Sure Start Weavers and Spitalfields

Evaluation Report 2003/2004

Cordis Bright Ltd.

020 7330 9170

Table of Contents

020 7330 9170

1. Executive Summary

This report comprises the results of a 9 month evaluation of Sure Start Weavers and Spitalfields. The evaluation examined the strategic and operational achievements of the programme and the community's perception of the programme.

Between July 2003 and March 2004 over 20 strategic and operational personnel were interviewed; a survey of 88 local parents was completed; five focus groups comprising 52 parents were conducted; and forums with operational staff and the partnership board were undertaken, supported by questionnaires.

The main findings of the report are:

- Amongst the community there is strong awareness of the programme, and services are perceived as good or very good by 77% of survey respondents. This is a strong endorsement of the quality and reach of the programme, especially given that the programme is operating in a multi-lingual area.

- The main problems with local services are perceived to be with GP services. Chiefly the problems revolve around access, appointments, and unhelpful reception staff. These problems lie outside of the programme but clearly impact indirectly on the programme.

- Within the community survey there is high satisfaction expressed for the toy libraries, the chat away groups and the family support workers. These services are perceived as relevant, accessible and friendly.

- Also within the survey, health management was strong for adults. Most parents felt confident to look after their own minor health problems. However, they are noticeably more inclined to seek professional help for their children's needs. This finding links to the proposal to develop a minor illness clinic for local Sure Start families. Survey results suggest that such a service would be used for children's common health problems.

020 7330 9170

- Of concern from the survey is the lack of consultation with the White community. Their views are not adequately represented in the survey. This situation is all the more concerning because the outreach service is not operating in predominately White areas and does not have a viable strategy for achieving contact with this community at present. This should be addressed as a matter of importance.

- At a strategic level the main finding of the evaluation is that there is insufficient representation of parents on the management board. The impact of this lack is that the programme still looks like a commissioned service, rather than being a true collaboration of ideas and services between statutory, voluntary and parent representatives. Parents are not at the heart of the vision and delivery of Sure Start Weavers and Spitalfields.

- At both a strategic and an operational level it is of concern that there are such poor links to Social Services. Sure Start is not in a position to reach the most vulnerable families if it does not have contact with agencies that are tasked to provide directly to these families. Furthermore, the programme should endeavour to build links with the Public Health department of the PCT to link health data and work towards the objectives that they share.

- The role of the public health co-ordinator has proved valuable in setting up new services and drawing the health agenda together. However, the chief weakness of the health model is that it remains dependent on the input of local health visitors, none of whom is attached to the programme, and all of whom work to GP surgery boundaries. The limits of this arrangement show in the low referral rates from health visitors as indicated in the community survey.

- High levels of job satisfaction are expressed by service providers. They find involvement in the programme stimulating and rewarding and this translates into strong commitment to meeting the needs of local families.

020 7330 9170

2. Introduction

Sure Start Weavers and Spitalfields (SSWS) is a fourth wave programme. Along with the other 500+ programmes nationwide, it was set up to deliver services to families with children under the age of four years in localities that traditionally have families with high levels of health, social, and educational needs. The aim of Sure Start programmes is to maximise the developmental opportunities of children and their families, with the specific intention of equipping the children for the experience of school.

SSWS now provides a range of health, social and educational initiatives to local families. These initiatives were set up through processes of open tendering and selective commissioning with statutory and independent sector providers, all of whom are local to the catchment area.

2.1 National Context

There are now over 500 Sure Start local programmes throughout England. A national evaluation of programmes is well underway. Its aim is to assess the long term impact of Sure Start. The hope of the Sure Start initiative is that, over the course of its 10 year life, it will show improvements for children in terms of educational achievement and health outcomes. The model for Sure Start comes from the American model- Homestart- which has been running for 30 years. It has demonstrated long term educational, economic and social benefits for participant children and their wider communities.

The national evaluation is still in its early stages but one finding that has emerged is that the programmes in existence are concentrated in the most deprived areas. So it seems that local and national demographic and public health data has effectively pinpointed those communities who are most in need.

National evaluators have begun to cluster programmes according to the deprivation profile they represent. For example, SSWS would be clustered with other programmes that have high ethnic diversity within them (cluster 4). Interestingly, this cluster is not the most deprived in economic or health terms. Londoners who are in Sure Start areas demonstrate higher health and educational achievement, relative to other Sure Start areas. In fact, London does not have any programmes that are classed as “more deprived”

(Cluster 3). Rather, the North East of England holds the majority of such programmes (50%).

London does, unsurprisingly though; hold the largest percentage of programmes serving ethnically diverse programmes (74%). The achievements of the London programmes are, of course, being compared to other programmes by the national evaluators, and not to the population at large. The London programmes are more likely to have residents with large families (usually living in cramped conditions); female health is generally poorer; and access to services is lower due to the cultural and language limitations of general services.

These preliminary analyses of local context pave the way for local programmes to compare themselves against like programmes.

At a policy level the challenge for Sure Start programmes and mainstream providers is progression towards "Children's Centres" and the integration of Sure Start best practice with the proposed centres. The centres (which may not necessarily be real buildings) represent the logical extension of the multi-disciplinary and inter-agency working that the Government sees as central to protecting vulnerable children and families. Local authorities will take the lead role and early years pre-school and nursery provision will form the core of the centres' provision.

2.2 Local Context

SSWS is one of 7 Sure Start programmes in Tower Hamlets. There is one wave 1 programme (a trailblazer), one wave 2 programme, three wave 5 programmes, and there is one wave 6 programme. All of the Sure Start programmes have a public health lead, but the programmes vary in terms of the extent to which they commission services from non statutory providers.

It seems likely that the Borough of Tower Hamlets will have 16 Children's Centres in the future; and two of them will sit within the SSWS area. It is worth mentioning that SSWS is a large programme. Most programmes average 800 children; SSWS has close to 1300 children. Since last July a strategic manager has been in post to aid the development of coherence and consistency across the seven programmes.

020 7330 9170

3. Methodology

The evaluation comprised several elements that aimed to capture the views of key stakeholders and assess the performance of the programme to date. The components of the evaluation were:

Desktop Review

This involved a review of SSWS objectives, its monitoring data, and relevant strategy documents.

A community survey

The survey consisted of a questionnaire that was designed in conjunction with local parent surveyors and the programme management. The survey aimed to establish baselines of satisfaction; to show areas where the programme had started to make a difference; and to identify the additional needs of families.

Interviews were then conducted with 88 parents of young children living in the SSWS catchment area, representing about 8 per cent of families with young children known to live in the area. The National Evaluation of Sure Start recommends that a minimum of 10% of relevant families is consulted with, so the figure falls a little short. However, the inclusion of consultation through the focus groups brings the consultation to a reasonable level of inclusion.

The survey was conducted face-to-face using 6 local parents and 3 family support workers who are fluent in Sylheti and Somali.

Focus groups

Five focus groups were conducted with local parents. The parents were contacted by outreach workers and invited to discuss their experiences of the programme. Crèche facilities were provided and linguistic and cultural support was given by health advocacy and family support staff. A total of 52 parents took part in the discussions. Thirty nine women and thirteen men took part from the Somali, Bangladeshi, and White communities.

Strategic Partners

Semi-structured interviews were completed with the Sure Start strategy manager and the area locality manager. A facilitated forum was conducted with members of the partnership board. Six members attended to discuss the strategic and operational achievements of the programme. Anonymous questionnaires focusing on partnership working were distributed to all board members to complete.

Operational Partners

Semi-structured interviews were conducted with key service providers and managers who have direct links to SSWS. Interviews were conducted with a range of health service and allied professions to identify the alignment of SSWS objectives with their own organisational and professional objectives.

Service Delivery

The performance of the programme was assessed by analysing the monitoring data collected by the programme and comparing results with targets and objectives. This was supplemented with interviews with the programme manger, the deputy manager and the locality manager.

Service provider forums

Two evaluation seminars with local service providers were conducted. These meetings were used to determine baselines about service use, inter-agency work, and response to identified needs. In addition, they provided information about role satisfaction and challenges.

Health initiatives and the role of the public health co-ordinator

Evaluation of the public health co-ordinator role was undertaken through interviews with the public health co-ordinators in the programme, staff of the public health department, midwifery staff, speech and language therapy staff, and the locality manager. Comparisons with other service models were drawn as part of the evaluation.

4. Strategic Dimension

This component of the evaluation seeks to understand the extent to which Sure Start Weavers and Spitalfields is functioning effectively at its strategic level of operation. The experience of Cordis Bright in working with a number of other programmes amply illustrates that those programmes with an effective Board that plans strategically, that is aware of other initiatives in the area and which is able to plan over the mid to long term as well as addressing operational factors, is more likely to be able to meet its objectives and will be better placed to reshape its services, thereby responding to the needs of its client group.

