getting through the door' syndrome), feeling stigmatised, having to admit they have a problem, fear of being 'reported' to the authorities, timing of the groups (when other children need to be collected from school or nursery). Parents believed that if they had someone to talk to about their fears before attending a group, they would be more likely to attend. Outreach work either by health visitors or by a voluntary organisation such as Home-Start seemed to be acceptable to the parents with whom we talked.

The Wraparound project (Final Report, 1995) found that the younger the children, the more motivated and willing the parents were to get involved. Generating interest in parent groups was often problematic but parents were more interested if there were facilities for the children such as playgroups, 'stay and play'.

What seems to work - home visiting by volunteers

Home-Start schemes use volunteers and are run by voluntary agencies. They fill the gap for those families who are unable or unwilling to take part in other services. Home-Start is one example of many excellent 'outreach' programmes being developed.

Evaluations of Home-Start schemes are largely descriptive but are valued by families as they are perceived as non-stigmatising, although in the main, access is via a professional. They used trained volunteers who offer support, friendship and practical help to families under stress in their own homes, helping to prevent family crisis and breakdown. Volunteers also offer a 'listening ear', help with budgeting, transport, support of older children, play activities. They encourage confidence in parenting and may be more acceptable as they offer a non-statutory service.

WHAT WORKS - TEACHING NURSERY-AGED CHILDREN INTERPERSONAL PROBLEM SOLVING

Attachment theorists suggest that early relationships with parents and significant others are the prototype for later relationships. Buchanan and Ten Brinke (1997) found that there were significant links between observing parental conflict in

childhood, arguing with parents in adolescence and arguing with partner or spouse in adult life. This suggests that programmes to help children and young people develop the necessary skills to manage interpersonal conflict are likely to have long-term benefits. The I Can Problem Solve (ICPS) programme appears to confirm this.

In this programme, trained teachers present the prepared curriculum to whole classes. The goal is, by using games, to help children develop empathy, ability to cope with frustration, and problem-solving skills. Evaluations show there were gains in problem solving skills, peer acceptance, concern for others, initiative and a significant decrease in teacher-rated acting-out behaviours. A Parent Training programme was also developed for parents whose children did not receive the input at school. These programmes, on evaluation, showed improvement in problem-solving and mothers also developed skills. At 5-year follow-up, the gains were maintained.

In assessing why these programmes are successful the following suggestions have been put forward: i) these are 'whole' class programme and so no child is stigmatised, ii) the children are taught not only to recognise emotions but are also taught the skills to problem solve and iii) the main focus is on younger children who respond quicker.

What is clear from the above review of a range of programmes is that the evidence indicates that it is easier to change a younger child's behaviour than the behaviour of an older child. Parents with whom we discussed these and similar interventions would agree with this, especially if there were older children in the family.

Concluding remarks:

Some clear themes emerge from an analysis of US and UK projects. We discussed these with parent interviewees and agreed together what were most important.

- The presentation of a project is crucial. Projects need to be non-stigmatising and meet the needs as seen by the parent.
- Projects that involve young parents in educational programmes to improve their child's start at school may have better outcomes than projects that try to improve their parenting skills. Again, current and recurring publicity about parents being 'sentenced' to attend parenting programmes was influential.
- When encouraging parents to attend groups that are recognised as beneficial for their child, it would be helpful (and some parents thought vital) if the parent were visited at home so any fears can be discussed and addressed.

Additionally, parents thought it would be helpful if this person (befriender) could be with the parent when the parent and/or parent and child attended the first session.

- Some of the most needy parents will not/cannot go out to projects. They need to be seen at home. In some instances, being seen at home may be the first step to a parent being able to attend projects outside the home.
- Fathers are important but we have a lot more to learn about how best to involve them. There are clear benefits in engaging with young men before they are fathers, perhaps in the later years at school or through youth service provision.
- Research (and parents would agree) indicates that it is easier to change a child's behaviour the younger they are.
- At different times parents, children and young people are more 'open' or 'closed' to interventions. Interventions at times of transition e.g. becoming a parent, are usually more successful.

“I soaked up everything I was told when I had my first ... I took far more notice of the ‘experts’, (professionals) than I did my own mother. In a way, I’m glad ‘cos things had changed so much since her day.”

- Information is not enough.... parents and children need relevant strategies and skills. For children, learning to problem-solve, to plan and learning skills and strategies for managing social relationships are also important.
- Telephone help-lines provide a useful service.

INTRODUCTION:

SURE START TARGETS:

Objective 1: Improving social and emotional development

Objective 2: Improving health

Objective 3: Improving children's ability to learn

Objective 4: Strengthening families and communities

There is no shortage of literature on children with special needs. The past twenty years have seen an explosion of research into the impact and consequences of having a child with special needs and the consequences on parents and the family, and of parents and the family on the development of a child with special needs. What isn't as clear is what parents identify as helpful in terms of supporting the parenting role. In addition, there are few works that specifically address the concept and practice of parenting a child with special needs. Similarly, what information is available in terms of children in families where an adult carer has a special need tends to be restricted to adults with particular disabilities eg deafness. There is some more rigorous work emerging in relation to those children living in a family where an adult carer misuses substances (eg alcohol) but these are limited. In considering the Sure Start targets detailed above, Bacup and Stacksteads Sure Start recognized the need for a more comprehensive picture and put forward the following proposal:

It was decided to put in a proposal within the costings for Sure Start money for 1-2 years research into the needs of children under four who required extra input and also parents with special needs.

We needed to find out numbers of people with special needs⁴ and what did they want to ensure the resources available were channelled appropriately.

There was also an acknowledgement that there were members of the community who were "hard to reach"⁵ and so strategies were required to ensure these people were heard and services provided appropriately.

Whilst there are some very helpful books deliberately aimed at supporting parents to understand particular aspects of 'special needs' or disability, the new experiences it brings, and the demands it makes on parents (eg Knight

⁴ It should be noted that the term 'special needs' is a contested term within the field of disability. It has been described as a euphemism for 'disability'. Suggested, often preferred terminology is 'special educational needs'.

⁵ Again, the term 'hard to reach' is contested and begs the question 'Hard to reach by whom?' As a Team we interpreted this to mean those members of the community who, for whatever reason, are reluctant or unable to take up services.

and Swanick, 1999 in relation to the deaf child;) there are few that focus on parenting. 'Parenting', in this sense, means the skills, knowledge, roles, resources, experiences, qualities, tasks and activities required to successfully raise a child. Too easily, the particular skills, knowledge and adaptations required to respond to the child's special needs can become the definition of parenting. An example of this process, and one encountered by many parents of deaf children, concerns the parental role in deaf children's language development. Based on good evidence that the more involved a parent is in encouraging their child's language development, then the more likely the child is to progress (Marschark, 1997), professionals exhort parents to become all sorts of different kinds of teachers and therapists with their children (Schwartz, 1996). However, there comes a point of realisation that other equally valuable aspects of being 'mum' or 'dad' have become lost or obscured by this emphasis (Luterman, 1999).

Similarly, as a parent of a child with special needs, it is necessary to become familiar with all sorts of knowledge and make decisions that other parents are unlikely to have to do in the same way (Beazley and Moore, 1995). For example, again in relation to parenting the deaf child, the choice of communication method, the management of hearing aids, becoming familiar with a different culture (Deaf culture) are all largely deaf-child specific (McCracken and Sutherland, 1991). Activities such as these may seem to become the defining features of the parenting role with children identified as having a disability or special need, precisely because they lie outside most parents' usual "sphere of relevance" (Schutz, 1962), and so are seen to be both central to the role and requiring the acquisition of specific knowledge and competencies. But as Marschark (1997) and others have pointed out, children with special needs require of their parents exactly the same things that other children do, although the means and process of providing those may be different. Consequently, much of what it is to be a parent of a child with special needs will share many features of what it is to be parent of any child (Ogden, 1984):

"...parents should feel reassured that most of what they need to 'know and do' is there within normal parenting skills and that it is possible for other new skills to be learnt and absorbed into the parenting role." (Knight and Swanwick, 1999, p.42)

Thus, the moment one tries to understand parenting and children with special needs, one encounters a very real tension: namely, the complex relationship between the *special aspects* of parenting [there are particular things you have to do, or do in a different way because your child is identified as having a special need] and the *normalising* of parenting [parenting a child with special needs is still parenting a child].

The other problem in seeking to articulate what is meant by parenting children with special needs is that much of what we know about parenting and children with special needs is based on what we know goes wrong, rather than what we know goes right.

Studies that aim to draw conclusions about good parenting directly from situations that work well for children with special needs are rare. This is surprising, particularly in the UK context, where studies of parenting children with a disability (Beresford, Sloper, Baldwin and Newman, 1996), mainstream parenting education programs (Lloyd, 1999) and the Government's own "Quality Protects" good enough parenting agenda (DoH, 2000), are all

promoting a 'what works' framework within which to understand better parenting.

In undertaking this research project it was necessary to look closely at how parents themselves thought about parenting their child, how they defined their needs and strengths and to consult directly with them about what had worked for them or what they identified as the most valuable resource that would enhance their parenting skills and capabilities and impact positively not only on the child but on the family as a whole.

AIMS OF THE PROJECT:

In coming to a decision about what the aims of the project should be, the Research Team took into account the proposal as determined by Bacup and Stacksteads Sure Start and how certain concepts within this proposal could be operationalised.

In Research Team meetings and training we addressed this proposal and discussed, at some length, how we could ensure, as far as possible, the voices of local people in the area (OL13) could be heard. As all the Team were aware of the fact (and myth) that surrounded the term 'hard-to-reach', we particularly focused on how we might access such individuals and groups. In determining the outcome of the research we produced the following statement:

PROPOSED OUTCOME:

RESEARCH CARRIED OUT TO PROVIDE A SERIES OF RECOMMENDATIONS TO ALL STAKEHOLDERS WHICH WILL ENSURE ALL CHILDREN 4 AND UNDER IN BACUP AND STACKSTEADS (OL13) HAVE THE BEST POSSIBLE START AT SCHOOL *WHATEVER THEIR IDENTIFIED NEED.*

CELEBRATION OF WHAT WORKS – FOCUSING ON STRENGTHS.

November 2002

Another consideration arose in terms of the definition of 'special needs'. The Team were aware that this is not an uncontested term (see footnote 1) and took this into account when researching and reaching a definition:

LISTEN HEAR; THE RIGHT TO BE HEARD:

What do we mean by ‘special needs’?

A child is defined as having special needs if he or she has a difficulty that requires additional input and who, without such input, would have significantly greater difficulty reaching his or her potential when compared to most children of the same age. Or, it means a child who needs different facilities (educational or otherwise) from those provided for children of the same age in the area.

The children who need special or additional provision are not only those with obvious learning difficulties, such as those who are physically disabled, deaf or blind. They include those whose difficulties are less apparent, such as those with delayed development and emotionally vulnerable children. This definition also includes those children whose special needs may be ‘hidden’ and may arise from family circumstances that undermine the child’s ability to achieve his or her potential and thus act as a barrier to the child maximising his or her life chances.⁶

**MEETING THE NEEDS OF CHILDREN WITH SPECIAL NEEDS/
CHILDREN WITH A DISABILITY:⁷**

Services play a vital role in meeting the needs of children with special needs and their families and in ensuring that they are not excluded from the opportunities that most children and their families take for granted. A common theme from parents' and children's accounts is the desire for an ordinary and reasonable quality of life.

Social attitudes and limited and variable service provision continue to exclude children with a disability from many opportunities, and to constrain the lives of their families. The following objectives are set out in the ‘Quality Protects’ document and are particularly relevant to this study:

objective 6: to ensure that children with specific social needs arising out of disability or a health condition are living in families or other appropriate settings in the community where their assessed needs are adequately met and reviewed.

⁶ This definition compares favourably with the definition produced by Sure Start National some time after the Research Project had started.

⁷ *Quality Protects Briefing 5 2002:*

sub-objective 6.1: to arrive at a complete picture of the numbers and circumstances of disabled children by ensuring that in each local authority the social services department, the education department and relevant health agencies share the information they hold.

sub-objective 6.2: to increase the number of children in receipt of family support services - including short term breaks and domiciliary services and the number of hours of service provided in order to enable disabled children and their families to lead as ordinary life as possible.

sub-objective 6.3: to increase the number of disabled children who use inclusive play and leisure services, including holiday play schemes, after school clubs and pre-school provision with appropriate support if necessary.

sub-objective 6.4: to ensure that parents and disabled children are provided with information about services from the statutory and voluntary sector on an inter-agency basis.⁸

NUMBERS AND CIRCUMSTANCES OF CHILDREN WITH A DISABILITY/SPECIAL NEED

The assessment of children's and families' needs and the development of services to meet those needs are vital steps towards well-being.

Having a complete picture of the numbers and circumstances of disabled children is part of this process, yet there is no current, complete information in the UK to guide local areas. The most comprehensive data are contained in Gordon and colleagues' re-analysis of the OPCS (Office for Population Censuses and Surveys) Disability Survey. However, these data were collected in the mid 1980s and do not reflect changes in the prevalence or pattern of disability, for example increases in numbers of children with complex health needs and children diagnosed with autistic spectrum disorders.

The analysis did show that most disabled children have more than one disability, with severely disabled children commonly having physical, sensory and learning

⁸ Since publication of the above, these objectives have been expanded and amended but include the above.

disabilities. Therefore service planning which focuses on just one disability at a time or on the 'main' disability is problematic.

The Children in Need census data provide information on the numbers of disabled children receiving services from Social Services Departments. The 2000 data show that 12% of children receiving a service in the census week were disabled; 2.5 per 1,000 children receive a service and are disabled. Comparison with estimates from OPCS data of *32 per 1,000 children having one or more disabilities suggests that only 8% of disabled children receive a service from SSDs in a week*. These findings emphasise the need to share data from all agencies in order to get a complete picture of the profile of disabled children and plan local services. Development of effective joint registers in some areas (e.g. Nottinghamshire, Kensington and Chelsea, Camden, Stockport) is facilitating planning.

It should also be noted that disabled children are over-represented in the population of looked after children and more likely to be placed in residential settings. They are also more likely to experience abuse than non-disabled children and those with multiple impairments are particularly vulnerable.

There has been a 3% increase of pupils with SEN in England since January 2000. this population now accounts for 3.1% of all pupils in schools in England. Of this figure 6% will have severe disabilities (January 2001).

Children with a hearing loss were of particular relevance to this project because of the high numbers identified at standard assessment who required further assessment and the difficulties in accessing this further assessment.