The strategic dimension looks at a number of key themes which collectively constitute effective partnership working, these are:

The composition of the Management Board
The operational effectiveness of the Board
The Board's ability to learn lessons and plan effectively for the future

4.1 The composition of the management board

The Board is composed of a broad range of services, agencies, and organisations with strong representation from both the statutory and voluntary sectors. The breakdown of membership is:

7 statutory representatives (including the post of Chair)
6 voluntary sector representatives (including the post of Vice-Chair)
1 parent representative

Statutory sector representatives represent a good mix of agencies and services with education, health practitioners, the Primary Care Trust (PCT), Social Services and Housing, indicating that Sure Start is well connected to the wider policy environment in the Tower Hamlets area. The high level of representation at the PCT is to be particularly congratulated because this gives the programme a strategic status in the broader health community, and means that its views will be represented in other strategic health forums.

Whilst Social Services are represented on the Board, Board members indicated that Social Services are not fully engaged with the programme. Members felt that their lack of meaningful representation represented something of a major gap in the composition of the Board, depriving the Board of the additional insight, knowledge and skills that a representative from this service would naturally lend.

Some confusion seems to exist among Board members regarding the exact composition of the Board. At the session held with Board members, not all members were able to state with confidence who the other Board members were and their roles. In addition, it became evident that a new Board member had been recruited at the December meeting, a decision that not all other members had been made aware of.

Parental representation

The details of Board members clearly indicate that parental representation on the Board is very low, currently constituting one parent. Furthermore the parent representative has a strong voluntary sector background – as manager of the Jagonari Centre – and thus her role is not unambiguously that of a parent representative only.

The members of the Board interviewed were acutely aware of the lack of parental representation on the Board and indeed felt that this was one of the main objectives to be worked towards over the next year. Members indicated that recruiting parents to the Board had been an issue since the inception of the programme.

While members of the Board indicated that a Parental Involvement Strategy had been developed aimed at increasing parental involvement in the programme at all levels including Board participation, this has demonstrably had little impact on parental participation to date. There appears to be little progress made against the milestones as set out in the Strategy document, although local parent groups are being set up in the Weavers and Spitalfields wards.

The Parental Involvement Strategy does not appear to have been disseminated widely among staff and Board members. Not all Board members spoken to were aware of the existence of such a strategy. The lack of knowledge of such a key document at the strategic level necessarily impairs the chances of action being taken. Furthermore, without Board member knowledge of the strategy, it is unlikely that parental engagement can be built into the heart of planning over the mid to longer term.

Attendance at Board meetings

Regular attendance at Board meetings is a crucial element in the smooth functioning of a Management Board, ensuring consistency in the input provided to the programme and consistency also in the decision making process.

Minutes of Board meetings in October and December 2003 indicate generally low levels of attendance among the 14 Management Board members.

Analysis of attendance indicated that, over the two meetings a total of 19 people attended Sure Start Weavers and Spitalfields Management Board meetings. Of the 19 individuals, 11 are recorded as Board members by the Sure Start programme indicating that 8 attendees across the course of the meetings were non voting observers. The minutes of the meeting record that 3 non-Board members were Sure Start programme staff.

Of the 14 individuals recorded by the programme as Board members:

- 5 attended the October meeting
- 8 attended the December meeting
- 2 attended both the October and December meetings
- 3 missed (gave apologies for) both the October and December meetings

The minutes demonstrate that attendance at Board meetings is regularly half or less than half of Board members. The analysis of the minutes also records very low levels of regular attendance with only one seventh of the Board managing to make two consecutive meetings. The Chair of the Board attended one of the two meetings.

The results here are of some concern given that decisions are evidently being made in the absence of a majority of voting Board members.

The results further emphasise the lack of participation from Social Services, with no attendance from this representative over the meetings in question.

020 7330 9170

Observations and opportunities

- The Board is composed of a wide number of agencies and organisations which well places the Sure Start Weavers and Spitalfields programme to position itself in the broader strategic framework.

  While representation is generally good across services, it was observed that the level of participation by Social Services was poor and that this was negatively impacting upon the ability of the programme to link into this area of activity. While acknowledging that this is primarily an issue for Social Services in Tower Hamlets, Sure Start should nonetheless increase its efforts to develop meaningful links with Social Services and to develop an effective working relationship.

  Details of all current Board members should be circulated amongst members in order that all are aware of the current composition.

- Parental representation on the Board is weak with one parent representative, albeit with a professional background. Sure Start should make it a key objective over the next year to recruit parents to the Board to ensure that parents of children aged 0-4 in the area are meaningfully informing decisions regarding the programme. In the absence of a strong parental voice, the programme is run according to the vision of the statutory sector representatives and will lack a parental perspective and steer in the design and provision of services.

  Board members are fully aware of the lack of representation and have indicated that this has been an ongoing issue over the life of the programme. The programme should look with some urgency at implementing the plans for parental engagement as set out in the Parental Involvement Strategy.

- In addition to implementing the strategy devised, Sure Start should explore new ways of encouraging parental involvement such as:

  - Offering parents incentives for participating at the Board such as offering cheap/free gym membership in return for attending a given number of meetings

- Staggering the process by which parents become full Board members. A staged form of progression should be devised encouraging parental involvement initially at a forum such as a parent's body/group. Those parents that seem willing to engage further with the programme should be offered the necessary training and support to make the transition to Board membership.

- Providing childcare for potential parent Board members. The provision of childcare facilities is vital in ensuring that, where parents do become interested in participating at the Board level, no barriers present themselves to participation.

- Attendance at Board meetings by members is varied, with the recorded minutes indicating low levels of consistency in attendance between meetings. The programme should seek to ensure as high an attendance as possible at all Board meetings and for consistency of attendance at meetings in order that as many Board members as possible are present to make decisions.

  - To try and ensure attendance among statutory and voluntary sector representatives, Sure Start should consider introducing a mechanism by which to remove members whose attendance falls beneath an expected minimum. For instance Sure Start Britwell has a policy of removing from the Board members who have not attended three consecutive meetings without a good reason (to be decided at the discretion of the Chair – in this case a parent).

  - Board members additionally felt that attempts to facilitate members to encourage attendance had had the inverse effect. In particular Board members were referring to the practice of switching meeting dates to find times appropriate to all. It was felt that it would be more useful to stick to dates once they had been published but to publish the dates a long time in advance in order to give as long a notice period importance. Ideally this should take the form of setting out the dates all Board meetings over the next year at the first meeting of the financial year.

  - Board members felt simple logistical factors impeded attendance such as parking availability at the meeting venue. If a venue could be found with better parking access, it was felt that members would be more inclined to attend.

- Whilst it is highly commendable to have on ongoing process of recruitment to the Board to widen the skill base available to it and to bring in new knowledge, the process must be more coherent and transparent and must involve the approval of the Board as a whole.

4.2 Operational effectiveness of Board

Members of the Management Board were asked to assess the value of their contributions to the proceedings of the Board. The results are presented are Table 1 below.

Table 1: Assessment of contribution to the Board

How valuable is your contribution to the Board	Responses (actual)
Always valuable	0
Generally very valuable	4
Sometimes valuable	2
Not that valuable	0

The majority of Board members felt that their contributions were Generally very valuable whilst the remainder indicated that their contributions were Sometimes valuable. None of the Board members interviewed felt that their input was Not that valuable.

When asked to explain their personal assessments of their contribution, the issues of attendance and structural knowledge proved to be the two key impediments:

Attendance

- *Because of my attendance – half and half. I have not always been present.*
- *I have … not attended as many meetings as I would have liked.*
- *I am a regular (but not 100%) attendee.*

Structural knowledge

- *I am still learning about Sure Start and what it is allowed to do (targets, remit…).*
- *I don't have much structural knowledge but sporadic knowledge about organisations and individuals.*

Given that lack of attendance is one of the primary self-cited factors that impinges upon their contribution to the Board, the observations at 4.3, Page 13 become all the more important along with the recommendations therein.

Of note, 2 Board members felt that they lacked the necessary structural knowledge about Sure Start to be able to participate fully. The results would tend to suggest that not all Board members are in receipt of all the information they feel it is necessary to possess in order to contribute effectively.

This was reinforced by the findings of the workshop held with the Board where it was noted that not all Board members were aware of and familiar with key documents such as the Terms of Reference for the Board.

Related to the effectiveness of the Board as a decision-making forum, some Board members felt that programme staff were making key decisions, leaving the Board to approve these decisions. Thus:

> *The strong lead from the programme manager has sometimes meant that decisions have been made without discussion by the Board.*

While strong input from operational staff to the Board is to be welcomed because it facilitates the effectiveness of the Board, care needs to be taken that this does not tip over into programme staff directing or leading the Board.
A distinction should be retained between operational staff assisting the Board so that the Board is free to make the decisions that it feels to be appropriate.

Board members were asked to indicate what factors/assistance could be provided in order to maximise their contribution to the Board. The results are presented at Table 2.

Table 2: Elements that would assist contribution to the Board

Assisting contribution to the Board	Responses (actual)
Having more parents involved	5
Team building with Board members	4
Having induction process for Board members	4
Having a manual setting out roles/responsibilities	4
Training with Board members about roles etc.	3
More info about what is going on before meetings	2
If everyone was given at least 1 opportunity to speak at each meeting	1
More time at meetings	0
Less meetings	0

The consensus amongst Board members was that having more parents involved would be the best way in which contributions to the Board could be improved. Of note, Board members then scored 3 factors as having equal importance, namely: team building with board members, having induction processes for board members, and having a manual sets out our roles and responsibilities.