Research has demonstrated that infants with an undetected hearing loss can suffer significant delay in the acquisition of speech and language. They may also suffer delays in social, cognitive, emotional, psychological and academic achievement. This has led to calls for Universal Neonatal-hearing screening (UNHS). It has also been estimated that one in three children will have fluctuating hearing loss ('glue ear'). Thus for every 1000 children – 40 will have mild hearing loss (mainly due to glue ear and ear infections); 2 will have moderate hearing loss (will need an aid); and 1 will be severely deaf. 10% of children under 9 will suffer from conductive hearing loss. In the majority of cases this is temporary, but can affect learning and behaviour. Glue ear is the main cause of acquired dyslexia.

According to the OPCS (2001), 3.1 children per 1000 are identified as having a 'special need'. However, the DfES estimates that 20% of school children will need special

educational help at some stage in their school careers. The Joseph Rowntree Foundation estimates the number of children with special needs as 32% (Jan 2001).

ESTIMATED FIGURES FOR BACUP AND STACKSTEADS:

Children 0 – 4 years in OL13 = 650 approximately (August 2002).

Based on figures of 32 per 1000, approx 21 children in Bacup and Stacksteads will have one or more identified disabilities. 26 will have a hearing loss. However, in January 2001, 31% of primary school children were identified as having a 'special need' – x10 figure above. Of particular concern is the high number of children estimated as suffering from 'glue ear' and the possible consequences as outlined above. This would seem to indicate that policies and procedures in operation in schools result in more children being identified and thus, ideally, being offered appropriate support.

ACTUAL FIGURES FOR BACUP AND STACKSTEADS:

The number of families where there was a child or children with an identified special need, or where there was a parent with a special need, recorded by Bacup and Stacksteads Sure Start was 14 (as of October 2003). When using the more inclusive definitive of 'special need' as noted above (and in line with the National Sure Start definition) these figures indicate a significant under-identification. A clear example of this is in relation to those families where a family member is referred to the Drug and Alcohol Worker employed by Bacup and Stacksteads Sure Start; of those families with whom the worker is involved, it is estimated that 16 children who are 4 and under could be described as having a 'special need' (October 2003). The most frequent concern for children in these families was related to their emotional development as well as concerns about behaviour problems. Given the nature and perception of families where there is a problem of addiction, they are often isolated from the community and perceived with a high level of negativity. This inexorably impacts on any children in the family. During the course of this project a significant level of 'hidden' need was identified.

COMMENT:

The Research Team did attempt on a number of occasions and in a variety of ways to access statistics relating to the numbers of children in OL13 with special needs that we anticipated would be held by other agencies. We encountered the following noteworthy difficulties:

- Identifying by whom and where such information was collated in statutory agencies.

When such information was accessed there were (as indicated above) inconsistencies and discrepancies. We were aware of the difficulties Bacup and

Stacksteads Sure Start had in accessing such information and noted that amongst the reasons given were those of confidentiality and the requirements of the Data Protection Act.

- When key personnel were identified and it appeared agreement had been reached as to the necessity of such statistics, the Team would not receive a response to information requested despite ensuring that no breach of confidentiality or contravention of the Data Protection Act was being requested.

Reasons put forward for this included: i) that the software currently used would not allow statistics for small geographical areas to be accessed and that the statistics would need to be collated by hand. When asked how the Team could help in this no further information was forthcoming. ii) When pressed on either of the above, further communication broke down despite numerous efforts to keep the avenues of communication open.

Whilst there are many arguments for and against the use of statistics and their value, there is no doubt that accurate statistics are vital when applying for funding and identifying appropriate resources. It is also imperative given, for example, the current emphasis on evidence-based practice that incidence, prevalence and trends in numbers of children with special needs be accurately collated. (For instance, though not all within the age-range 0-4 years, there were 9 children diagnosed as having ADHD living within 4 streets).

The difficulties encountered above or not insurmountable but other difficulties in collecting accurate statistics are more diffuse and include:

1. Workers in direct contact with families often had a 'sense' that a child in a family had or might develop a 'special need'. This was frequently a dilemma for workers in terms of when it was appropriate to express such concerns to the parents/carers. In some instances, when concerns were raised, parents/carers were reluctant to acknowledge the potential problem and/or to attend for further referral; in other instances, it was not considered appropriate, at that time, to raise the matter given the family circumstances (for instance, when the family were having other family difficulties). Whilst it is a truism that different children progress differently, experienced workers often sensed that all was not well.
2. Staff of Bacup and Stacksteads Sure Start were confident that they had developed a system whereby they were notified of all children born in OL13 (and thus all children born with an identifiable disability/special need). However, they were less confident that they knew of older children identified later as having a special need or of children who moved into the area.⁹

⁹ The author of this report, having had experience as the Coordinator of South Manchester Handicap (sic) Team some years ago, offered some guidance as to how this might be addressed.

CONCLUSION AND SUMMARY:

UK wide research (see above) has shown that a reason for high levels of unmet need is lack of co-ordination between different agencies and professionals providing services for disabled children, so that no holistic view of the child and family is obtained. Parents report 'a constant battle' to find out about what services are available and the roles of different agencies, and to get professionals to understand their needs. *Up to 80% of families report poorly co-ordinated services.*

Sure Start programmes nationally, and Bacup and Stacksteads Programme in particular, are well-placed to address such issues. The importance of inter-agency working and cooperation cannot be underestimated and was an integral and fundamental feature of this project and report. Essential to this 'working together' are accurate statistics of numbers of children with special needs and how resources can best be utilised to address their needs. Without such statistics it is likely that changes in incidence, prevalence and trends will be missed (for example, the high numbers of children with ADHD referred to above).

In the work carried out by the Research Team it became apparent that there was a high number of children who would be identified as having a 'special need' but did not appear to be recorded; significantly, such children (and adults with a special need) were often located within the so-called 'hard-to-reach' population. It should be borne in mind that some parents/carers regarded aspects of a child's behaviour that caused them difficulty less a special need and more a 'phase they were going through'. Some children, experiencing a transient special need (for example, emotional or behavioural problems) would no doubt benefit from early intervention to prevent or lessen any long-term impact on the child and her or his family.

This report, similarly to other research, highlights the needs of parents for information about services, about their child's condition, and about how they can support their child's development.¹⁰ From the analysis of the findings from this research parents identified a three dimensional model of good practice:

- ❖ short directories of local services and support networks, which are regularly updated
- ❖ more in-depth and informative booklets covering local and national services
- ❖ support from locally based facilitators or key workers to guide parents through the information and to offer support and guidance, particularly at times of

¹⁰ Older children also speak of the need for information about their condition and treatment, about how to live with the condition and how to overcome disabling barriers. In many cases these needs have not been met.

crisis, key changes (eg appropriate child care and/or school/nursery) or family disharmony.

COLLECTING THE DATA

The project was carried out over a 15-month period in 2002-2003. It was originally anticipated that the project would last for 12 months but ill-health and other unforeseen circumstances led to an unavoidable delay in the completion of the research. Its primary objective was to inform the development of services as set out in the original Bacup and Stacksteads Sure Start proposal (see above), to ensure both that it grew out of an evidence base, but also that it was firmly underpinned by the experiences of parents' themselves.

To these ends and to meet the proposed outcome as identified in Chapter 1, the project had a number of objectives:

1. To review current published research on parenting and children with special needs as well as material in relation to children living in a family where a parent/carer is identified as having a special need.
2. To identify, from the perspective of parents/carers of children with special needs, the key parenting challenges faced at different stages in their children's development.
3. To evaluate the extent to which parents/carers regard parenting a child with special needs as similar or different from parenting any child.
4. To identify key parenting skills associated with bringing up a child with special needs.
5. To ascertain what parents/carers identified as important in supporting them and their families in their roles to ensure their child/children had the best possible start on starting school.
6. To identify resources to facilitate communication with young children to ensure that their views were heard. Eg liaison with the Coram Trust.
7. To contact professionals and workers from relevant agencies to ascertain their views on current provision in the area and how they believed children and their families could be better served. This would include discussing their ideas and experiences.
8. To collect ideas and experiences directly from parents themselves that can be shared with agencies with a view to improving the provision of services.

The first of these objectives, to review current research, formed the initial part of the project and relevant findings are incorporated into this report as and when it is deemed relevant.

METHODS

The data were collected in a number of ways to support the project:

1. *Informal discussions with local residents.*

During a period of gaining knowledge and understanding of the area, informal discussions with local residents, shopkeepers, members of social clubs etc.

The Research Team, in wanting to emphasise that we considered it important that the voices of local people were heard, started our discussions with local people and later spoke with key personnel who worked and/or had an involvement in the area. These early discussions informed our decisions on how to take the research forward.

2. *Three 'launches' of the Research Project, under the Team's title of 'Listen Hear: The Right to be Heard'.*

These were carried out in three areas of Bacup in December 2002 (a social club), March 2003 (a community primary school) and May 2003 (a leisure hall). The last launch was deliberately planned, (with other local people, professionals and workers), to coincide with Deaf Awareness Week. As well as disseminating information about the project it was planned to raise awareness of the difficulties for families in accessing further audiology assessment when such additional assessment had been identified following the standard assessment of young children. (By the time of the third launch it became clear that local people had a much clearer knowledge of the research project as well as the Sure Start Programme).

In promoting the launches we contacted statutory agencies, voluntary organisations and other workers in OL13. We also distributed flyers and posters and the Research Coordinator was interviewed on 2 occasions on local radio. Other radio stations also promoted the event. The local press were particularly helpful in promoting the launches (and other information that we wished to be publicised as wide as possible) and at two of the three events also published photographs of the events and a follow-up article.¹¹

3. *The initial questionnaire.*

The launches took the form of a family fun day and questionnaires were delivered by a group of young researchers (Tomorrow's People) from the area.¹² In completing this questionnaire some parents/carers chose to self-

¹¹ In terms of the involvement of the media, and particularly the local press, it is often overlooked how important they can be in terms of ensuring as wide a dissemination of information as possible. It is important that there is an accuracy in reportage and our experience in the area demonstrated a willingness by the local press to promote events and services that could benefit the community.

¹² Information about the identification and recruitment of your researchers (within the philosophy of Participatory Appraisal can be obtained from the author. Details of their recruitment, training and increasing involvement in research are the subject of other reports/articles. It is worth noting that under certain criteria they would be identified as hard-to-reach individuals; their enthusiasm and commitment to this (and other) projects did facilitate access to parents/carers who might not otherwise have been part of the project.

complete whilst others preferred the young researcher to complete the form with them. We did not target those families where there was a special need but attempted to interview all the carers who attended the launches. Workers who attended the launches also completed evaluation forms, as did the Research Team and young researchers.

The questionnaire was short and straightforward although there was the opportunity to add further comments if the interviewee wished to do so. It contained some questions that required carers to give a rating (1-5). Other questions were more open-ended, inviting interviewees to contribute as little or as much as they wanted.

Interviewees were asked to give personal details about themselves and their children, but were not required to give their name and address (this was optional). They were also asked to indicate if they were willing to take part in further aspects of the research (eg semi-structured, longer interview and/or focus group).

In developing the questionnaire and distributing it in this way we were aiming for the following:

- I. To collect information from a wide range of parents about what they perceived as positive for them and their families about living in OL13.
- II. To assess parents' views about current resources and support services available to assist them in their parenting role.
- III. To assess parents' views about what additional resources and/or information would enhance their and their family's well-being.

A total of 242 questionnaires were completed at the launches, a response rate in excess of 90% (some questionnaires were discarded because some parents attended more than one launch; occasionally, a professional who did not live in the area completed a questionnaire; a few parents who lived outside OL13 completed the questionnaire).

Occasionally, parents asked if they could take the questionnaire home so that they could complete them more comprehensively. (After the first launch we ensured that we had SAEs with us). In these instances (a total of 11) all were returned. Some adults who accompanied children who were not their own asked if they could take a questionnaire for the parent/carer of the child (a total of 17). 14 of these were returned.

4. *Semi-structured, in-depth interviews:*

More than 40% of those completing the questionnaires at the launches indicated that they would be willing to take part in a more in-depth interview lasting approximately 1 hour. However, difficulties were encountered when attempting to arrange such interviews. In the event, 24 interviews were undertaken. These interviewees were identified from the launches, by contact with workers in the area and by contact being initiated by a parent/carer who had agreed to take part in this aspect of the project.

When confirming appointments with parents (usually in writing) a brief explanation of the project was given, what was expected of them (eg how long the interview would last), issues of confidentiality and their access to the interview notes after they had been transcribed. These points were reiterated before the interview started. Each interview last about an hour although in 3 instances the interview was longer, primarily due to the fact that issues had been raised for the respondent and these needed to be addressed.

It was at this stage of the project that it became clear that some parents did not perceive their child as having a special need although the child would meet the criteria of 'special need' as defined by the Research Team. Some of these children presented with particularly challenging behaviours that impacted on the parent/carer and family. In other cases it was apparent that other family members who were experiencing problems (eg mental ill-health, substance misuse) impacted to a significant degree on the child/ren of the family. A number of parents/carers also had other caring responsibilities, most usually in relation to their parents or elderly relatives.

At the end of each interview parents were given the name and details of the researchers as well as the details of the research co-ordinator. The intention was to offer support should the interview had raised unresolved issues for the parent/carer as well as their having the opportunity to add further comments should they so wish. 1 parent subsequently contacted the research coordinator later.

5. *The views of young children:*

At the launches we endeavoured to use methods that would give us insight into how children experienced the events, what they enjoyed and what they valued. We also ensured, as far as possible, that if young children were present when the longer interviews were taking place their views were recorded.

Of particular interest was that at the first launch on 14 December 2003, no child asked why there wasn't a Father Xmas (although a minority of the adults did). The Committee and Steward of the Social Club where the first launch was held learned that if children had activities to pursue they were far less likely to become bored and a nuisance to other customers.

6. *Focus Groups:*

Parents had little understanding of what a 'focus group' was and what attending such groups involved. Even after an explanation was given there remained a high level of unwillingness to get involved. We found that the best way forward was to ask a parent (usually one who had taken part in the semi-structured interview) to contact parents in a similar situation. We also took the opportunity to talk to groups of parents at school gates. In the event, there were 5 informal meetings that lasted anything from 30 minutes to an hour. There was no intention to invite parents with particular characteristics (eg gender, age) other than they cared for a child who was 4 or under.