Observations and opportunities

- Whilst Board members generally felt that they were acting in an effective manner, the results would seem to suggest that scope exists for improvements to facilitate more effective working by the Board. As such, the programme should undertake the following:

    - Distributing the Terms of Reference and other key documents to all Board members. Such documents should be made available via an “Induction Pack” that members receive at the outset of their participation. Such packs should also be circulated to all existing members to ensure that they possess all documentation relevant to their post.

4.3 Board's view of the operational effectiveness of the programme

In addition to critiquing their own effectiveness, members of the Board were asked to assess the effectiveness of the programme as a whole.

Board members were asked to give an overall assessment of how well they thought the programme was performing in relation to their expectations. The results are given at Table 3.

Table 3: Assessment of the success of the Sure Start programme as a whole

How well have your expectations of Sure Start Weavers and Spitalfields been met	Responses (actual)
Exceeded expectations	2
Met expectations	4
In some ways met expectations	2
Did not meet expectations	0

All of the Board members interviewed indicated that Sure Start Weavers and Spitalfields had met their expectations to some extent with one member stating that "I think they are an incredibly flexible, professional group."

Board members did note factors which potentially impaired the ability of the programme to perform with one member noting:

- *Lots of positive aspects but there are gaps in ongoing communication.*

Board members were then asked to rate the effectiveness of the day to day management of the programme. The results are set out at Table 4.

Table 4: Assessment of effectiveness of management of the programme

How well is the programme managed on a day to day level	Responses (actual)
Excellent	2
Very Good	4
OK	0
Needs a lot of improvement	0

The results are a very positive endorsement of the programme management and senior programme staff with all Board members interviewed indicating that day to day management is either Excellent or Very Good.

Echoing their concerns about parental representation at the Board level, Board members indicated that work needed to be done in relation to ensuring that parents are at the centre of programme design and delivery. The assessment of Board members is given at Table 5.

Table 5: Assessment of degree of parental participation in the programme

Extent to which parents are at the centre of programme design and delivery	Responses (actual)
Excellent	0
Very Good	1
OK	1
Needs a lot of improvement	4

As one Board member noted:

- *Only professional parents are involved.*

Observations and recommendations

- Board members gave a positive endorsement of the operational management of Sure Start Weavers and Spitalfields.

- Board members recognised that the lack of parental engagement with the programme at the operational level is also low and therefore represents an area that needs to be addressed by the programme. This further underlines the need for parental involvement, as identified elsewhere.

4.4 Board's ability to work strategically

As noted, the composition of the Board is such that it is well placed to be an active participant in the wider strategic landscape in the London Borough of Tower Hamlets, especially in relation to health.

The minutes of the Board indicate that members are aware of wider issues, with discussion being held for instance on the development of Children's Centres in the locality and with speakers invited in to present on this issue.

As noted previously, the Board is aware of the paucity of links it shares with Social Services in the Tower Hamlets area. Members interviewed noted that this is not solely a feature of the Weavers and Spitalfields programme, but is rather an issue for the other six Sure Start programmes that exist in the Borough.

Whilst the lack of links are primarily an external issue (in that attempts have been made to engage with Social Services but have not been taken up by this agency) the lack of meaningful links with such a key agency necessarily impairs the ability of the programme to maximise its ability to work with potential partners in the area.

Mainstreaming services

A key aspect of a Sure Start partnerships Board's ability to work strategically is its ability to plan ahead towards the end of the life-span of the programme when services will have to be mainstreamed as central funding is gradually reduced.

Board members were asked to rate a number of factors relating to the mainstreaming of services and to assess where the programme stands in relation to these factors. The results are given at Table 6.

Table 6: Assessment of mainstreaming practices

Mainstreaming practice	Responses (actual)
We undertake rigorous evaluation of our projects/services to prove that we are successful	5
We are sure that mainstream organisations and local know who we are	3
We have all of the key decision makers from mainstream agencies involved at Board level	2
We have a very good sense of what else is going on at a strategic level	2
We are too early in the development of our Sure Start programme to consider such things	0

The responses given at Table 6 indicate an awareness of lack of representation on the Board (particularly as it relates to Social Services) with only 2 Board members indicating that *"We have all of the key decision makers from mainstream agencies involved at Board level"*. Once again, the results reinforce the need for the programme to seek input at a meaningful level from representatives of Social Services in order to broaden the strategic view of the programme.

The results demonstrate that the Board feels confident in moving ahead towards a mainstreaming agenda on the basis of the evaluation of the services that they provide.

Observations and recommendations

- The Board recognises that its ability to work strategically is currently limited to an extent due to the lack of representation from Social Services.

5. Operational Dimension

5.1 External Providers

Semi-structured interviews were conducted with local health and allied staff, all of whom have direct service links to SSWS. Four GPs, three health visitors, a library manager, the manager of the health advocacy service, and a psychology manager were interviewed.

Organisational Synergy

The staff whose organisational objectives most closely aligned with SSWS were the health visitors and the psychologist. For both these groups, the philosophy of Sure Start and the national and local targets clearly linked to their own aims.

Although one of the GPs has a specialist interest in babies and small children, it was less clear how Sure Start and GP agendas could benefit each other. The GPs who were interviewed understood the purpose of Sure Start but they did not have any recommendations on how SSWS could more closely align with their own priorities. Having said that, one of the public health co-ordinators plans to offer a minor illness clinic and this development was welcomed by the GPs. They considered that this would be a valuable contribution to reducing the demands on family doctors to treat minor ailments.

The co-ordinator of the children's library service is very supportive of SSWS. He provides the 'Bookstart' service for all the local Sure Start programmes and 'Chataway' groups that takes place in the library. In order to participate as fully in Sure Start as possible, the library service has a number of obstacles to overcome. In some ways, its difficulties are typical of a service that has always had conceptual links with services that provide for pre-school children, but has not necessarily had operational links.

To achieve better synergy the library is working to change its internal culture which has traditionally placed the needs of readers before the needs of pre-readers. The aim is to make the local libraries more accessible to very young children and to educate staff on the value of books and storytelling to very young children. In addition, it is hoped that the work of the library can be taken to the community, with sessions offered in different locations.

In part this is due to recognition that library services are not used by all sections of the community, and there is not a strong tradition locally of bringing small children to a library.

Progress is being made. For example, the library association now wants libraries to collect information on the 0-4 group who use the library. Recently it was agreed to fund a dedicated Sure Start librarian post to cover the 7 local programmes.

The library service is by no means the only service that is working to change its focus and, at the same time, to find ways to engage the local community. All of the external and internal providers who participated in this evaluation spoke of having to change something in their outlook and methods in order to meet the challenges of Sure Start.

Strengths of the Programme

All the external providers who were consulted considered that there were several important strengths to the SSWS programme. They mentioned the following:

- Working to change the aspirations of the local community
- Opportunities for community staff such as midwives, health visitors, and psychologists to work more closely together
- Making it possible to link key services such as health and play and learning together
- Building and supporting existing good practice such as the weaning groups
- Opportunities to offer and participate in joint training
- Offering enhanced services and filling important gaps in service provision such as accessible, low key health advice
- SSWS makes planning and delivery of intensive services such as group work much easier when done with colleagues, rather than alone

Challenges for the programme

Those consulted saw several challenges for SSWS in the coming years. These were:

- Finding places where hard to reach parents might come for services. The difficulty of acquiring flats to use as drop-in locations was mentioned.

- Tackling the issue of child safety. In particular, the unsafe transportation of children in cars.
- Keeping non Sure Start providers up to date with service developments, so they can keep families informed.
- Targeting mothers who are new to this country- offering an induction to them.
- The enduring challenge of improving infant and maternal nutrition.
- The challenge of facilitating staff in the programme to meet up and communicate when several staff work part-time.
- Getting parents to use services that are not home based.
- Linking the strengths of the health advocacy service with the programme.

5.2 Observations and opportunities

- External providers are supportive of Sure Start but some have a greater challenge than others to align their services with the Sure Start agenda

- Informing external providers about the programme and offering opportunities for inductions and joint training are essential to ensuring that the programme continues to receive referrals and goodwill

- Although the GPs were less inclined to see the benefits to them, the proposal to offer a minor ailments clinic is a tangible way in which they can receive direct benefit from Sure Start

5.3 Service Delivery

SSWS is a large programme. According to local area statistics it has 1600 children under the age of 4 in its catchment area, although the figures from the PCT give a total number of 1278 for this group. The table below (table 7) shows the ethnic breakdown of these children based on the higher figure:

Table 7 Ethnic profile of children under age 4 in the SSWS area (total 1610)

Ethnic group	Numbers	Percentage of total
White	290	18%
Mixed	67	4%
Asian	1168	72%
Black	72	4.5%
Chinese	13	0.8%

Of the Asian groups, the majority (95%) are Bangladeshi in origin.

The programme offers up to 20 services at several locations in the area. These services are a mix of drop-in and appointment services. A few are combined - the five a day fresh fruit initiative is combined with child health clinics and play and information sessions. The chat-a-way groups are run by the family support workers and the speech and language therapy staff.