When talking with these groups we had certain aims in mind:

- We believed the presence of other parents might make it easier for more reluctant parents to talk with us.
- Alerted by some of the semi-structured interviews, we wanted to try and identify what parents considered to be a 'special need' and what action they might take.
- In parenting their child/ren, we wanted to know what had 'worked' for them in raising their child/ren. In the event, the individual, semi-structured interviewed proved to be more useful with this than the focus groups.
- Similarly, to the semi-structured questionnaire, we attempted to elicit from parents suggestions that would improve their families' well-being; parents were asked to imagine from their own experience what it would have been useful to have had access to, in what form and when, to assist them in their parenting roles.

Whilst there was a degree of suspicion and scepticism ('We've heard all this before and nothing happens') when this has been overcome there was a clear desire and genuine commitment by parents and carers to make their views and experiences known. Being with other parents (in all but one group these were mothers; 1 group had a father involved in the discussion) in some instances seemed to give parents permission and confidence to speak out. One of the difficulties encountered (and one that occurred in the individual semi-structured interviews) was to keep the parent on track ie to addressing the needs of the child who was 4 or under; many parents wanted to discuss other issues, in particular, lack of facilities for older children and their concerns about the older children 'going off the rails'. These concerns were often relevant to the study particularly if an older

***child was experiencing difficulties that impacted on the rest of the family.*¹³**

7. Older children: contribution to the research project.

Older children of the family often wanted to contribute and these contributions proved to be valuable. For example, adolescents in the families were concerned that their younger siblings could become involved in illicit drug use and were less likely to see it as a problem for 'other' children/young people (as their parents were more likely to). The vast majority of older children wanted to make it known that there were no or limited local resources for children and young people in certain areas (eg Britannia Village, Weir). Where there were resources they were unclear or reluctant to access them.

Representativeness of the samples:

Given the means of data collection, the sample of 242 parents (other parents often spoke about their concerns about their child/ren when in different settings. For instance, when the names for the petition regarding relocation of audiology services were being collected) could be said to be random but it could not be said to fulfil the requirements of a strict sampling framework. However, the sample was a purposive one in that we successfully engaged with a number of families who are often described as 'hard-to-reach'. By organising 'Fun Days' and putting on events for children we believed that families were more open to attend; one of our concerns was to try and take the mystery out of research and to emphasise that their views were important (thus the choice of the name of the project *Listen Hear: The Right To Be Heard*). The media, too, played an important and not inconsiderable role in trying to ensure we reached as many parents as possible.

Selection of the sample to take part in a semi-structured interview emanated from the initial contact at the launches: a small number were suggested by the respondents and some were suggested by professionals and/or agencies working in the area.

¹³ When concerns did arise in relation to another child in the family who did not fit the age criteria we offered advice and information on how this could be addressed (eg discussion with GP). We also passed on concerns about lack of provision for young people and the Research Coordinator had a meeting with a senior manager of the Youth Service and local councillors to attempt to raise these types of issues. There has been some limited success in that one particular area now has 2 detached youth workers. The Team did have a Child Protection Policy in place and this was discussed and consolidated at Team Meetings and Training. We did not, during the life of the project, have to put this in place.

Geographical distribution of the sample

85% of respondents who attended the launches supplied a contact address. Although we endeavoured to ensure that all the launches were accessible, parents living close to each venue were more likely to attend. The Leisure Hall event did attract a more diverse population but, again, the majority of those attending did live relatively close to the Hall. Parents who attended one of the launches often attended the others.

When identifying those carers with whom we intended to carry out the semi-structured interview we attempted to take into consideration whether they lived. However, as a number of parents did not respond to our request for such an interview (see above) this intent was undermined. We are therefore aware that certain villages in OL13 were under-represented.

Female/male parents and carers

If respondents were not the main carer of the child/ren, we asked that they indicate their relationship to the child/ren. Respondents were asked to indicate whether they were male or female. 88% of the respondents were women.

The majority of respondents in relation to the semi-structured interview were women, though less marked than the questionnaires at the launches. 70% female and 30% male. We did attempt to take into account working arrangements and to be as flexible as possible (often visiting in the evenings or weekends).

Ethnicity

Despite the geographical proximity to areas of ethnic diversity, OL13 has a very small population of people from ethnic minorities – 0.1% (OPCS). All the respondents would describe themselves as white and British.

Children

Although there was a question in relation to special needs/disability on the questionnaire completed at the launches only 9 respondents indicated that their child/ren could be said to have a special need. However, the semi-structured questionnaire did highlight a number of children about whom parents had a concern (about 15 children). In other situations when discussing a child it was apparent that a family might benefit from appropriate support: in these situations parents often described the child as ‘going through a phase’ and were reluctant to approach service providers. The most frequent matters raised were in relation to inappropriate and/or

challenging behaviour, physical and intellectual development, and emotional problems.

The use of IT in data collection, analysis and comparison with other research projects:

In this type of research project, the Internet and thus access to a wide range of resources comes into its own!! Whilst there has to be an awareness of how valuable, or not, other research projects' findings are, those that can be assessed as reliable and verifiable can offer insights into areas that might not otherwise be considered. For instance, up-to-date printed information about Participatory Appraisal and access to projects overseas were readily available through the use of the Internet. In addition, contact with other researchers can offer alternative insights. Those sites that offer regular and frequent updates of government policies and those highlighting new initiatives and ways of thinking are of particular interest and value. It was of interest, too, to discover that CBeebies (TV programmes for pre-schoolers) is linked to the National Sure Start site!

Working with those workers and families/residents who had Internet access, especially email, was also faster and more reliable than had been the researchers' previous experienced. For instance, appointments could be quickly arranged and confirmed. This was particularly noticeable when involved in the audiology campaign not only in terms of accessing relevant legislation that influenced decisions about locally-based services but also in being able to contact those involved in collecting petitions quickly in order to get a sense of how the campaign was progressing. We found email contact particularly useful when involved with adults or young people with a hearing loss.

Unfortunately, some main agencies had not been 'wired' for PC/IT use and this proved frustrating – ensuring, for instance, that workers were kept informed of any developments by snail mail often meant that the critical period had passed before workers were aware of developments.

Internet access etc, similarly to other form of IT, was also, in some agencies, more prone to system failure etc. This could prove difficult if the problem was not immediately identified; related to this was systems that were infected by viruses. We found the 'blame it on the computer' syndrome frustrating and likely to reinforce

those stereotypes and myths held by computer-phobic people. Similarly, emails that were filtered through the management team could also cause misunderstandings as there were problems in identifying whether the relevant document/s had been received or not.

The use of mobile phones, especially the text messaging service, proved useful in coordinating activities, particularly with the young researchers who were adept at using mobile phones in this way. There were problems about 'credit' but these were readily overcome. Whilst a high number of the young researchers were 'computer phobic' (only one was taking IT as a GCSE) their use of mobile phones was particularly sophisticated and useful. Carrying a mobile phone also reassured fieldworkers when conducting surveys or the in-depth questionnaire interviews.

CONCLUSION:

As developments within Sure Start Programmes are dynamic and change can be fast-moving, we would strongly recommend that agencies are geared up to make the best use of the services of IT and the advantages offered. Issues of security are, of course, a matter of concern but all major systems consider such matters as integral to any developments in the use of IT. Part of my work with the young researchers has been to attempt to lessen their reluctance and fear of IT and this, to a degree, has been successful.

The number of questionnaire returns from the launches/fun days, information from the semi-structured questionnaires completed at longer interviews together with information from focus groups and information from discussions with workers in the area have been combined to provide a view of children with special needs that is both general and specific and harnesses trends as well as details of experience. In the following chapters, key results are presented thematically and analyses from the different sources of data are incorporated to build a representation of the situation in OL13.

Executive Summary

Introduction:

This summary takes an overview of the findings of the research project and highlights some of the major findings with regard to identifying and meeting the needs of children in the Bacup and Stacksteads Sure Start area, OL13. It does not summarise in any detail all of the findings – these are available in the chapters and sections that follow this summary. In compiling this summary, we attempted to step back from the findings and posed two questions:

- What are the most important things we have learned?
- How will this learning influence the development and implementation of services and ensure that parents and children are supported and listened to?

1. WHAT HELPS PARENTS?

We looked closely at how parents themselves thought about parenting their child, how they defined their needs and strengths, and what they identified as the most valuable resources that would enhance their skills and capabilities and impact positively not only on the child but on the family as a whole.

The analysis of the findings from this research highlights a three dimensional model of good practice:

- Short directories of local services and support networks, which are regularly updated.
- More in-depth and informative booklets covering local and national services.
- Support from locally based facilitators or key workers to guide parents through the information and to offer support and guidance, particularly at times of crisis, key changes (eg appropriate child care and/or nursery) or family disharmony.

2. INTER-AGENCY WORKING AND COOPERATION:

In order to work effectively to ensure the best possible services and intervention for children and their families it is vital that workers and agencies work together. We found good examples of inter-agency working but also difficulties and misunderstandings with regard to, for example, confidentiality, and its limits. We believe that the DPA (1998) and HRA (1998) were often invoked inappropriately and in such a way as to impede open and relevant information sharing. We also found that workers were not always aware of the differing responsibilities and priorities of colleagues in other disciplines. We would therefore recommend:

- Team building and team training to include the workers from various agencies; we see this as a forum for highlighting potential restraints on inter-agency working; to identify individual strengths and ways they can be shared and the opportunity for workers to form alliances across disciplines.
- Integral to this, too, is the availability of good and regular supervision (which might also be across agencies); staff awareness of the model of supervision employed; an awareness of the difference between ‘being supervised’ and ‘supervision’. We believe it would be useful to explore the opportunity to engage in group supervision.

3. CHILDREN’S EMOTIONAL AND BEHAVIOURAL WELL-BEING:

The impetus for this ‘stand alone’ chapter arose because a) of the recognition that emotional and behaviour problems are the most common cause of disability in childhood (Bone and Meltzer, 1978) and there is clear evidence that whilst, in general, children’s physical health and well being in the UK has improved over the last 50 years, there has been a significant increase in referrals related to mental ill-health: and b) workers whose focus was on working with adult members of families expressed their concerns about the emotional welfare of the children.

We would recommend:

- A recognition of the factors to bear in mind when intervening in families, which include the fact that many children have emotional and behavioural problems which require a social and educational solution rather than a health intervention.
- A knowledge of the risk and protective factors that are known to affect emotional and behavioural well-being (included in this report) will highlight ways in which Sure Start can intervene to alleviate difficulties when they arise.
- Before any intervention is considered, that workers are aware of the principles of intervention. These include respecting the rights and needs of clients which include:
 - That advice be available at an early stage;
 - That their views are heard and respected and that their agreement is sought in the process of assessment and care;
 - That they are guaranteed confidentiality within relevant legal constraints;
 - That they are able to participate in interventions which are open, visible and clear;
 - That they receive feedback and the opportunity to comment;
 - That they are treated in a manner which affirms the rights and responsibilities of parents;
 - That they receive interventions from workers that are sensitive to the issues of discrimination and the variety of forms they can take;
 - That the worker is competent to undertake the intervention.

3. WHAT WORKS – PREVENTION PROJECTS:

A review of the research literature indicates what has been identified as ‘working’ in terms of intervention as well as what looks ‘promising’. Much of this research comes from the US that has a tradition of systematic programme evaluation but the UK (for example, Sure Start) is developing a similar tradition. We explored some of these interventions with parents to ascertain their views. The following projects have been included in this report:

- Perinatal home visiting, eg where the interventions are matched to the needs of the parent(s)/child are more successful than standardised programmes.
- Working with fathers: whilst it is acknowledged nationally that father involvement is not straightforward, the presentation by young men (members of Tomorrow’s People, a group of ‘young researchers’ from Britannia, recruited by the research team) gave some indication of a willingness by younger males to engage in fathers’ groups. Qualities they identified as wanting to develop included: listening to their children, talking ‘with’ them, rather than ‘at’ them. We believe that if discussion of such issues is raised in schools or youth service provision fathers will more readily engage in groups in the future.
- High quality pre-school programmes and Targeted pre-school programmes: Pre-school home visits with an education focus: Home visiting by volunteers; teaching nursery-aged children interpersonal problem solving;

We would recommend:

- **The presentation of a project is crucial. Projects need to be non--stigmatising and meet the needs as seen by the parent/young person at the particular life-cycle stage.**
- Projects that involve young parents in educational programmes to improve their child's start at school may have better outcomes than projects that try to improve their parenting skills.
- Some of the most needy parents will not/cannot go out to projects. They need to be seen at home.

- Fathers are important but we have a lot more to learn about how best to involve them.
- **It may be easier to change a primary school child's behaviour than an adolescent's. It may be easier to change a child or adolescent's behaviour than that of their parents.**
- At different times parents, children and young people are more 'open' or 'closed' to interventions. Interventions at times of transition e.g. becoming a parent, are usually more successful.
- Information is not enough.... parents also need relevant strategies and skills. For children, learning to problem-solve, to plan and learning skills and strategies for managing social relationships are also important.
- Telephone help-lines provide a useful service.

4. PARENTING IS THE SAME AND DIFFERENT:

Parents see the parenting of a child with special needs as requiring both similar and different skills rather than as essentially the same or radically different. We found that it was important that workers recognised that parents know their child best and this should be taken into account in decision-making. However, there is still the enduring need for expert knowledge and intervention and professional help, advice and support was consistently rated highly for parents with whom we spoke.

We would recommend that:

- *Information is readily and easily accessible for parents;*
- *Parents are helped to access and negotiate their way through this information, especially at key stages in their child's life and development.*
- *A key-worker role is put in place to support parents and that parents have a say in who this person is.*
- *Workers recognise the additional roles that parents take on eg educator, therapist and offer support in these roles or the opportunity for parents to be 'just parents'.*
- *Parents are helped to develop the skills and characteristics they identify as necessary to raising their child: for instance, patience and perseverance, assertiveness, becoming more articulate, tolerating uncertainty, learning to take control and a positive attitude.*
- *Parents are helped to address their feelings of isolation and separateness and there is an acknowledgement of these feelings from workers.*
- *Forums are created whereby parents can meet together to share information and create their own support networks. Whilst there is clear value in such forums/groups being disability related, many of the factors identified by parents in terms of support they welcomed could be generic.*
- *It is acknowledged that parents have a great deal to offer to other parents and services alike and a great desire to share their joys and concerns.*

5. *PEOPLE MAKE A DIFFERENCE*

Throughout this report, we have referred to the importance and significance of people in the lives of children and families. An outstanding member of staff can have an enormous impact on the life of a disabled child and his or her family.

We would recommend:

- *Good interpersonal and communication skills are critically important. There needs to be training and support to enhance and consolidate such skills.*
- *In some instances, there is a need for practical and technical skills and agencies may need to audit what skills staff have in this area and how deficits can be managed.*
- *Agencies tackle recruitment and retention difficulties and enable staff to share their skills and strengths with others.*
- *As indicated in earlier section of this study, the opportunity to work across disciplines and forums whereby different disciplines could share their experiences and expertise.*
- *Similarly, the need for regular, formal and informal supervision that may cross disciplines.*
- *That staff are alerted to the changes in legislation, policies and procedures that directly influence their work and offer guidance and direction in terms of the advantages and limits to inter-agency working. In particular, we found misunderstandings around the implementation of the DPA, 1998, HRA 1998 and Health and Social Care Act, 2001.*

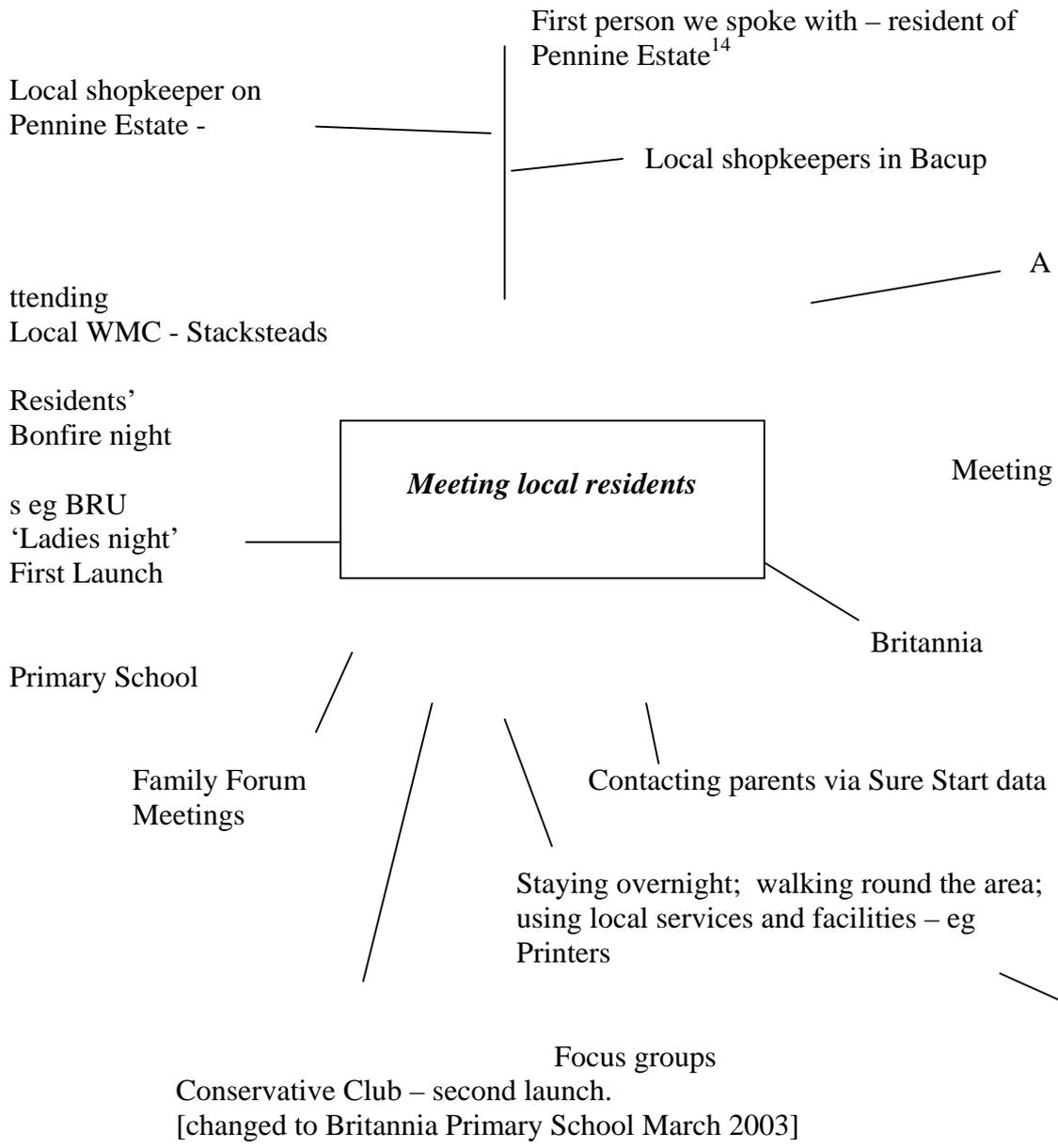
6. *CASE STUDY: THE AUDIOLOGY 'CAMPAIGN':*

The case study is an outline of the work involved in raising the issue of the difficulty for local families to access further audiology assessment following a child being tested at standard assessment.

Although the case study does not include all the stages in the campaign, it does highlight the value of professionals, voluntary and statutory organisations, independent organisations, local people, including young people, and the local press working together to improve the provision of services and thus quality of life for all residents in the OL13 area.

MOD0204

How do we get there?



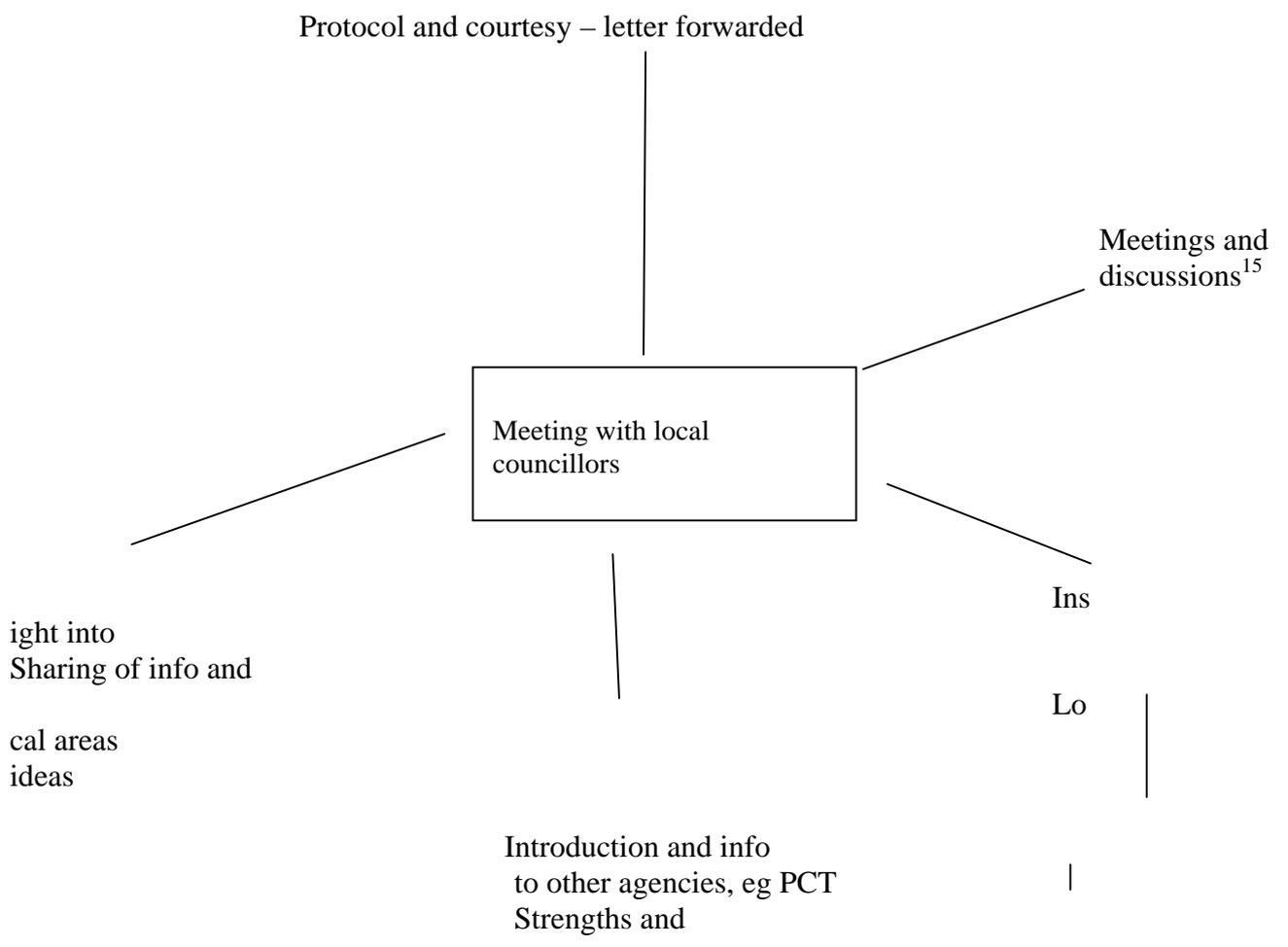
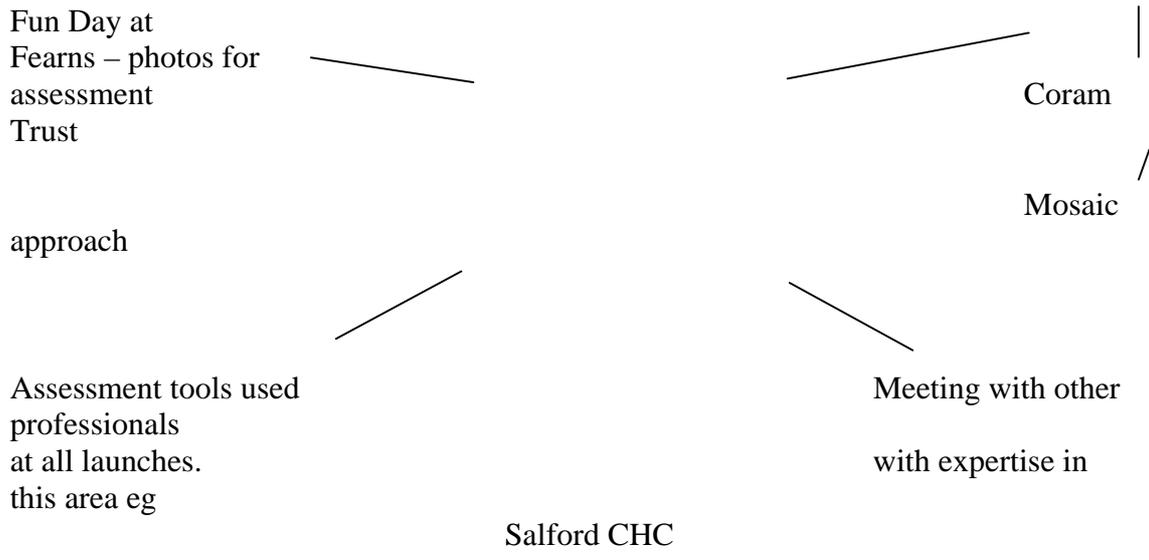
with other Contact

hers research

Assessing the views of children and young people

¹⁴ Two lengthy sessions which were discussions with an indication of what was on reading what would be included but not be included. This is a particular egalitarian – but has not happened to me in previous research projects!!

nts received a copy of our ent initially had no problems Negotiated what could/could arch and the attempts to be



¹⁵ Individual local councillors proved to be particularly helpful and relationships were built on and consolidated throughout the project

Vol Groups and individuals
concerns

Meeting with young people

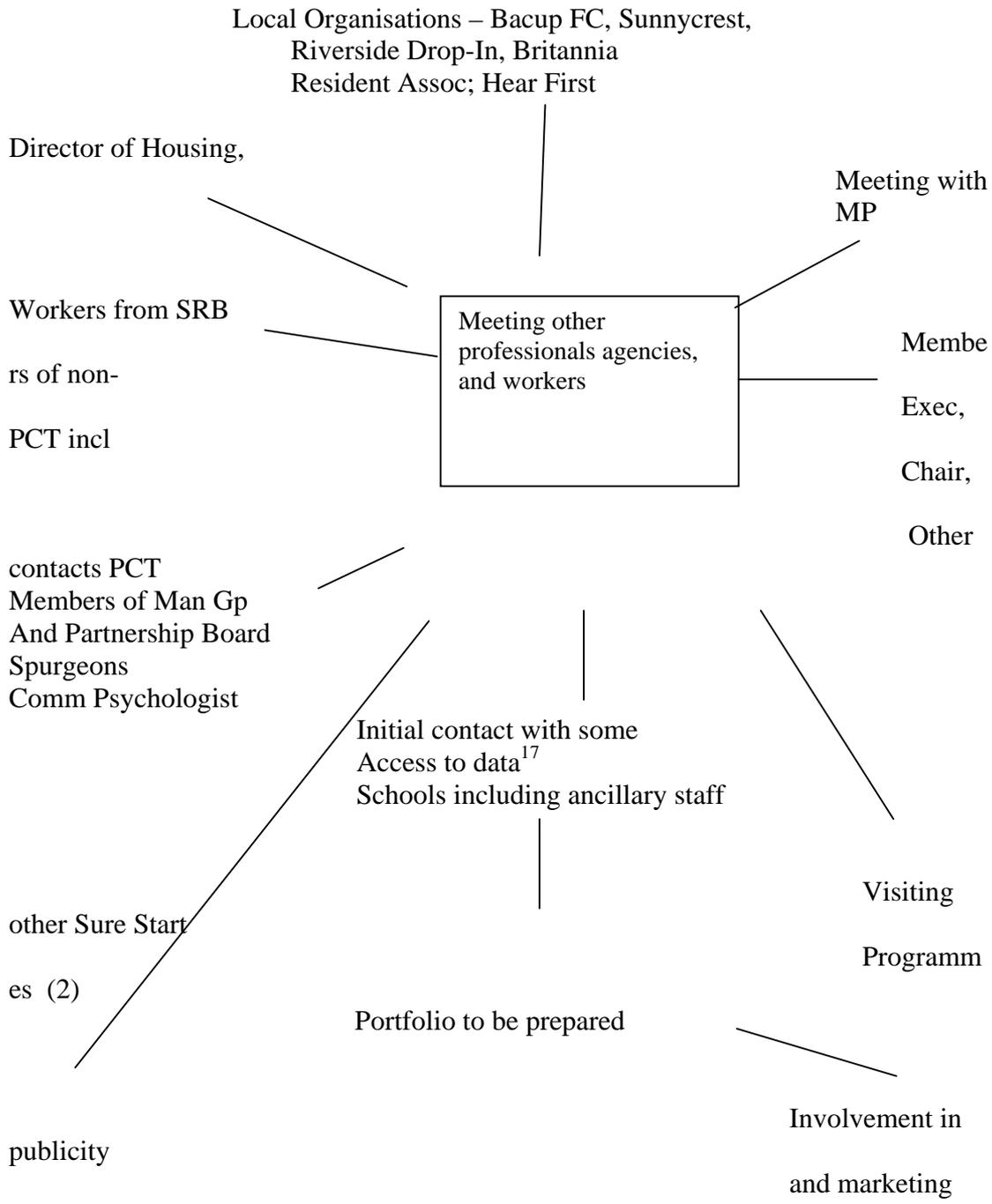
Identifying facilities – assistance with the project