The services are listed below (Table 8) in order of attendance rates and the main ethnic group that is using the service. The more specific health services are listed separately in section 6- health initiatives. The figures are for April 2003 to December 2003 (9 months). As they are attendance figures they do not represent actual numbers of children; some are repeat attendances.

Table 8

Service	**Attendance**	**Main ethnic group**
1. Jagonari Crèche, play session & mother and toddler group	379	Bangladeshi
2. 5 a day fruit + Play and	338	Bangladeshi

information session		
3. Soft play session	256	White
4. Toy library	220	Bangladeshi
5. 5 a day fruit and child health clinic	203	Bangladeshi
6. Chat-away	123	White for Columbia road Bangladeshi for St Hilda's
7. St. Hilda's crèche	113	Bangladeshi
8. Rhyme and time	92	Bangladeshi
9. Speech and language therapy home visits	56	Bangladeshi
10. City farm	44	White
11. Play bus	39	Bangladeshi
12. Weaning sessions	37	Bangladeshi
13. Children's information service	33	Bangladeshi
14. Rainbow toddlers	29	Bangladeshi
15. Somali women's group	12	Somali
15. Nursery healthy eating session	12	Bangladeshi
16. Child psychology	9	White
16. Eczema session	5	Bangladeshi

Soft play is the largest provider of services to White groups. It is noteworthy that all of the children seen by the child psychologist are White and the majority of children who have visited the city farm are also White. The weaning sessions predominantly take place in the Weavers area of SSWS. Further details on the health services are provided in section 6 of the report.

5.4 Service provider forums

Forum 1- Baseline information

The first service provider forum took place in July 2003. It was attended by nine people who, between them, represent seven services. All offer direct services to Sure Start families.

The services which were represented at this forum were:

- Speech and Language Therapy
- Family support (3 workers)
- Children's information officer
- Clinical Psychology
- Toy Library
- City Farm
- Public health co-ordination

The aims of the forum were:

1. To obtain baseline estimates of referral rates and the services on offer in July 2003.
2. Using case examples, to obtain information on the range of needs that Sure Start's families might have.
3. To obtain the providers' estimates of the quality of the service
4. To examine the quality of the service in terms of user involvement, service gaps and so on.

A mix of group exercises and questionnaires was used to gather information and views.

Forum 2- Service Developments

The second forum took place in February 2004. All service providers were invited to attend and 13 were able to. For those who could not attend a follow up questionnaire was sent out but none was returned in time for this report. Consequently the data from the second forum is based on 12 people who attended (one was not able to complete the form). They were:

- The co-ordinator of the Rainbow house nursery
- Two Sure Start family support workers
- The deputy programme manager
- The bi-lingual co-worker for the Speech and Language Therapy service

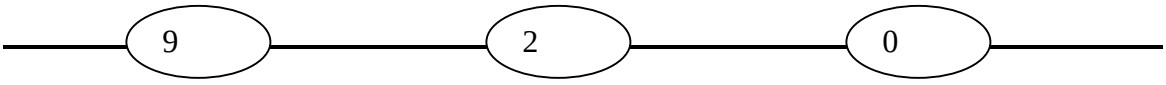
- The Sure Start office co-ordinator
- The children's information officer
- Two librarians from the toy library
- The project co-ordinator of the toy library service
- The children's centre co-ordinator of the Jagonari women's centre
- The education and training manager for Spitalfields city farm
- The public health assistant

The actual staff who attended both forums numbered 4 but 5 services were represented at both forums. They represented speech and language therapy, toy library, city farm, family support workers, and children's information officer. This small amount of overlap makes it difficult to compare the data meaningfully because like is not being compared with like. Some questions that were asked of staff were asked on both occasions and these results are presented first.

An analysis of the areas identified as challenges and priorities on both occasions is presented and finally, staff perceptions of job satisfaction, which were collected only at the second forum, are presented. The aim of the second forum was chiefly to look at areas of change and future direction for the operations of the programme.

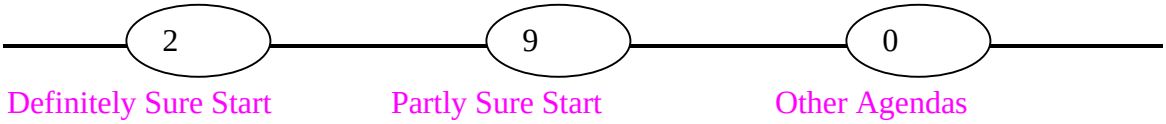
Organisational Synergy

When asked how well providers thought their organisations' priorities matched those of Sure Start, 9 out of 11 responded that the match was good.



Good match OK Match Poor Match

However, providers did not see this match being due solely to the efforts of the Sure Start programme. As shown below, 9 out of 11 thought that the credit for achieving greater organisational synergy was a shared one.

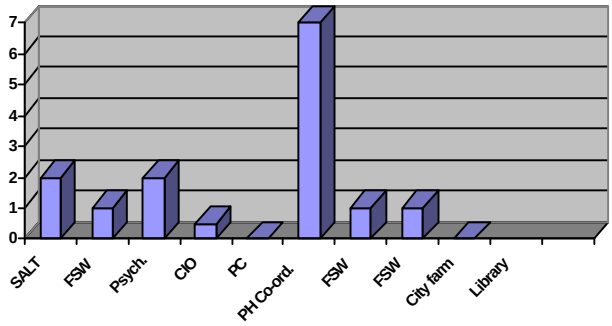


Referral Rates

At both forums Sure Start providers were asked to indicate the number of referrals they receive in a one month period. Referrals included those from other Sure Start providers, as well as other sources such as GPs.

The chart below indicates the referrals received by Sure Start providers at July 2003. In July 2003 the public health co-ordinator was receiving the largest number of referrals. The parents' centre, the city farm and the toy library receive no direct referrals, but operate an open service for Sure Start families.

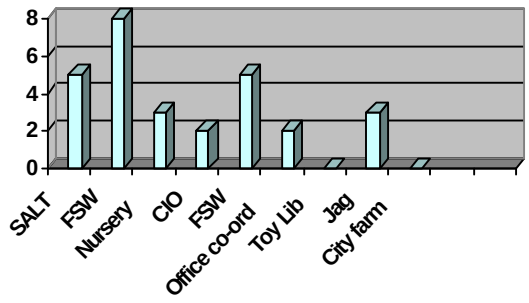
Figure 1- Referral rates- July 2003



Key:
SALT= Speech and Language Therapy **FSW** = Family Support Worker
Psych= Psychology **CIO**= Children's Information Officer
PC= Parents' Centre **PHC**= Public Health Co-ordinator

The results for referral rates obtained at the second forum are shown below:

Figure 2- Referral rates- February 2004



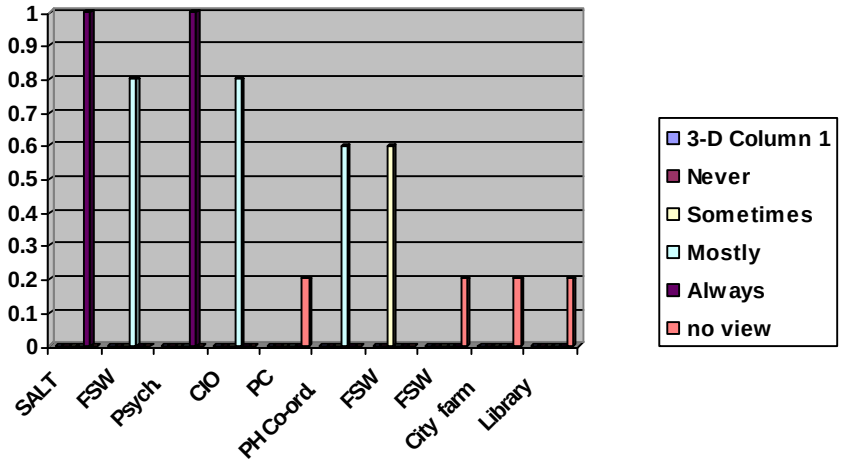
Since July 2003 there has been an increase in referrals to those services which operate a referral system. The most notable increases are to Speech and Language therapy and the Family Support Workers.

020 7330 9170

Appropriateness of Referrals

The providers were also asked to indicate the extent to which they viewed the referrals they receive as appropriate. The figure below reflects their views in July 2003.

Figure 3 Appropriateness of referrals



The above chart shows that providers consider that referrals to their services are generally appropriate. Those who do not receive referrals had no view on the matter. Highly similar views were given at the next forum, indicating that staff perceive that they continue to understand and use each other's services.

Several service providers indicated that they also refer families to other services. The following either made referrals or sign posted people to other relevant services:

- Speech and language therapy
- Family support worker (1of 3 workers)
- Clinical psychology
- Children's information officer
- Library

What is noteworthy here is the inconsistency between family support workers. Only one seems actively to refer and/or signpost families to other services. It is not clear if this is an error of understanding or a real difference between similar workers.

Estimates of Quality

Based on their contact with Sure Start families, the providers were asked to rate the quality of outcomes for families using Sure Start services. The outcomes pertained to ease of access, the professionalism of the service, and the usability of the service.