Developed into team of Young Researchers (Tomorrow's

In line with principles of Participatory Appraisal (PA)

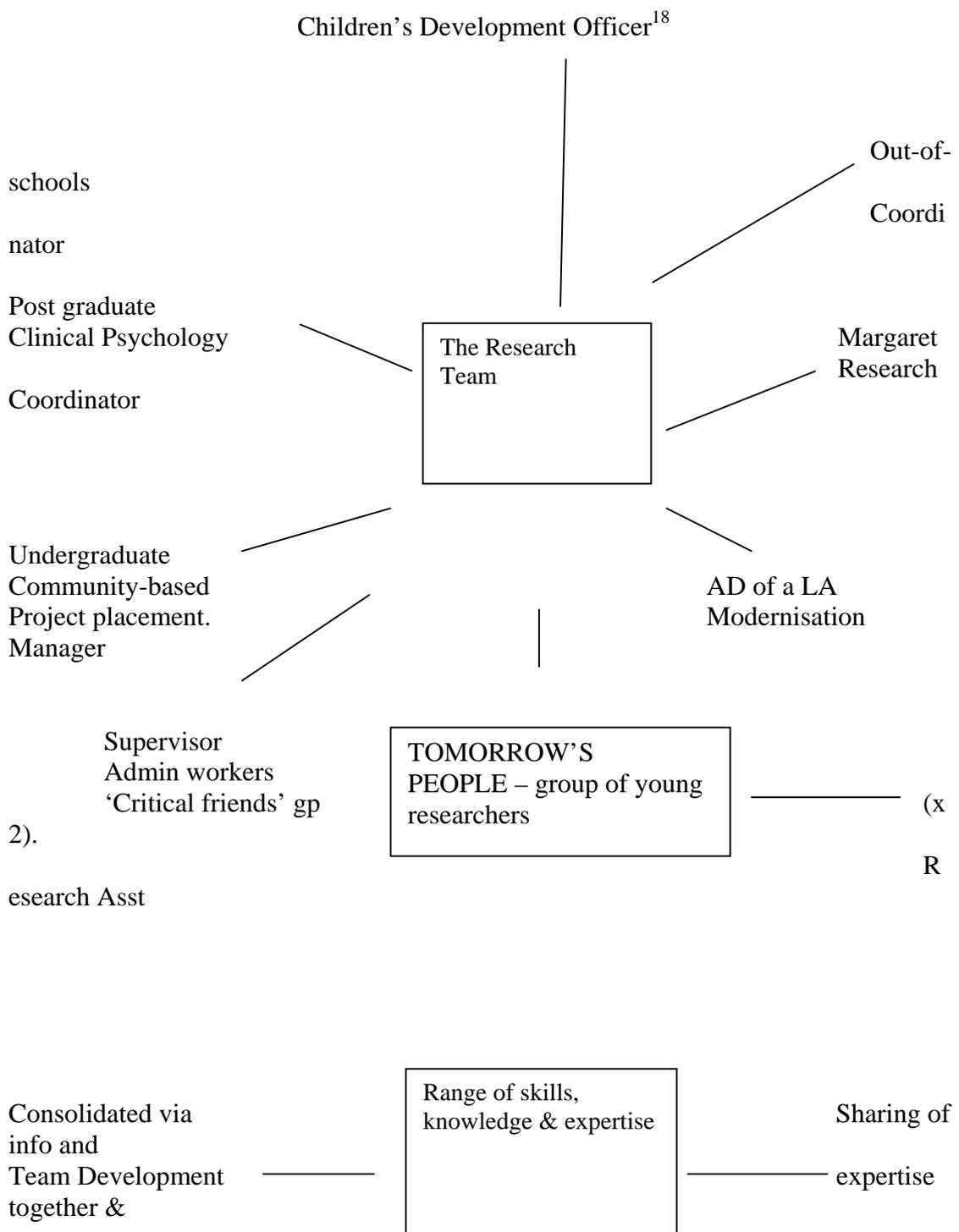
People)¹⁶

¹⁶ Document on how this group started and developed and current situation available from author.



- Professional Manager, Health Visitors
- Health visitors
- Early Years Team
- Register of disabled children
- Probation and Governors
- Community Beat Officer
- Citizens Advice Bureau

¹⁷ See discussion in body of report. Notes from 2 Conferences attended in London re: sharing of info, legislation that impacts on this and requirements of researchers available from author.



¹⁸ Left the project after a few months because of other commitments. 2 other researchers, because of work commitments, were unable to give the time they had originally committed themselves to.

Staff Meetings
others
Supervision

with



Ethos of 'respect';
Working from 'strengths'
Principles of 'inclusion' and
'cohesion'

LAUNCHES:

First launch: WMC.

Saturday 14 Dec from 1 pm; Rosemount

(Information given to Management Group and Partnership Board).

Second Launch:

Britannia Community Primary School. March 2003

Proposed Further Meetings:

Britannia School.

Coffee mornings – information sharing, keeping everyone up-to-date.

Third Launch May 2003

Bacup Leisure Hall; Deaf Awareness Week:

Research Matters:

Timescale of Research:

See attached sheets – revised after staff discussion.

Further revised following staff illness and presentation notes prepared for Board Nov 2003. Presentation cancelled although notes forwarded (of necessity these notes were selective given the time allocated for the presentation).

Currently working to attain:

- Data held by other agencies re: numbers of identified children 4 and under with ‘special needs’.
- Developing publicity that reflects respect and inclusion.
- Involving local residents, people in the area and professionals in exchange of information.
- A philosophy that reflects ‘joined-up’ working. Passing on relevant info to appropriate agencies and individuals.

Survey:

- Preliminary survey – pilot study
- Main survey – ‘snapshot’

Qualitative methods

Attempt to identify and evaluate ‘meaning’

Analysis and dissemination

Keeping everyone in the picture. Ongoing.

Evaluation of project

Ongoing and final analysis (July/August 2003). *Extended to October/November 2003 because of illness.*

Final analysis:

Report for Partnership Board in August 2003: *Cancelled because of illness (see above).*

MOD: edited: 181102/221102/Jan 04

PARENTING:

IS IT THE SAME OR DIFFERENT?

An issue that arose during early informal discussions with parents and workers was how parenting a child with special needs can be the same or different to parenting any child. There appeared to be a tension between a) the experiences of parenting a child with special needs as one that is similar to the experience of parenting any child (although the means and processes may be different) and b) the experience of parenting a child with special needs as one that demanded special skills that are directly related to the nature of the disability rather than parenting a child per se.

In some cases, particularly where a child has been identified as having a severe disability, these special skills and different experiences can become the definition of parenting to the exclusion of those aspects of the experience that might be considered usual in raising any child. During the in-depth interviews, whereby we attempted to access what meaning parenting a child had for respondents we asked parents to explore how their experience of parenting a child with special needs was similar or not to parenting any child.

In general most of the respondents recognised both similarities and differences in the skills required to parent the child with special needs. We explored what different factors might affect this attitude. For example, we considered the child's place in the family and wondered if previous child-rearing experiences had an impact on the parental attitude to the child with special needs; or if the child with special needs was the first-born. From an analysis of the responses there is an indication that pre-existing child rearing experiences, or lack of them, had little influence on parental attitudes towards parenting a child with special needs. This was anticipated as the majority of families involved in the project had a child with special needs who was assessed as being in the mild-moderate range of special needs. There was a marked difference in relation to those very few families where the child had a severe disability, or disabilities, where parenting the child was perceived as significantly different to parenting any child.

ACCESSING INFORMATION:

One of the ways in which parenting was experienced as different was in relation to information and the need for it to be specifically directed towards the identified

disability. This is not as straightforward as might be assumed especially if there is some doubt about the nature of, for instance, a child's learning disability. Parents were often not clear as to whether a child's overt emotional and behavioural problems pre-existed the identified learning disability or whether the learning disability led to the emotional and behavioural problems a child displayed.

Parents thought there was a dearth of information available, even of a more generic kind, and when it was it was often inadequate. In addition, the language used by professionals was often difficult to comprehend, for instance,

“Of course he will have to be statemented”,

without any explanation of what this meant or involved or whether it was a good or bad thing. Parents often felt unable or unwilling to ask for further clarification partly because they believed they were not assertive or confident enough (although some parents believed this had changed as the child had become older and/or they had acquired more information so they felt more able to question decisions about their child).

Some parents, because of inadequate information, became actively involved in finding out about their child's condition themselves. A range of emotions including anger and desperation often triggered this 'seeking out'. Other parents joined support organisations as a way of finding out more information and, in the long term, saw themselves as being able to help other parents who were in a similar situation. There was a general sense of information being 'grabbed' or picked up when and where they could. Both through support organisations and in other situations parents often picked up relevant information via other parents in a similar situation to themselves. Parents commented that information collected in this way often proved to be invaluable and were angry that it wasn't provided routinely or easily accessed. They expressed anger and resentment about the haphazard manner in which they accessed information instead of being guided through it. They also expressed concern that they might make or have made decisions about their child without having all the relevant information.

In those situations where professionals did provide relevant information there were still some instances where parents had to plough through it themselves – professionals seemed to think they had done their job in providing the information. In these circumstances parents were often confused as to why it was being proffered and were

unclear as to its significance. One parent suggested that a 'key-worker' be provided, someone who could alleviate the isolation and frustration she had experienced,

"I know about the problems with resources but a phone number of someone who could offer us some direction and help us sort things out. We had to find out most of the stuff ourselves and we weren't always sure whether it was accurate or how important it was."

In summary, for a majority of parents, the experience of inadequate or difficult to access information was an enduring aspect of their parenting experience. In retrospect, some parents felt guilty that they had not been assertive enough in the early days of diagnosis or pre-diagnosis. However, for those who had, there was a certain sense of pride in their achievements, what they had succeeded in finding out for themselves, and the decisions they had subsequently taken. But even in these instances there was a sense of regret, and some anger, that they ever had to engage in this information seeking in the first place. They frequently expressed a hope for better support and information for other parents in the future and saw their involvement in support groups (and this research project) as a way of contributing to facilitating change.

ADDITIONAL ROLES:

Parents also talked about the variety of semi-professional roles they adopted, as well as just being parents, because they were parents of a child with special needs. They had been told, or come to assume, that the amount of attention, time and work that they put into their children to support, for example, intellectual or physical development, was a key factor in their child's leading a full and rounded life. Such additional roles could create unexpected problems and pressures within the family that they then had to find strategies to cope with. Some parents felt under tremendous pressure. The source of this pressure was often the sense that they were responsible for how well or not their children succeeded in life. For those parents in the early stages of bringing up a child with special needs, this sense of responsibility bordered on fear. There was also a sense of guilt from some parents (especially if there had been a delay in the child being diagnosed) for having failed to do enough.

"I should have insisted on a second opinion ... I had the right to ask for another opinion but I thought he [the GP] would think I was being neurotic or something."

However, for some parents this sense of responsibility did energise them into searching out information and resources. It appeared to be a key motivating factor in their ensuring the child's needs were met.

Parents did talk about how they wished, at times, they could just be a parent, rather than take on the other roles expected of them, such as teacher or physiotherapist. There was a degree of sadness when this aspect of caring for their child was discussed.

"Sometimes I think, I would just like to be a mum today." "Until Michelle was about 2 I was just her mum. Once she was diagnosed I had to take on these other roles in caring for her as well as be confident when talking with the doctors and consultants."

Many parents, who had more than one child, commented on the effects on brothers and sisters in the family, particularly if the nature of the disability required significant time, resources and energy. A small number did try and talk to their other children about the additional needs of their brother or sister; they hoped this would avoid resentment and jealousy. This approach was dependent on the severity of the disability and/or how the child may behave. Siblings reported that they didn't think they had noticed much difference when the child was younger but as s/he became older a few acknowledged that they had been embarrassed

because of the child with special needs's behaviour. Again, this was dependent on the severity of the disability and, particularly, how it could manifest in challenging behaviours. Some siblings, particularly those who were older, thought it would be helpful to talk with other young people in similar situations to themselves. They also indicated that they would like individual time with their parents. Whilst they might want to discuss their own problems with their parents they felt unable or unwilling to do so as they didn't want to further burden them. When asked whom they might talk to the most common person identified was a grandparent.

CONFLICTING PERCEPTIONS OF THE NEEDS OF THE CHILD WITH SPECIAL NEEDS:

Some parents had experienced difficulties in raising their child, generally in relation to discipline and boundary setting; this was particularly evident when the child exhibited challenging behaviour of a destructive or aggressive nature. This was often exacerbated when the parent (most usually the mother) and partner disagreed about how to manage such behaviours and were inconsistent. Fathers tended to be less involved with the child and were more indulgent.

“He leaves it all down to me and has an ‘anything for a quiet life’ view. He doesn’t have to cope all day and just wants peace and quiet when he’s at home.”

On the other hand, fathers could be more punitive in the sense of ascribing the child's poor behaviour to 'naughtiness' rather than there might be a problem. For instance, a mother described her husband's view of her son before he was diagnosed as having a hearing loss.

“You could talk to John but he just didn’t respond. I tried talking to him on the left side and then on the right. He seemed to be able to hear on the right. My husband was convinced he was just being stubborn but I knew ... in the end, I was right. He did have a hearing loss.”

Where the sharing of parenting was more equally divided there was less discussion about inconsistency in management. Another parent, who regularly attended a support group, reflected on the fact that there was little disagreement between her and her partner over most major decisions and recognised that this was unusual given the accounts she had heard from other parents.

In summary, for parents in this study, the additional and different roles they found themselves taking on as parents of disabled children created a range of pressures both on themselves and within their families. Dealing with their own emotions and those of their partners and other children were commonplace consequences of the extra time and attention they found themselves having to give to their disabled children. The task was a dual one – that of managing their own internal relationship with the decisions they made/actions they took, as well as managing external relationships in the family.

OTHER CHARACTERISTICS IDENTIFIED AS BEING NECESSARY IN THE RAISING OF A CHILD WITH SPECIAL NEEDS:

Parents identified certain characteristics that were necessary in parenting a child with special needs. These were remarkably consistent between the different individuals interviewed and came to light in the in-depth interview and were explored further in the interview. Parents considered the following characteristics as essential in their parenting role and recognised that they needed to foster these characteristics.