The first chart below (**figure 4**) depicts the providers' perception of the following outcomes for families:

- How user friendly the service times are
- How easy it is for families to get an appointment
- How easy it is for families to get to an appointment (within pram pushing distance)
- How friendly families might perceive the Sure Start services to be

In July 2003 providers took the view that service times are favourable to families and they contrast this with mainstream services, where choice is more limited. A greater mix of opinions is seen amongst provides on the matters of how good the waiting times are and how proximal services are to families' homes. None thought waiting times was very good and distance to travel was rated as OK at best by providers.

In contrast, by February 2004 (**see figure 5**) the majority of providers sampled rated three of the four indicators as very good.

Figure 4 Providers' perceptions of service quality- July 2003

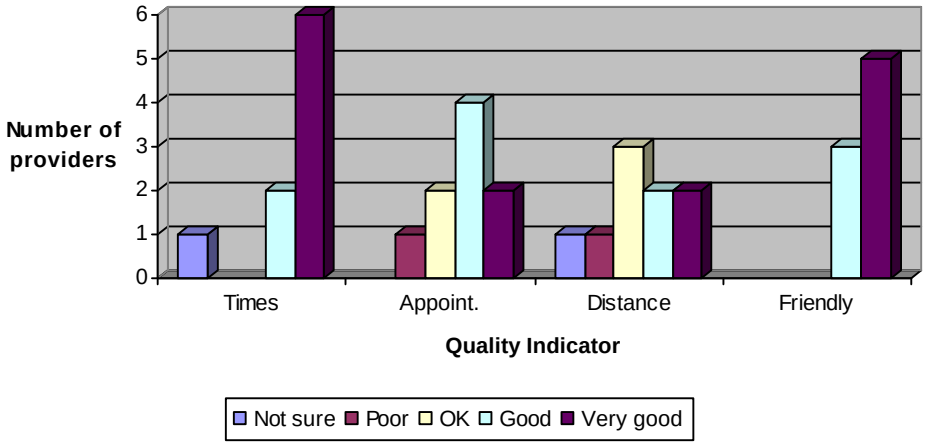
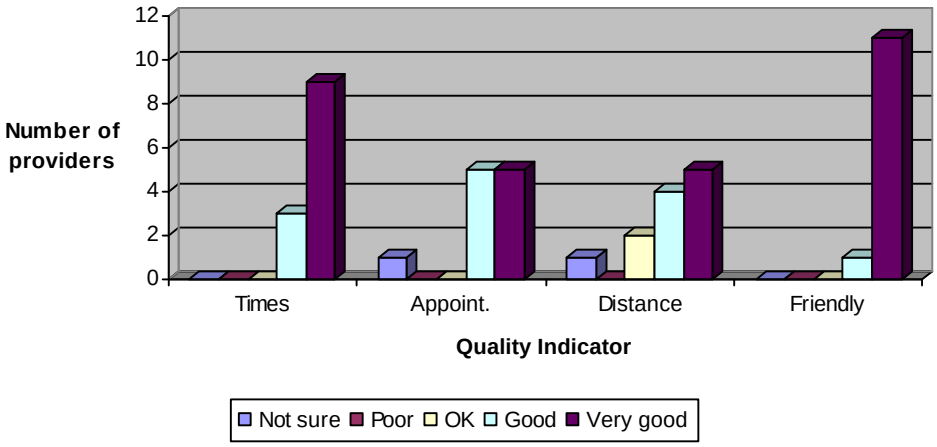


Figure 5 Providers' perceptions of service quality- February 2004



020 7330 9170

The remaining indicators sampled were:

- How professional they thought families perceived the services within Sure Start to be
- How well they thought services met families' needs
- How much Sure Start services were able to help families feel better about themselves

The figures below indicate the perceptions in July 2003 and February 2004.

Figure 6 Providers' perception of service quality- July 2003

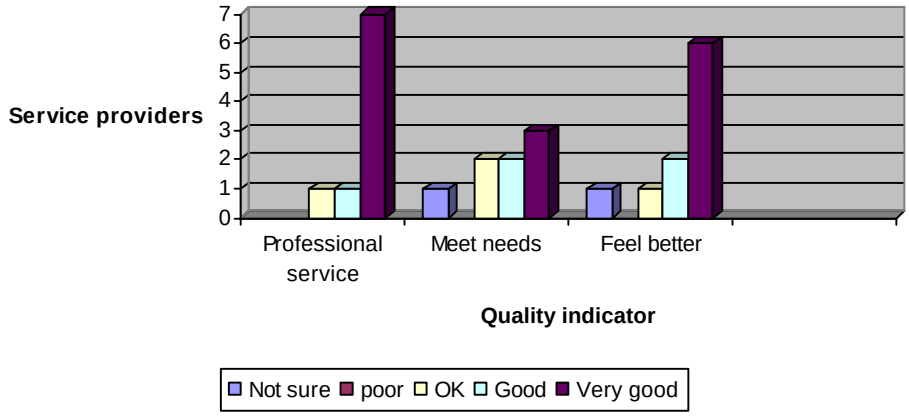


Figure 7 Providers' perception of service quality- February 2004

In 2004 staff think that the services provided are more professional than before and that the services are now more likely to make families feel better. However, these improvements do no hold to the same extent in respect of staff thinking that they are meeting the needs of families.

020 7330 9170

Challenges and achievements

At the first forum providers worked in small groups to answer a series of questions designed to map out the aspects of quality in the services. Providers were first asked to indicate the positive and the challenging aspects of their Sure Start experiences.

Experiences of Sure Start

Positive aspects

- Excellent networking
- Sharing information, including Shelli's service/ the directory
- Good funders- not too bureaucratic
- Good range of services
- Multi-agency working, especially with the involvement of the voluntary sector
- Opportunities to work across projects
- Being based in the community
- Being part of Sure Start gives families confidence in the services being offered

Achievements

- Developed a range of services
- Reaching families at home and through activities
- Recruiting a good and supportive team
- Outreach through the family support workers

A number of challenges to the programme were identified in July 2003. Some of them were within the control of the programme to influence them and some were not. They are set out in terms of the challenge and the progress achieved in meeting the challenge by February 2004.

Challenge- funding
Getting an increase in funds, especially for speech and language therapy services, public health, and family support services
Progress by 2004
Funding has been increased for the family support service. It now has 3WTE.

Challenge- boundary limitations
Working in a geographically limited area; it excludes a lot of families
Progress by 2004
Although this is a non-negotiable reality for the present time, staff seemed less concerned about it. They accept that they cannot change the boundaries, although they would, if they had the power to do so. They welcomed the development of children's centres in this regard because they saw them as more geographically equitable.

Challenge- better planning
Improving the planning of events such as the summer activities
Progress by 2004
Staff felt that they had learned a lot about planning events and they were better able to predict which families and how many families would attend, thus making catering and other arrangements easier to get right.

Challenge- increase Family Support Workers
Increasing the number of family support workers to bring families to services
Progress by 2004
This has been achieved and the emphasis now is on reaching more families

Challenge- improving communication
Improving communication amongst providers
Progress by 2004
The stakeholder meetings are considered to be a vital means of keeping in contact and restating priorities. As ever, there continues to be scope for improving communication and joined up working between different providers.

Challenge- parental involvement
Getting more parents involved

Progress by 2004
Parents groups are in the process of being set up, but increasing the involvement of parents at all levels in the programme is acknowledged as an ongoing challenge.

Challenge- Paperwork
Keeping up with the extra paperwork
Progress by 2004
The burden of paperwork is felt by all stakeholders, especially those for whom Sure Start is only a small part of their delivery. However, the need for it was understood and the systems for data collection were viewed as useful.

Service Gaps

The gaps that were identified last year were largely seen to still exist and they remain ongoing challenges to the programme and its partners. The chief gaps that were identified and restated were:

Service gaps in 2003 and 2004

- Raising awareness of the development of children's communication to detect and prevent problems
- Raising awareness of nutrition and the importance of a balanced diet
- Employment and training services with childcare provided, so mothers can train for work
- Better and more widespread child centred activity centres so parents can get out, have fun, and learn with their children
- Timely appointments with family doctors
- Co-ordination amongst providers
- Better access to health care professionals
- Better links to local statutory providers such as housing, social services, and education
- Health promotion and information provision

Priorities

Priorities in 2003
Providers were asked to specify the top priorities they identified to improve the general well-being of local families. Health priorities are dealt with in the public health section. The following general priorities were listed:

- Equal and improved access for families, especially those who are isolated
- Raise awareness of health issues and inform families better about the support process
- Addressing the housing needs of local families
- Empowering families to help themselves
- Improving the cultural appropriateness of services

Priorities in 2004
The overwhelming priority identified by service providers in 2004 was involving those families who are not currently using services. This was expressed in terms of:

- Doing more outreach work
- Finding out what families want
- Considering the provision of out-of-hours services
- Involving more parents in decision making.

This priority was expressed by 10 providers. It would seem then that some of the priorities set last year have either been resolved or are no longer considered to be priorities.

Indicators of service quality

Waiting times
We asked service providers to indicate what length of waiting they considered acceptable before families were seen. They took the view that one week to acknowledge referrals

and two weeks within which to meet families was acceptable. At the time the forum convened, only Speech and Language Therapy had a waiting list.