- Patience and perseverance: not all the parents were patient by nature but they described the necessity of being so to ensure the best outcome for their child.
- Assertiveness: This skill did not come naturally for many parents and they were concerned that an assertive stance might be seen as aggressive. However, they also recognised that they needed to be assertive to get what they wanted for their child.

“I kept going back to the doctor’s because I knew he was in pain with his ears. In view of his other major problems the doctor clearly thought I was being over-anxious and making a mountain out of a molehill. In the end, after I had changed our doctor, the new one agreed that there was a problem. He now has a bad hearing loss and I reckon it wouldn’t have been so bad if I’d been more assertive with the first doctor.”

In common with many other parents, (regardless of whether the child had a disability or not) the impetus to develop assertiveness skills was often the needs of the child rather than their own needs. Parents’ perceptions of acquiring assertiveness skills varied. Some were proud of their achievement especially if they felt they had gained recognition of their child’s needs because of it. Others felt some resentment that they had to act this way adding that if support services were more available or accessible they wouldn’t have to have developed this approach. It seemed to me that parents often confused assertiveness with aggression.

- Becoming more articulate: many parents talked about learning to be more articulate and identified 2 main motivators for this development – dealing with professionals and dealing with the public. Parents discovered that they had to learn the language professionals used in order to understand them and to be understood. In relation to the public, this skill was found to be necessary when they were forced to respond to hurtful and unfeeling comments.
- Tolerating uncertainty: In different ways, parents described the experience of living with the unknown. This was not just about lack of information, it was also about not being sure what the next steps would be for their child developmentally or what the next problems might be. For others, it was in seeking answers to perceived problems that uncertainty was created. For instance, when considering the child entering school and what would be offered in terms of support. Some parents had considered themselves confident people but found this self-perception challenged by having a child with special needs and to be replaced with feelings of uncertainty.

- Learning to take control: Many parents described experiences in which they had to learn to make decisions that suited *them* – even if it seemed against professionals’ advice, or even their own previous judgement. This did not come naturally to many parents but was something that they learned to do:

"...your child might not fit into that criteria, so I think you have got to be very strong actually."

- Becoming brave: Parents gave a range of examples of situations where they felt they had had to be brave, and face fears and new experiences that were not comfortable for them, but they were prepared to try for the sake of their child:

"[I] remember one particular time that I really felt that I was really having to be brave...I took him to a pre-school group in fact ... I was nervous that he wouldn't be accepted especially as he could be aggressive. It was really difficult to walk through the door but I did it. And I did it on my own."

- A positive attitude: Many parents thought it important to be hopeful for their children as well as having high expectations of what their children could potentially achieve. Parents felt it important to have this philosophy in challenging the more negative messages that they received from professionals. Other parents described the importance of being hopeful in the face of new experiences that created difficult emotions for them.

In describing these necessary characteristics, parents were often challenged in terms of how they had seen themselves before the child with special needs had been born. To some extent, this happens to all parents but for parents with a child with special needs the experience is more acute because they are so closely linked to the responsibility for the child’s optimum development.

THE PERCEPTION OF OTHERS:

All parents, to a greater or lesser degree, discussed the range of feelings they experienced when dealing with members of the public or, in some cases, friends and family members. A particular frustration was when they were offered inappropriate advice or the person held and expressed opinions that were hurtful. In relation to the latter, many parents coped by viewing it in terms of the ongoing ‘fight’ for their child. This, however, could lead to parents being resistant to making new friends and, to different degrees, withdrawing from their extended family.

Other parents did not think that their friends or family members understood what they were going through and subsequently felt and/or became isolated. Parents often felt particularly frustrated with regard to the perceptions of the grandparents,

“My dad would just change the subject if we talked about Paul’s difficulties. My mum kept repeating that it was just a phase he was going through. They both thought he would get better and everything would be OK.”

In summary, many parents believed that the attitude of others to their child was central to their experience of parenting. They had found that relationships that had pre-existed the birth of the child could not necessarily be counted on to remain the same and may have to be re-negotiated. The lack of understanding and, in some cases, rudeness of strangers was also a constant cause of stress. As a result parents could experience a potent sense of isolation.

THE OLDER CHILD

Overall, parents felt that parenting became easier as children matured developmentally. This was not to say that parenting was ‘easy’ or that problems disappeared (although their nature might change) but they stated that, in comparison with the early years, it was less difficult.

We were fortunate in being able to talk to parents of older children with special needs whereby they reflected on their parenting experience over this period. Undoubtedly these parents had a great deal to offer parents of younger children and were only too willing to share their experiences; of value was the way such parents could point out ‘short-cuts’ in terms of accessing services or appropriate professionals and/or voluntary bodies that could help parents of younger children. Such parents were also helpful in advising other parents of additional welfare benefits to which they would be entitled.

Parents of older children highlighted a number of points that they believe helped parenting become easier:

They talked of the significance of seeing positive outcomes for their children, often the result of their own commitment and hard work. They felt a sense of satisfaction, particularly when a child had exceeded early expectations.

“Things do change. I can rely on her more now as long as my instructions are clear. When she was little I could never leave her alone for a minute. I had to be in the room with her all the time. I had to follow her everywhere.”

Parents of older children also talked of being less physically drained as the child matured. This did not necessarily apply to the emotional demands of parenting a child with special needs.

They also talked of feeling more confident than they had in the early years. Often they had built up a working relationship with professionals and valued their experience being sought and acknowledged by other professionals (for instance, a parent talked about being asked to meet another parent of a young child with special needs and talk with her about her experiences). Seeing their older child become more confident as well as manage their behaviour was also a key feature in confirming their own confidence.

“I think he will calm down. I’m more positive about that. He’s learning all the time about what behaviour is acceptable and what isn’t though it can still be demanding and tiring to make him do something ...”

Additionally, in retrospect, parents commented that given the challenges they faced as the child matured and the decisions they needed to make, then the earlier issues looked much easier than they had at the time!

SECTION SUMMARY:

This section has described in many of parents' own words the most significant features of their experiences of parenting a child with special needs. The emotional honesty of those who took part was particularly striking, as was their expressed desire that other parents in a similar situation wouldn't have to 'jump through hoops' as they had had to do. This was a key feature in prompting them to take part in this project.

The key issues to emerge were:

- The experience of poor or hard to access information was an enduring aspect of the parenting experience.
- Whilst for some, such lack of information had been a source of motivation, for others it engendered guilt in retrospect that they had not known or done enough for their children.
- There was a strong sense of regret amongst parents that they had been forced into actively seeking out information or better information, instead of it being readily available.
- Parents were acutely aware of the range of other semi-professional roles they were expected to carry out in relation to their child with special needs eg educator, advocate, translator, therapist etc
- These extra roles created pressures. Some of these pressures were experienced internally eg whether as a parent they were committed enough to their children to effect the best developmental progress or not.
- Other pressures were external, and focussed on managing tensions within the family created by the extra time they gave to their children. As children grew older, and developmental differences between siblings became more apparent (especially in teenage years), parents found it harder to resolve conflicts in the family.
- Where partners were equally involved in responsibilities associated with raising a child with special needs (eg contact with professional services) there was likely to be more agreement about management of behaviour and boundary setting. Where this was not the case, there was more conflict.
- Parents described a range of characteristics that they felt they had taken on or had become more acute because they were useful in raising a child with special needs:

assertiveness, becoming brave, learning to take control, tolerating uncertainty, becoming more articulate, patience and perseverance, and a believing and ambitious attitude.

- Some parents were delighted to have discovered these characteristics and resources within themselves and they enhanced other aspects of their lives eg in the workplace. Others were more ambivalent about the personality changes that had been provoked, and regretted the need to become as assertive as they felt they had in order to get the services they wanted for their children.

- The key underlying questions provoked by these reflections on personality characteristics from parents were: how parents actually coped with such transitions in identity they experienced; and secondly, what of parents who are unable to take on such challenges to their pre-existing perceptions of identity?

- Dealing with thoughtless or uninformed opinions and attitudes from the general public or members of their own family created on-going challenges for parents. Many comments from ‘outsiders’ were experienced as hurtful, and relationships with family members often had to undergo renegotiation because they did not ‘understand’.

- Some parents experienced a potent sense of isolation and separateness, particularly in the early years, as they found their experience of the world after having a child with special needs to be different from those around them. These feelings were dependent on the nature and severity of the disability. Where the disability could be said to be mild-moderate parents felt that they could participate in the life of their community without too much of a problem.

- It was generally agreed that the experience of parenting a child with special needs did become easier (and less draining) as the child became older, although new challenges lay ahead. The willingness of those parents of older children to share their experiences and knowledge was eagerly welcomed and valued by parents of younger children.

PARENTS SUPPORTING EACH OTHER

One of the questions we asked parents was

‘If you were talking to another parent whose child had similar difficulties to your own, what are the most important things you would think it of value to share with them from your own experiences?’

We wanted the question to be as open as possible so as not to direct parents into a particular view or issues. It also gave parents the opportunity to reflect on their own experiences. Sometimes this proved to be an emotive experience for parents who felt they had not been given the opportunity to talk about how having a child with special needs had affected them at an emotional and psychological level. In line with the philosophy of the in-depth interviews being a way of accessing 'meaning', we anticipated that the parents would discuss those experiences and learning opportunities that were most meaningful for them. At all times we believed it important to affirm the expertise of parents and hoped sharing of experience would acknowledge the validity of their knowledge and expertise, which would be different to and more personal than that of professionals.

The comments could be separated into three types

- (i) those that were specifically related to the nature of the special need
- (ii) those that reflected a personal viewpoint about how disability/special needs are perceived in society. These comments tended to be about the extent to which a child with special needs should be thought of as the same as any child and the individuality of children.
- (iii) those that reflected the style and approaches to being a parent of a child with special needs. These comments were less about the 'what' of parenting and more about the 'how' eg the importance of a positive attitude; how to engage with professionals; the importance of sometimes acting on instinct. The comments illuminated some of the results from the written questionnaire with regard to, for instance, resources and support services that were available (ways of being a parent).

These categories cannot be seen as distinctly separate and unrelated to each other. However, we believed it important to try to distinguish them as they highlight the different layers of the parenting experience and the complexity of these experiences. In this section, the emphasis will be on the points raised in relation to (ii) and (iii).

WAYS OF BEING A PARENT:

Parents talked of the necessity of being assertive with professionals or other systems of support (rarely did parents say 'working with' professionals although there is no doubt that for some parents professional help, most often identified, given the age of the child, as a health visitor, were invaluable). Parents believed it important to have a questioning attitude and to develop the confidence to challenge professional opinions and/or decisions. Occasionally, they referred to 'fighting' individuals and/or the system. The last point was particularly poignant when a parent who had 'fought' the doctor and others to access further assessment for her child was proved to be right in following her instincts. The subsequent prognosis was poor and could not have been different if there had been an earlier diagnosis but she believed that if she and her partner had been listened to the stress and distress would have impacted to a lesser degree.

By developing a questioning attitude parents found a number of benefits. One was simply that they were more informed about the nature of the child's problems, the implications and the range of services and support available. Parents who developed this approach would ask professionals and themselves "Is there more information available?" This prompted them to seek out more information and thus increase their knowledge and understanding.

"You need to keep asking questions. The most relevant information is not always what is given to you (information is power). There may be services and support available that you are not automatically told about. Don't take everything the professionals say as gospel ... ask questions."

In developing this attitude parents also believed they developed more confidence but there could be unanticipated consequences,

"Many professionals feel intimidated by parents, especially ones that know their stuff."

Sometimes the professional reaction was to become defensive and parents feared a loss of their support and goodwill; occasionally parents 'dumbed down' so as not to antagonise professionals. Parents believed it important to say if they did not understand what they were being told and believed it important to be able to ask for second opinions and further advice. These issues arose frequently in parents' response to this question. However, they believed that these difficulties/tensions lessened as the child matured. Parents believed that to develop a questioning attitude resulted in better-informed decision-making and they felt more in control of what was happening to them and their child. It was regrettable that some professionals did not acknowledge the centrality of parents' rights in decision-making and the importance of parents' knowledge of the child in contrast to professionals' knowledge. Parents felt it important that they had a sense of ownership of decisions made in respect of their child. In contrast to those parents who felt they had been badly served by professionals in terms of being provided with information, some had a markedly different experience:

"From the time of diagnosis, people will give you advice by the 'bucket load', often conflicting and frequently opposite from your own views. You feel swamped by professionals who are here for a month or two, maybe a year, before they move on and a new face with new ideas comes into your life. However, as a parent, you are the mainstay in your child's life and you will be there long after all the 'professionals' have gone. Therefore, you must always push, on behalf of your child, for the best ... because if you don't, no one else will."

For many parents the word '**fight**' was the one most frequently used in relation to accessing resources, decision-making and rights concerning their children. They would advise parents that they needed to be prepared to fight for their rights. Examples offered in relation to 'fighting' were usually in terms of specific issues with regard to their children eg the preferred educational placement or equipment. There was a sense that parents needed to fight when they had identified what they needed, and discovered it was not readily available, not recommended or not resourced.

There were parents whom we interviewed who experienced difficulty in developing the characteristics/approaches described above and who would then experience guilt

because they felt they weren't doing the best for their child. Often these parents expressed shock that others were prepared to challenge professionals, whom they had seen as being the most knowledgeable:

“Having a child with special needs has emphasised my own difficulties [the parent had a history of mental ill-health difficulties]. I am not good at asking questions, getting information, or demanding things. I realise my child needs me to be.”

Such comments are clear messages for those working with families where there is a child with special needs in terms of helping them develop these skills, especially if they do not come easily. Parents who have difficulty in asserting their rights or those of their child may need the skills of an experienced and confident advocate. There is also a message here for statutory and voluntary services in terms of what parents find difficult when engaging with professional support and how such difficulties might be addressed.

THE SIGNIFICANCE OF PARENTS' FEELINGS AND ATTITUDES:

‘Instinct’:

There was a strong emphasis on the significance of ‘instinct’, of ‘gut feeling’ and being the person who ‘knows the child best’. Parents believed it vital to recognise the value of being aware of this aspect of the self in a number of ways.

- i) *in relation to professional advice and how much to prioritise such advice. It was important to be able to sift through an often-overwhelming level of information or advice offered and use instinct as a way of reaching a decision, for making those decisions that ‘felt right’.*

‘We are John’s parents and we know him best. We’ve learnt to trust our feelings and not be bullied by others (professionals or well-meaning family or friends). We make decisions that we feel comfortable with. We know we have John’s best interests at heart.’