Results from the second forum indicate that staff are managing to keep waiting times down, in spite of an increase of referrals to some services.

Onward referral
Referrals to other services are usually arranged by telephone and the completion of a form after discussion with the other service. Within Sure Start services a universal form is used and this follows good practice.

User involvement in referrals
We asked how families can be involved in the referral process. Providers keep families informed and check that the referral is understood. They may also use the health advocacy service and peers to enable the family to understand the referral. In addition, mention was made of linking families to other families who had already accessed services by referral. Surprisingly, no one mentioned encouraging families to self-refer to services or take an active part in completing the referral.

At the follow-up forum, no further progress had been made on this issue.

Interpreting and advocacy services
There was a clear difference between how the interpreting service and the advocacy service were perceived. The interpreting service was described as ‘useless’ for most languages by one person and as poor by other providers. The reasons for these judgements were that the interpreters used by the PCT were not seen as adequately trained and there were insufficient available who spoke languages other than Bengali and Somali.

In contrast the health advocacy service was perceived as good. Advocates were perceived as well trained, although insufficient in number for less frequently spoken languages.

Although not asked specifically about bi-lingual workers in the Sure Start programme, the workers were praised for the good service they provide at the Brady centre, the city farm, and the Chat away group.

At the follow-up forum, satisfaction with the advocacy service remained high, while the interpreting service was still seen as lacking for some languages and generally unsatisfactory.

Complaints procedure
Providers had not given much attention to this area. They indicated that it is difficult to complain about services, not least because information about how to complain is available only in English. Apparently, the Patients' advisory service is taking this issue forward. There is complaints' training for staff but it has not altered practice on the ground yet.

Identifying needs
The needs of families were identified through the use of case studies. Three case studies were used at the first forum. Providers were asked to discuss the cases; to identify the needs of the family members; to indicate the obstacles the families might encounter in getting their needs met; and finally, the service options that could be offered to the families.

A wide range of cultural, health, educational, and social needs were highlighted for the children and their families. Obstacles that the families might especially encounter included language barriers, housing and accommodation not being available, and engaging families with an agenda for change in relation to dietary and general health needs. Unsurprisingly, service providers were most confident in identifying needs and services that they were familiar with such as health and play. They were much less clear about what assistance could be offered to those with housing, employment or welfare needs.
Given the potential range of needs present in the families and the diversity of services on offer, some providers recommended that needs ought to be prioritised. In addition, some analysis of the 'match' between needs and services would be useful.

Multi-agency working
At the second forum we returned to some of the issues raised by the case studies. In particular the issue of how well Sure Start links to relevant agencies such as Social Services was discussed. The position that emerged was that links with Social Services are presently very limited. This means that possible preventative work, conducted in

conjunction with Social Services, is not taking place. Some links are being developed by the Sure Start strategic lead.

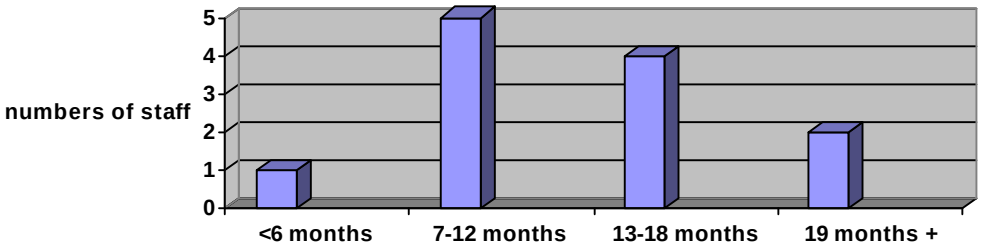
The programme does endeavour to ensure that, within its own group of providers, regular discussion takes place about vulnerable families. However, there are no clear mechanisms for this. In the same vein, the programme does not act as a co-ordinator of needs for families by having a central referral point.

Staff satisfaction and development

At the second forum we asked staff to indicate their levels of job satisfaction and the impact the programme has made on their own professional development.

Length of service
Some staff have been working for the programme since its inception. Others are very new. Below is the span of time they have been working, as at February 2004.

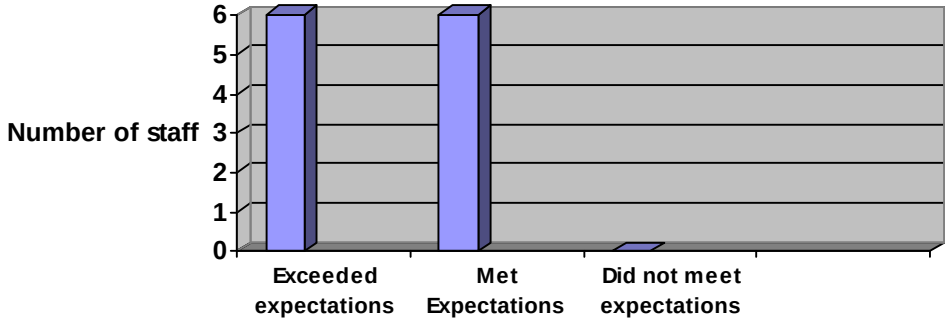
Figure 8 Length of time with the programme



As the graph shows, most staff have been with the programme under 18 months. Of those sampled only one staff member was newly arrived and it suggests that the staffing complement is beginning to achieve a more settled state where familiarity and experience can begin to be harnessed to more effect.

Expectations
All staff questioned thought that Sure Start had met or exceed their expectations.

Figure 9 Staff Expectations of Sure Start



When we asked staff why they selected the score they did they gave a range of responses such as

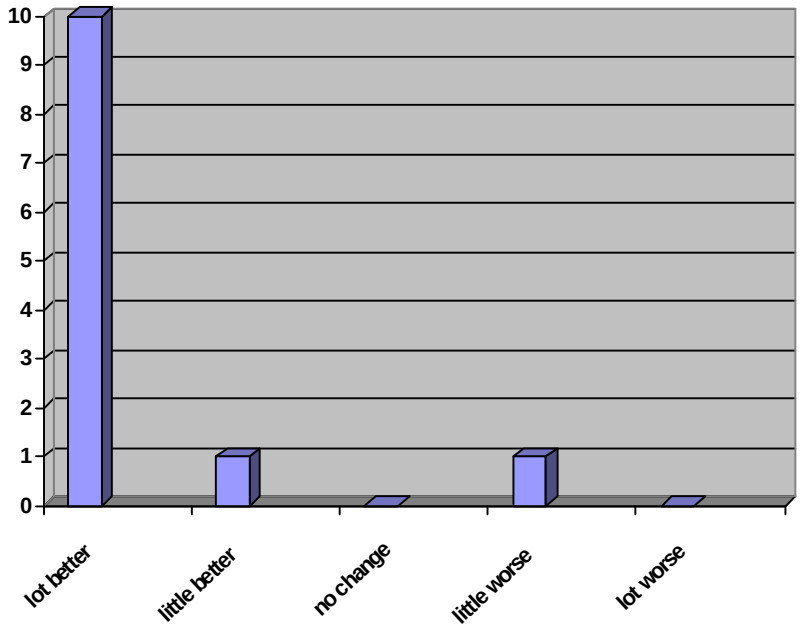
"Many services are up and running and families have been attending successfully"

"We have been enabled to extend the services we were providing"

"This Sure Start has developed a good range of services for local families. Sure Start staff are very professional and have lots of experience and we all work together as a team"

Satisfaction
In response to the question "How much has Sure Start changed your satisfaction with work", all but one respondent gave positive replies.
The chart below depicts their responses.

Figure 10- Changes in work satisfaction



As explanations for rating work satisfaction so high, staff selected a number of aspects of Sure Start's work such as:

> *"My role is very diverse and I enjoy it. Through my work I have built a good relationship with the local community and, this also gives me satisfaction".*

> *"Because I was an office administrator before and now my job involves working with children".*

> *The programme has made me more confident, with a willingness to learn and meet new people".*

020 7330 9170

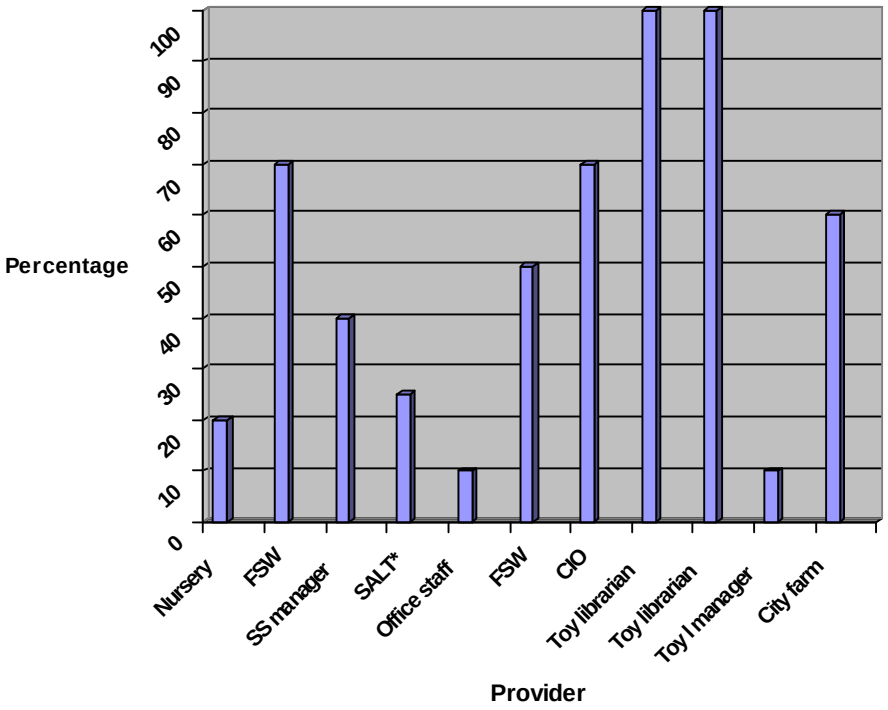
> *"When we started the job all we had was a set of targets. In one and a half years it's good to see services in place and still developing. We achieved this as a team"*.

However, not everyone was so positive. One person remarked that *"It is so bureaucratic and I hate how restrictive it is"*.

Contact with families

Depending on the role they fulfil staff vary in terms of how much direct contact they have with families. Office workers and management staff have the least contact, with toy library staff citing the most. Significantly, all apart from one manager thought that the contact time was about right. The chart below shows the range of time that staff spend in contact with families.

Figure 11 Contact time with families



* The Speech and language bi-lingual worker works part-time for the programme and the above percentage is a reflection of this.

Meeting the needs of families

When asked how well the programme meets the needs of families, staff cited a number of ways in which Sure Start has made a positive impact on families. A broad range of direct and indirect impacts was mentioned. These included:

- Having one to one contact with families.
- The health promotion service is very unique- we have access to experts in health and language support.
- We have access to training which helps families.

- There are facilities and support to refer families to, depending on their needs.
- The networking, sharing ideas and information is very valuable. Being new in Tower Hamlets, having Sure Start as a main contact has been a good foundation.

5.5 Observations and opportunities

- The providers of Sure Start Weavers and Spitalfields are committed to providing a high quality service to local families. Since meeting in July 2003 considerable strides have been made to add to services, most notably the family support service.

- There is regard amongst providers for the work that they see each other doing.

- The major area for improvement is to increase the involvement of parents in the programme.

- Other areas that require further work are revitalising awareness of the complaints' procedure and consideration should be given to a system for prioritising need for complex cases. This will become more relevant as numbers of users increases.

- It is concerning that links with Social Services are so weak. Whilst this is not wholly the fault of Sure Start Weavers and Spitalfields, it means that vulnerable families may not be getting preventative services. Regardless of contact with Social Services, the programme should ensure that it has protocols in place for dealing with complex cases and that regular whole system reviews take place.

- The poor quality of the interpreting service, as reported by providers, is concerning because families may not be getting full access to services. The programme should continue to monitor need for the interpreting service and keep the programme board informed on this matter.

- It is heartening that the providers express high levels of satisfaction with their work for Sure Start. It offers them challenge matched by the resources to meet those challenges.

6. Health initiatives and the role of the public health co-ordinator

As well as evaluating the progress of SSWS as a whole, a key focus of this evaluation is to look at the range of health initiatives on offer and the role of the public health co-ordinator in bringing the elements of the health agenda together.

6.1 Current Provision

The health component of SSWS is a significant element of the programme. Although all providers make a contribution to the health agenda, several posts are dedicated to health provision. These are:

Speech and language therapy services

A part-time speech and language therapist and a bi-lingual communication worker are employed. The aim of this service is to develop the communication skills of young children, particularly those aged 0-2 years. The staff offer opportunities for these children to develop the necessary listening skills, expressive skills, and confidence to communicate. Community settings such as the library are used. A home visiting service is also offered. The service differs from mainstream services in a number of ways. Compared to more traditional, clinic based models of service delivery the waiting time is usually 2 to 3 weeks; the speech therapist and bi-lingual co-worker deliver services together; and the aim is mainly preventative so very young children are targeted.

Clinical psychology services

Two part-time staff are employed- a specialist child psychologist and a specialist adult psychologist. Services are offered to families in respect of post-natal depression, family problems, and parenting skills. Support and training to other staff on these areas are offered. In addition, the psychology manager offers group support to local health visitors.

Compared with mainstream psychology services, families and children can be seen more quickly and psychology staff attend regular meetings with programme colleagues. The adult psychology service saw 7 women for a total of 27 sessions. The women seen were ethnically diverse, from Bangladeshi, White, African-Caribbean, and Pakistani backgrounds. They were seen between September 2003 and January 2004. The majority of those seen were offered support for post-natal depression.

Families are highly inclined to attend appointments and referrals are considered appropriate. The low DNA (did not attend) rates probably reflect the good understanding that has been built up with referrers within Sure Start and beyond and possibly, the promptness of appointments for Sure Start families.

Breast feeding support worker

This post came on stream in the first quarter of 2003. The post holder aims to visit all pregnant women after 28 weeks of pregnancy to offer information and a support service that will encourage women to breast feed. It is understood by local health professionals that this work needs to encompass work with other family members as they have an important role to play in influencing the mother's behaviour in respect of breast feeding.
The breast feeding support worker liaises closely with the midwife and is responsible for inputting to the maternity database.

Family support workers

There are three family support workers in post, all of whom are bi-lingual. Their role is essentially to assist families to receive services. In practice, this means that they accompany families to services, if required. They have a central role to play in reaching new families through home visits, contact at local centres, and supporting the work of other health staff. In respect of the latter they are offered training on post-natal depression, nutrition, communication and language development, breastfeeding, and minor injuries. However, due to time commitments not all training has been completed.

The family support workers are heavily involved in most aspects of the health agenda, as well as having continuing responsibilities in respect of registration and outreach.
The family support workers are managed by an outreach co-ordinator. Until recently there was little clarity about how their time would best be divided between their responsibilities; and communication between the public health co-ordinators and the outreach co-ordinator seemed haphazard and inefficient. Now the outreach co-ordinator

aims to meet with the public health co-ordinators on a monthly basis to discuss deployment of family support staff in respect of the health agenda.

Midwifery Service

A part-time (4 sessions) midwife has been in post since September 2003. Prior to joining SSWS she worked locally as a community midwife and has been a qualified midwife for over 11 years. The role of the midwife in SSWS is to make additional inroads into improving the health of pregnant women. Local diets are often high in saturated fats and low in iron; exercise is not undertaken by many women, leading to poor muscle tone during and after pregnancy; and many women lack information and opportunity to meet other pregnant women and so reduce isolation. Unlike other community midwives the Sure Start Weavers and Spitalfields midwife is able to provide more intensive input on breastfeeding and can follow up babies beyond 28 days. This flexibility can be most useful for premature babies and some first time mothers. Between November 2003 and February 2004, the midwife saw 23 mothers, most of them Bangladeshi.

One of the difficulties for the midwife is linking with local health visitors. They are organised according to GP boundaries, whereas the midwife operates on a patch basis. Thus there are a number of health visitors for her to link to. There are also a number of needs that the midwife would like to meet. She has plans to offer cooking sessions for pregnant women to combat anaemia and would like to offer exercise classes but there is no scope for this at present.

Public health co-ordination

The purpose of the Public health co-ordinator (PHC) role is to draw together the public health agenda so that it meets national Sure Start targets and fits with local priorities and health needs. It is intended that the PHC will set up services and then hand over responsibility to others. It is an ambitious agenda, especially when set against local health and dietary customs. One crucial target on the public health agenda is to reach 100% of babies within two months of birth. To date, the programme is reaching 72% of newborns within two months. The role is currently filled by two part-time post holders, both of whom are health visitors. The remainder of their time is spent as caseload health visitors. The post is supported by a public health assistant who maintains database records and ensures that information and links are maintained. The current post holder has extensive experience of NHS systems and is a very valuable asset to the team.

There are 6 major areas of focus that fulfil national and/or local public health targets. These are:

- Midwifery services
- Breastfeeding
- Post-natal depression
- Attendance at Accident and Emergency departments
- Nutrition
- Registration with Sure Start Weavers and Spitalfields
- Library membership

Midwifery

The role of the midwife has been outlined. The role is supported by the PHC and links directly to the breast feeding support worker. Visits to pre and post natal women are targeted. One of the challenges for this role and the breastfeeding support worker is to engage the wider family in facilitating breastfeeding.

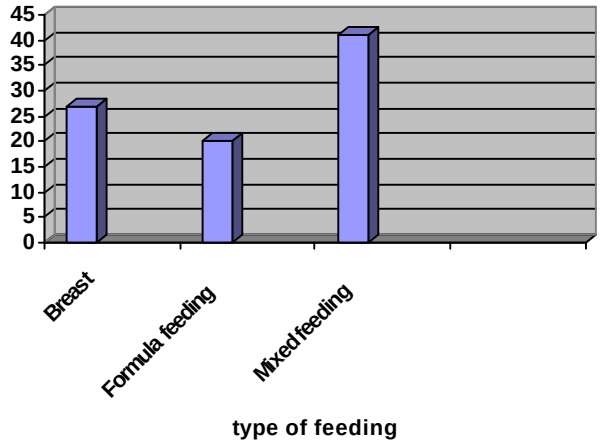
Breastfeeding

The national Sure Start targets for breastfeeding for year 2 (2003-2004 for SSWS) are that 60% of local parents receive information about the benefits of breastfeeding. For the following year, the target is 100%.