- ii) *Taking into account their own ‘gut feelings’ also helped parents develop a sense of faith in their own decisions, abilities and knowledge. It gave them a sense of control in often complex and difficult situations.*
- iii) *‘Knowing the child best’ gave parents confidence when dealing with professionals who were sometimes perceived as patronising. It also gave parents a sense of confidence in themselves. Thus when offered advice or guidance about managing their children, for instance, in terms of boundary setting or discipline that did not meet their understanding of their own children, then it was suggested that their knowledge of their child should be the guiding rule.*

This ‘knowing the child best’ also linked to the significance of acknowledging the individuality of the child with special needs and children in general.

In summary, a strong theme to emerge was the importance of listening to one’s own feelings when reaching decisions that influenced their care of the child. Parents acknowledged that this was something they had learned over time and not something

that was obvious at the start. It did take a degree of confidence, even courage, to stick to one's guns when presented with 'expert' advice.

Whilst there is currently an emphasis on evidence-based practice and this could be seen as conflicting with the acknowledgement of parents' feelings, it is vital that professionals working with parents recognise and acknowledge the strength of parents' feelings and consider these when supporting parents and their families.

POSITIVE ATTITUDE:

Parents considered it vital that new parents were aware of the importance of maintaining a positive attitude and highlighted the rewards such an attitude could bring. The base line was that having a child with special needs was not as devastating event as parents might initially think.

"It does get easier, even if you think it never will. You need to hold onto hope. On looking back we're amazed at the progress we and Julie made."

Even when a child was diagnosed with a life-shortening condition, parents believed that there were still rewards for maintaining a realistic but positive attitude most often described as coping in the 'here and now' and ensuring the best services possible for their child.

Parents believed that such an attitude helped them to enjoy their children and to put into perspective some of the difficulties and demands parenting encompassed. They strongly believed that their children had thrived in an environment of positive expectations. It was also described as a source of strength at those times when they faced difficulties or felt they had to address insurmountable barriers. It was therefore a source of strength and helped them to see their children's strengths.

Linked to maintaining a positive attitude was the view that with time parents became to feel less distressed and slowly developed a view that their children would cope and that they could fulfil their potential.

"When we found out our daughter had a significant hearing loss, I thought it was a complete catastrophe and was terrified about what the future held. We had known for some time that things weren't OK and this was very draining. Fourteen months on, I feel quite differently. I am positive about her future. It's not as bad as I first thought, once you have had time to accept it and come to terms with it, things seem to get better as time goes on."

Others believed that parenting a child with special needs had positively enriched their lives and, for some, they believed it had changed their approach to life and to managing other children in the family.

"Once you come to terms with the fact that things will be different, that expectations you had before finding out about the disability would need to change, you find yourself learning and the child learns. There are times when you feel a great sense of achievement. I look at disabled people differently now and I think I've become a different and, in some ways, a better person."

Many parents valued the people they had met whom they might not otherwise have come into contact with and how such people had given them a different slant on parenting and, sometimes, life in general.

In summary, parents believed it vitally important that new parents develop a positive attitude and linked to this a sense of hope and the ability to recognise their children's strengths. Being positive does not necessarily make life run smoothly – there are still

problems and difficulties to face – but can be a source of strength and is seen as being of benefit to their children.

WHO IS THE CHILD?

A majority of parents commented on seeing the child as a child and the importance of treating the child as they would any child. Whilst this might seem obvious, it was not always easy to achieve and, too often, the child's differing needs could mask the fact that the child is a child. Some felt that with the difficulties experienced in terms of diagnosis together with the shock of discovering, or having confirmed, their child's disabilities they could lose sight of their own child.

"Do not become fixated by the disability. Remember they are children first. Most of all remember that a child with special needs is still a child and treat them so."

Sadly, in our experience, this philosophy was less evident in those families where the child had a severe disability or the condition was life-shortening. This seemed to be related to the nature of the problems associated with the disability and there was an overwhelming sadness in a family where the condition was degenerative.

By not recognising the child as a child parents believed that the joys of parenthood would be missed and the parent/child relationship could be negatively affected; interviewees talked about the importance of having fun, relaxing with the child and building on the child's strengths through interaction. Parents who adopted this approach described themselves as reaping many benefits and rewards. They strongly believed in the individuality of their child and her or his particular uniqueness.

In addition, parents believed that focusing on the child as a child also promoted and enhanced the positive attitude and expectations they strived to achieve. They also believed it important to see the child first and the differing needs as second. From a parent whose child with special needs would be assessed as having a moderate learning disability,

"Think about your child's other qualities and remind yourself and others that they are normal children in every other way, except that he or she learns at a different pace and anything they achieve is that much sweeter."

Whilst such an approach can be seen as positive there is a danger of perceiving the disability as an 'add on', whereas in some circumstances the nature of the child's disability will be fundamental to all aspects of the child developmental needs and achievements.

In summary, parents who heavily advocated the approach of seeing the child first and the disability or special needs as secondary could be said to be in denial and not to have engaged with the real issues that having a child with special needs inevitably raises. However, it is our view that most parents believed it important to develop this approach in opposition to the prevalent opposite and conflicting view – to, in some ways, redress the balance.

Parents often quoted the value of treating the child the same as any child and also highlighted the dangers of not doing so. For instance, some children presented with difficulties in behaviour and, depending on the nature of the disability, it could be more difficult to set

boundaries and be consistent in responding to behaviours. However, the majority of parents considered it crucial that their children learned what was, and was not, acceptable:

"It's important to treat them as you would any child, making allowances for difficulties in understanding but not bad behaviour. Don't treat her or him any different from other children in the household, don't give in to any thing they have done which they should not have done, just go on treating them as a normal child."

"Be prepared to spend lots of time with your child with special needs, but try not to treat them differently to how you would treat a normal child – don't let them off with bad behaviour – although it will probably take longer to explain what is acceptable behaviour – it will be worth it in the end."

Treating the child with special needs 'the same' also played a part in normalising the parenting experience. Parents felt it helpful to focus on the child's need for love, understanding, attention, discipline, support and comfort, in the same way as other children. In contrast parents were fearful that to treat the child with special needs in a significantly different way would lead to them being and feeling different. These parents saw this 'difference' negatively and some of these differences could be viewed in terms of social exclusion – children could feel 'inferior', 'odd', and 'outcast'.

This fear of 'difference' can be seen as functioning on two levels. At one level it relates to personal and social development such as confidence and independence – both being qualities that parents desire for any child. However, where concerns were expressed in terms of social exclusion, ideas of 'difference' were perceived as 'not being like the majority'. Parents' aspirations for their children were usually located in their desire for the children to be as other children and thus minimising the barriers to achieving what they wanted to achieve. Parents considered success in terms of their children being integrated into the usual children's activities and expectations, although they also recognised that this might not be easily achieved. The philosophy/belief system that underpinned their approach to their children was to ensure that the children would see themselves, and be seen by others, as no different from any other child.

A small number of parents did not necessarily see 'difference' in a negative way. This is not to say that they were not concerned about being over-protective or their child being 'labelled' with lower expectations. For these parents, the disability was just a 'difference' and they viewed such difference as positive.

"Children with a disability grow into ordinary adults. Depending on how severe the disability, they usually get jobs and may marry and have children. It's not a 'shame' I have a child with special needs. My child is different not 'less than' others."

In summary, what we found from the data (although how it was expressed was often problematic) was that it was important for many parents to take a stance on such concepts as normalisation, stigma and diversity. Such a parenting approach was informed by a personal philosophy about disability in society. However, as has been shown throughout this project, the factors that influence such a philosophy – in terms of who and what – are far from ideal. Parents of children with special needs recognise that access to a range of quality information and services cannot be taken for granted.

PARENTS' ASSESSMENT OF RESOURCES AVAILABLE:

In the survey we asked parents to indicate what services and/or resources they would rate as most helpful in raising their children (bearing in mind that the survey questionnaire was completed by a significant number of parents who did not have a

child with special needs). This was further explored in the in-depth interview, which targeted parents who generally acknowledged that their child had special needs.

As noted in an earlier chapter, in some of these interviews (though a minority) and in the focus groups, some parents did not perceive their child as having a 'special need' although under certain criteria the child would be categorised as such (though the special need may be of a transient nature). These instances were usually in terms of the child's behaviour (eg aggressive behaviour, tantrums or inability to settle and constant activity). In line with the principles of action research and our ethical stance, we would suggest to parents in these circumstances that discussion with an appropriate professional may help in the management of the child.

Parents of children with special needs were asked to rate the various resources they may have been provided with as parents of children with special needs. We then extrapolated a hierarchy of those resources perceived as most valuable:

Resource	Rating (approximate figures)
Professional advice	80%
Written information	70%
General support groups	70%
Other parents	70%
Benefits	60%
Helplines	30%
Internet	16%
Respite care*	-
Organisations that focused on specific disabilities*	-

SECTION SUMMARY

Asking parents what they would tell new parents of children with special needs was more revealing than we had anticipated. We had expected recommendations of educational approaches, tips for the management of behaviour problems and other similar ‘advice’ and ‘guidance’. Instead, what we found, were parents, in a myriad of ways, outlining the underpinning principles and approaches to parenting a child with special needs. In so doing, parents suggested that other parents be assertive, instinctive, confident in the knowledge of their own children and always positive. They pointed other parents to the real complexities involved in doing something as apparently simple as treating their children with special needs as children. They opened up the difficult relationship between approaches to parenting and concepts of normalisation and diversity – a relationship that on a day-to-day basis influences how they approach the parenting task.

By looking at the evidence provided, we began to understand not just the ‘issues’ but also the dynamics of the encounters with those issues. This prompted new types of questions. For instance, how can parents be supported to take on the kinds of characteristics, styles and approaches that experienced parents tell us work. How can parents be helped to explore the range of meanings associated with sameness and difference that influence how they bring up a

* The number of families who had access or knowledge of these kinds of resources was too small to make definitive conclusions of their value. They are included as they were specifically mentioned by parents of children with severe disabilities and perceived as particularly valuable.

child with special needs? Parenting a child with special needs is like parenting any child and it is different. As shown in this section, the difficulty lies in the 'and', because it is in negotiating the relationship between how it is the same and how it is different that parents are forced to make the difficult choices that characterise their parenting experience.

In terms of those resources identified as most valuable, professional advice (and support) was consistently rated as the most important resource. This was despite the difficulties parents had experienced in their interactions with some professionals. For others, they talked positively and warmly about the commitment some professionals had offered – those that seemed to be prepared to give that little extra to the family and to listen to and acknowledge the parents' views and feelings. Advice from professionals is particularly welcome and important for parents of children 0 – 2 years or in the period post identification of their child's disability. However, parents (as shown in other chapters) do have strong views on what kind of advice they prefer and how it should be delivered. The following is a composite of comments made by parents:

"They [the professionals] were quite good. Some of them were excellent. Some of them were bloody hopeless really when I look back, but by and large they were OK you know.

I can't necessarily complain and everybody had their own little bit of politics ...

... and everyone had their own little bit of job description, and they couldn't go across this line, and there was no one person who could [be] that key worker... who was almost like your family representative, you know what I mean, someone who could come in, get to know the family, get to realise what the particular problems were, the issues the other difficulties that are around and the be able to represent you.

In terms of 'respite care', those parents who had knowledge and experience of using this resource rated it very highly; similarly, organisations that focused on specific disabilities/special needs. However, with regard to the former, many parents did not know of its availability (which is limited) although those who had used the resource found it particularly valuable, despite initial reservations. Parents often had difficulty in finding out about special organisations and this subsequently created barriers to accessing their services and support. In some instances, parents found the distance of such organisations and the lack of local branches restricted their being able to use them.

CONCLUDING REMARKS:

Throughout this project, we attempted to enable parents to explore and communicate the experience of parenting a child with special needs. We asked parents to contribute their experience so as to inform Bacup and Stacksteads Sure Start Programme to ensure there were adequate and appropriate resources to support families with children with special needs. We sought to ground our conclusions and recommendations in the attitudes, narratives and opinions of those who have participated.

Inevitably, in assessing the results of the study, people will ask whether these attitudes and experiences are representative of all parents of children with special needs. This is a difficult question, because what we mean by 'representativeness' is in itself a complex issue. It is true to say that only a small number of parents who participated in the study were parents of severely and profoundly disabled children. In that sense,

the experience of parenting children with severe disabilities is not truly represented. However, this was to a significant degree a self-selecting sample. In the initial survey, we did encompass parents whose children were not identified as having a special need. We believe, given our approach, that we were able to offer advice and guidance to parents who had concerns about their child and whose children might be assessed as having special needs, although these might be of a transient nature. We also believe we were partly successful in engaging with families who may be referred to as 'hard-to-reach'.

In general, those who took part were those who felt they had something significant to contribute and important messages to pass on. These parents often contacted the research coordinator on hearing about the research project via their contact with Sure Start or through the media, most usually the local press.

In the in-depth interviews and, to a lesser extent, the focus groups parents shared their experiences by drawing on their first hand and day-to-day lived experience. Within that experience, there was clearly commonality and diversity in what was discussed and the solutions and improvements sought.

In drawing conclusions from the survey information, we have been careful not to generalise beyond what the data itself can support. In many respects, the survey part of the study raises more questions than it answers, and opens up new fields of further enquiry. It firmly reminds us that we cannot generalise about 'parents of children with special needs'. Their contrasting experiences of support, resources and appraisal of difficulties serve as a message to all organisations and services.

Underlying the main messages and the project is one fundamental point: namely, that parents have a great deal to offer to other parents and services alike, and a great desire to share their joys and concerns. In this project we have seen them share their views about how services can be improved, being clear about what they find useful and supportive, offering both day-to-day strategies and longer term messages of hope to new parents of children with special needs. The willingness of parents to participate in this project is its own message, and offers direction to all engaged in providing support to children with special needs to achieve their full potential.

One parent who participated in the project articulated the view of the majority of parents whom we interviewed when she expressed the view that:

"I came today because I just feel I would have been grateful for any information [when my son was younger]...there is so little for parents and I thought I could change that."

People make a difference

She's always been there for us ... Even when we were struggling with the doctor, when we just knew something was wrong, she was there. She wasn't always able to get us what we needed but we knew she tried. I know I can ring her and she'll listen.

Parent about the support from her Health Visitor

We kept getting all these appointments and having to fit everything in ... I couldn't go back to work and it meant my husband having to take time off work. We got really confused until the Consultant realised what was happening. He stepped in and now we only see him rather than being sent all over the place. He contacts the others.

Parent about the intervention of Consultant

Good quality staff can make a significant difference to a child and family's experience of services. For a number of the people we spoke to, an outstanding member of staff had made an important impact on their lives by providing support, information, empathy and expertise.

For specialist staff working regularly with disabled children, the skills and knowledge required are relatively well defined. However, as mainstream services, such as youth services, play and leisure and transport services, work to become more inclusive, they also need to develop approaches to overcome the cultural and practical boundaries to inclusion. However, how staff work with parents in a way that helps them parent their child is not always straightforward or clear cut. We met parents whose children were transferred from mainstream to special provision but parents were unhappy with the placement and were working to have their children transferred back to the original placement. It was difficult for the parents to articulate what exactly had caused them to be unhappy with the alternative provision, other than it seemed that staff within the original mainstream nurseries had worked more to the 'spirit' of respecting the child and his or her family. They had listened to their worries and fears; they felt the staff 'knew' their child.

Three key issues emerged:

- staff excellence;
- communication skills and attitudes;

- recruitment and retention.

Staff excellence

She did a lot of things that probably weren't in her job description. She helped us work through paperwork and a lot of what we've got now is down to her. She did a lot of things.

In every agency, there were certain staff who really made a difference to service users. Encounters with individual staff were extremely important in determining how children and families experienced services.

Importantly, many good staff would carry out what would appear to be small activities, such as spending time talking and explaining, that would nevertheless have an enormous impact on the family.

Some practitioners had a child-centred approach that demonstrated flexibility and a willingness to shed defined roles. Families appreciated and liked staff who went beyond their role. The outstanding staff were those who had skills and knowledge to do the job well and who explained things clearly and provided information and support. They treated children and family members with respect and as individuals and were prepared to 'go the extra mile' to meet individual needs.

The individuals who made a difference often did so in small ways and without extra cost. The challenge for services is to enable others to develop the skills and attitudes that these people possess.

Communication skills and attitudes

While many staff were excellent and highly valued by services and families alike, in other cases staff skills and attitudes often failed to match the needs of children and their families.

Across all staff groups, including specialist professionals working with children and families on a daily basis, it was often interpersonal and communication skills that appeared to be lacking, particularly in relation to:

- giving news about disability and diagnoses;
- communicating directly with families as partners in the treatment and care of their child; and
- dealing with questions.

There were moments that families identified as key in their experiences of services with the most significant of these being when they first discovered that their child was disabled. (The shock and anxiety of receiving a diagnosis is well documented). Practitioners' interpersonal and communication skills at this time are crucial. Some parents felt that everything possible had been done by workers to help them to cope with their situation, but other families experienced a general lack of sensitivity. The importance of how information is given at this time cannot be underestimated. Research (Audit Commission, 2003) has shown that for some, the impact of hearing a diagnosis 17 or 18 years earlier, and how that was done, still resonated.

Service interviewees also acknowledged that there was a lack of support for parents around giving news about disability. Workers in the voluntary sector felt that they were sometimes left to provide support to parents when it would have been more appropriate that professional staff provide such support, at least in the early days.

Families also emphasised the need for professionals to use plain, non-technical language, both in spoken and written communication. Many families felt bewildered by the jargon routinely used by professionals and some felt deliberately excluded from participation or disempowered in key decisions about their child, by professionals' apparent refusal or inability to explain the situation in straightforward terms that they could understand.

The Audit Commission Report (2003) also found that service users need to receive information at times and intervals that make sense to them in coming to terms with their child's disability. They need plenty of opportunity to explore further questions and concerns at a later stage, rather than being restricted to a one-off formal consultation. Parents were very appreciative of services where professionals showed a genuine willingness for them to come back and have things explained again. Given other comments made by parents in this research project, we believe (and parents voiced similar views) that a 'key worker' role would go some way to alleviate such difficulties. One aspect of their role would be to mediate between the various professionals, ensuring parents weren't overcome with a plethora of information but another aspect could be to coordinate and support parents in accessing relevant services and information, to go through it with them, offering explanations where necessary, or finding out further information as and when appropriate.

Sadly, families often felt that they were not treated with respect and, in common with other research findings, felt that there was often an over-emphasis on their children's disabilities, rather than their abilities. This could further reinforce the dilemma of trying to enhance the strengths of their child and undermine their efforts to 'normalise' the parenting experience.

You keep hearing this word 'inclusion', you know, everyone, including disabled children, has the right to be able to get involved and had the same opportunities as everyone else. It seemed to us that everyone wanted to be seen to be doing it. But it doesn't just mean, 'yes, come along'.

With some services, there is sometimes a shortage of practical and technical knowledge and skills around working with disabled people and, in particular, disabled children. Mainstream services were not always successful at including disabled children owing to lack of appropriate staff skills (although as indicated above, this was relatively rare in this research project).

Recruitment and retention:

For families, staff recruitment and retention problems have a major impact on the quality of the service that they receive. This can be particularly traumatic for young children or children with limited understanding who find it difficult to work out why a worker with whom they have developed a relationship have moved on. In particular, families spoke of the loss of continuity of care resulting from high turnover, with new relationships having to be built from scratch each time a new worker was introduced. Delays in the recruitment and arrival of new workers can set back any advances the child had achieved. In addition, there is the problem for families of repeatedly going through the process of a worker getting to know the child, understanding him or her, and their style of communication, strengths and preferences, only to see the worker move on.

We found that voluntary organisations, often playing a crucial part in providing services, also found it particularly difficult to recruit staff.

Organisations that seem to be the most successful in getting and keeping the right staff are those who tackle the situation on three fronts. Firstly, they recruit the right people through well-placed advertising and good human resources support. Secondly, they retain staff by offering good-quality management opportunities for development and rewards for good performance. Thirdly, they deliver effective support systems,

with mechanisms in place to ensure that service users were informed of changes and staff were equipped to meet their needs.

In summary, parents tell us that workers/professionals can make a huge difference to their lives and their experiences. It's therefore important that good workers are recruited and their skills deployed, developed and shared creatively. We found that workers welcomed the opportunity to share their skills and knowledge and to develop their own inter-personal skills, particular skills in communication. We identified factors that would facilitate this as:

- i) Regular opportunities for staff to share their experiences and to learn from others (eg through team training and focused team meetings).
- ii) Forums where staff could be helped to identify their strengths and areas of improvement; where they could work to their strengths and interests but also with a recognition that there is also a necessity to 'look after the drains' ie the day-to-day often tedious, repetitive work (the high level of admin now required of professionals in some agencies would be an example)
- iii) Whilst the above is important within, for instance, the Sure Start Team, we considered wider forums would also benefit Sure Start, individual workers, and, by extension, parents and families. For example, when trying to facilitate inter-agency working we believe it is vital that professionals in each discipline are aware of the responsibilities and priorities of those working in other agencies. In this way misunderstandings could be lessened.
- iv) Individual workers valued good supervision from experienced line managers. However, they were not always clear as to what model of supervision was being employed or the difference in being supervised and supervision. Staff members with whom we talked did not have experience of 'group supervision' but when explained this was readily seen as a way of improving skills and knowledge as well as offering a forum for support.¹⁹

¹⁹ We had intended to interview staff who were closely associated with the Sure Start Programme. Initially, we asked staff members what they would like to see on an interview schedule and what would motivate them to respond. Over a period of time, we did receive a number of suggestions (confidentiality was agreed) but for a number of reasons this part of the project could not be undertaken. However, in terms of questions suggested 80% of respondents did indicate more information about 'supervision' would be helpful – in particular, what were the aims and objectives, was supervision the same as 'monitoring', etc.

Inter-agency working

An integral factor in this report and one also highlighted by parents, in different ways, was the fundamental need for agencies to work together to ensure children's and families' needs are met.

We found some excellent examples of inter-agency working but also some examples where workers were frustrated when they believed a more open sharing of information would have facilitated their involvement with families. Comments from parents included, "*Don't they talk to each other?*"

We believe that the recommendation as detailed in iii) above would go some way to promote good working relationships, especially that workers from different agencies are aware of the demands, statutory responsibilities and priorities of different disciplines.

In addition, we believe it is important that staff are informed of the implications of various legislation, directives (eg Audit Commission Reports) and policies emanating from central and local government. In terms of the sharing of information between agencies, we believe it important that managers have a good understanding of the Data Protection Act (DPA), 1998 together with the Human Rights Act (HRA), 1998 and that the key aspects are openly shared and the implications discussed with staff. Too often, in our experience, the DPA was interpreted in such a way as to inhibit the best ways forward in terms of working with families; workers appeared, too, to have little knowledge or understanding of their rights and responsibilities in relation to the HRA. As documented in Chapter 1, the author was fortunate to attend 2 Conferences in relation to the sharing of information and whilst it is acknowledged that this is a time of uncertainty, especially as the implications of the HRA have not been fully realised, certain aspects of the DPA have been inaccurately interpreted and subsequently lead to difficulties for agencies in facilitating the philosophy of working together. This is not to imply that interpretation of legislation is necessarily straightforward or clear-cut but discussion of the impact of various directives did not appear to have been undertaken in any formal manner.

CASE STUDY: THE AUDIOLOGY 'CAMPAIGN':

An example of how agencies (including voluntary and private), parents, local residents and the media worked together in ensuring that further audiology assessment was made available in the new LIFT building is a prime example of how the strengths of those committed to improving life for children can be harnessed.

PREAMBLE:

In early discussions with Sure Start about their work and involvement in OL13 it was clear that there was widespread concern from workers that children identified at standard hearing test assessment as possibly having a hearing loss were not able, for a variety of reasons, attending appointments for further assessment²⁰.

There had been discussions with the then PCG that a service would be offered in the completed Sure Start building but with the introduction of the PCT this commitment was shelved. However, it was hoped that such a service would be offered in the proposed LIFT building.

In November 2002, at a Partnership Board Meeting, I was asked to consider a project that would benefit children with special needs and could be monitored over the life of the project. Over time it became clear that it was not a straightforward matter that audiology assessment would be offered in the LIFT building and this became the project that the Research Team took on and monitored. It should be borne in mind (as detailed in Chapter 1) that as many as 1 child in 3, during childhood, is estimated to suffer from some form of hearing loss (most usually fluctuating hearing loss or ‘glue ear’). The potential consequences of this are well-documented and referred to in earlier sections of this report.

THE CAMPAIGN:

Members of the research team spoke to key workers – health and medical staff, nursery and school staff, staff from voluntary and private organisations, members of the PCT and Acute Trust as well as parents to ascertain their views. What emerged was the following:

- A concern from workers in direct contact with families that there was a significant level of hearing loss in young children that though detected at standard assessment

²⁰ It was recognised from the outset that the needs of children assessed as having a profound hearing loss could not be addressed in either the Sure Start building or the proposed LIFT building.

was not followed-up via further assessment. There appeared to be a high rate of children who did not attend for further assessment. (Currently, the number of DNAs from OL13 cannot be assessed as the software is not set up to address DNAs by area).

- Both workers and parents referred to the difficulties for families of accessing further assessment. Parents and children would need to travel to Nelson, some 13 miles from OL13. For those families dependent on public transport, this meant three changes of buses (there was no direct service) as well as the service not always being reliable.
- Attending the clinic at Nelson was also difficult if there were other children in the family. These difficulties included: childcare for other children or having to take them to the appointment; concerns about collecting older children from school or nursery. For those families in receipt of benefits there was also a financial implication (whilst this can be claimed back, information on how to do this was not readily available. It also meant that families had to find the cost of the travel before attending appointments).
- It transpired that the cost of a sound-dampened room that would meet the requirements of further assessment would cost around £5K.
- It also became apparent that if a service were offered in Bacup it would also meet the needs of residents in a wider geographical area than OL13. A more comprehensive assessment service would also meet the needs of patients from all age groups (1 in 7 people will, at some time, suffer from hearing loss which increases with age).

What initially appeared to be a common sense and straightforward goal proved to be far more complex than initially realised. In communication with the Trusts and various officers the initial difficulties encountered included:

- Misunderstandings about what was being requested – there seemed to be a view that we were asking for assessment of children with profound hearing loss.
- Difficulties in ascertaining who was the responsible person/agency for considering what services would be provided in the LIFT building.

- Frequently reaching an impasse – ie non response to letters, emails and telephone messages. We discovered that this had happened previously when a local resident had attempted to raise her concerns about audiology assessment.
- Being told that services provided in the LIFT building would only be those needed to replace services in the existing Health Centre and that there was no obligation to provide additional services.

In March 2003, a proposal was put to Sure Start that parents whose children required further assessment be offered help with transport and/or childcare. A flyer was sent to the Nelson Clinic to be included in appointment letters for those families living in OL13.

In May 2003, during Deaf Awareness Week, the research team, Sure Start, Hear First and other local people organised a launch/fun day where a petition was circulated. The preamble to the petition outlined the position in relation to audiology assessment and asked for support. In the event, every adult signed the petition. We continued to distribute petition forms at various events organised by Sure Start and the research team; Tomorrow's People were also important in ensuring that local residents were aware of the issue and in collecting signatures. The local press, The Free Press, also published an article about the campaign.

As coordinator of the campaign, I continued to enlist the support of a wide range of people including non-execs of the PCT and Acute Trust, local councillors and the local MP. The distribution list of written communication increased significantly to around 30 people who we believed had an interest and/or some influence in the issue.

Of particular concern was the comment that there was no obligation to provide any other services in the new building other than that offered in the existing Health Centre. A review of recent legislation, in particular the Health and Social Care Act, 2001, did not support this statement. The Act clearly states that in the development of services local people should be consulted about what provision they identify as meeting their needs. As far as I could ascertain, there had not been a consultation period set up for the views of local people to be heard. I again contacted relevant individuals and agencies pointing out this part of the Act. Questions were tabled at Board Meetings of the PCT and Acute Trust.

THE OUTCOME:

On 14 February 2004 I received a comprehensive letter from the PCT confirming that further assessment would be included in the LIFT building; I was also informed of other services (relating to audiology) that would also be included.

The above is an outline of the work involved in promoting the identified need of local people, in particular children and families, and unfortunately doesn't reflect the level of input of a wide range of people in raising this issue. The campaign offered a focus around which many workers from a wide variety of settings as well as local people could agree and centre their energies. Some of us, at times when the silence was deafening, offered mutual support and encouragement. The campaign was also a vehicle whereby workers and local people discussed other concerns about provision of services. It also gave the research team far more access to local people that would otherwise have been the case. The outstanding feature of the work and energy invested in the campaign was the benefits of professionals, agencies and local people working together around a common goal.

Addendum:

At the end of April 2004 the author was informed that the PCT intended to introduce neo-natal testing at the earliest opportunity.