Between October 2003 and February 2004 the support worker (sometimes accompanied by the midwife) made 60 visits to families. This represents 3 visits per week, on average. The target is to reach 5.

The challenge of increasing breastfeeding rates is considerable. The public health assistant collates statistics on rates of different types of feeding. The figures for types of feeding used by mothers seen at clinics and at home from March 2003 to February 2004 are shown below.

Figure 12 Types of feeding at 6 months



These numbers indicate that 30% of current mothers are exclusively breast feeding; 23% are using formula feed; and 47% are feeding a mix of breast and formula milk. Data from the Royal London midwifery service indicates that only about 33% of mothers breastfeed exclusively during their stay in hospital; a further third mix feed. Comparing the hospital and community figures it appears that community staff are succeeding in supporting most mothers who start by breastfeeding and they are increasing the numbers who mix feed (UNICEF does not specify exclusive breastfeeding as the target, mixed feeding is acceptable).

SSWS has approached the target of breastfeeding by aiming to achieve 'Baby friendly status,' a standard set by UNICEF. There are 7 targets to reach to achieve the status. Significantly, one component involves training all Sure Start providers on breastfeeding. Another focuses on adapting local environments to ensure that mothers can feed with privacy. The programme also monitors breastfeeding rates to satisfy Sure Start and UNICEF requirements. Further along in the development of this project is a commitment to recruit and train local mothers to support breastfeeding mothers.

Post-natal depression

Although there are no longer specific targets for post-natal depression, the national Sure Start Unit states that women with post-natal depression should be appropriately supported in the first year of their baby's life. SSWS is approaching this on two levels. The first- baby massage- is low key, suitable for all babies, and acceptable to all cultures. The second- appointments with a clinical psychologist- is for those mothers who are identified with a need for such support by health visitors, GPs and nursery staff etc.
Training of staff in baby massage and detection of post-natal depression is available and support to staff is also offered.

Although not directly set up to impact on post-natal depression, the newly established baby café is intended to bring pre and post-natal women together in an informal atmosphere to share experiences and have opportunities to socialise and get advice from health staff, if required. So far this service is proving popular.

Attendance at A&E

Nationally, Sure Start has set a target of a 2% reduction in year 2 of attendance at A&E departments by children in the Sure Start age range. Annually, gastro-enteritis in young children costs the NHS £350m. Increasing breast feeding directly impacts on this and also protects against respiratory disease and ear infections.

SSWS is tackling this target in a number of ways. As well as the emphasis on breastfeeding and good food hygiene; the family support workers will be trained in home safety; and the outreach co-ordinator runs programmes to assist men to stop smoking. There are plans to run a minor ailments clinic for problems that can readily be treated by health visiting staff. Also, the A&E department has been asked to refer families back to the public health co-ordinator so that follow-up can occur, thus further reducing the use of A&E and GP surgeries.

Although training packs on smoking cessation are available, no courses for fathers have taken place yet.

Nutrition

It is recognised that nutrition in local children is a clear health need. Specifically, most children are not given fruit, particularly before the age of one year. Also, their diet is very high in milk, resulting in anaemia. To combat this, the PHCs are working with the Bengali infant nutrition link worker, the family support workers, and the community dietician, to target families at clinics and nurseries in order to introduce healthy food and nutritional advice.

Registration

By the end of year one 251 families had been registered. This was short of the target of 300 that the programme had set for itself. The health advocacy service offered sessions at clinics to assist the registration process. Feedback from the staff who undertook the registrations suggests that most families were interested in registering for the service, although it was difficult for some to take in the large amount of information on offer. It was difficult for some parents to understand distinctions between nurseries and crèches. In addition, it was thought that there were insufficient services to offer fathers and the free goodie bags on offer ran out quickly.

There are plans to increase efforts to register families by calling at people's homes and ensuring that all two month post-natal visits take place. The target for registration is 75%. For new births the programme relies on the local health visitors to inform families but, due to the difference between the way services are organised- health visiting services are set by surgery boundaries and Sure Start services are patch based- some health visitors may have very few Sure Start families on their caseloads. Equally, some Sure Start families may be using health visiting services that are outside the Sure Start boundary. This makes identification and thus registration more difficult.

Library Membership

A Sure Start national target is to increase the number of 0-3 children who are an active member of a library. Tower Hamlets has the lowest library membership in the UK. A story and rhyme time session was being offered in conjunction with the libraries but this has had to be halted in one Library due to the places being filled with families from outside the Sure Start area.

6.2 Service providers' perceptions of the public health agenda

Gaps in the public health agenda

At the first and second forums convened for service providers staff were asked to identify the major gaps they thought existed in the public health agenda for Weavers and Spitalfields families. Although providers completed their answers without reference to each other there was remarkable consistency between them. Half of the group (6 providers) identified the lack of accessible and timely appointments with GPs as the major gap. A further four identified health promotion (including diet and smoking); and one each mentioned dentistry, children with special needs, and opportunities for mothers to relax and improve their health at the same time, through yoga for example.

Priorities of the public health agenda

When asked what one top priority each provider would specify in respect of the public health agenda, there was good consensus. Nutrition and diet were prioritised by 8 providers; breastfeeding was prioritised by 5 providers; and other aspects of health and well-being such as first aid training, smoking cessation, and sleep training, were mentioned by 4 providers.

6.3 Observations and opportunities

- The staff who are endeavouring to meet the public health agenda are a highly skilled and enthusiastic group who show considerable commitment to improving the lives of local families.

- All of the staff who are engaged in this agenda, along with the wider stakeholders, have had to adjust their perspectives to work with a Sure Start programme. To one degree or another, all have had to become more strategic and more flexible. As services develop, it is important for the staff to seize opportunities to turn services over to the community or other providers, where possible. For example, there may be scope to work with practice nurses on developing and running the minor ailments clinic.

- The health staff have made considerable progress in setting up the structures and processes for the public health agenda. Good practice, such as the weaning groups, has been built upon, and the public health co-ordinators are linking to the relevant health staff.

- The fact that the majority of providers identified the same gaps and priorities for the health agenda indicates that there is a core consensus about the work that needs to be done.

- The decision to assign a co-ordinating role to the agenda has been a correct one. There is a clear need for the various aspects of the agenda- language development, breastfeeding, and so on- to be brought together and tackled in a coherent and consistent fashion.

- The decision to attach a service development aspect to the role also seems right. In this way services, such as the Somali women's group, can be set up and then passed to other workers and the community to develop and sustain.

- The public health agenda for Weavers and Spitalfields is an ambitious agenda. The aim of achieving baby friendly status in a borough such as Tower Hamlets which has a low rate of breastfeeding and a low tolerance of breastfeeding is commendable but some of the timescales may be unrealistic. The time taken to set up new services and change the public's behaviour is always greater than estimated and these services require considerable planning and networking to succeed, activities that are in themselves time consuming. In addition, the fact that one of the co-ordinators has been unable to work due to injury for the past few months has put more pressure on the timescales. There is a strong drive from the two post-holders to reach these and the other targets but, given the setbacks, it may be sensible to review the timescales.

- It is important that the planning of public health services and the feedback from them is linked to the mainstream agenda. In this regard, there is considerable opportunity to utilise the expertise of the Public Health Department to plan services and receive guidance. The Public Health Department had a potential advisory role to play when the PHC post was first conceived but this was not

considered at the time. Currently no information from any Sure Start local programme in Tower Hamlets gets fed through to the department's statistics or plans. This is an oversight and a missed opportunity for joint working and furthering the mainstreaming agenda within Sure Start.

- The role of the public health co-ordinator is filled by two persons at present. The two current staff complement each other's skills and work well together. Given the large agenda and the inevitable frustrations of a development post, it is fruitful that the staff have each other for support.

- There is a sense at times that the staff are so very busy with their own set of targets that it can be difficult for them to see how and where their agendas meet and support each other Although referral rates have increased between providers there is scope for more between providers. In this regard, it is essential that the health component of the programme and the core team continues to meet together and plan together. This may be difficult at times due to the fact that many staff are part-time but it is a vital means by which professional agendas can merge.

- The family support workers represent the chain that links the services to the community. Their work has been praised by colleagues and they bring considerable enthusiasm and commitment to their work. However, their role is very broad, encompassing as it does outreach work and support of the health agenda. The danger is that they may be asked to take on too many functions, promote too many messages, and thereby lose direction and focus. The fact that some training with them has not taken place may be a reflection that they have too many things to do.

- The employment and management arrangements for the family support workers means that they can be caught between the demands of their employer and the demands of the programme. Further, within the programme, previous arrangements to set their time between health and outreach work do not seem to have worked very well. There is now better communication between the manager of the family support workers and the public health co-ordinators, but the success of this arrangement depends on good communication and goodwill, rather than formal arrangements. A clearer arrangement would have been to split the management function between health and community outreach.

- The current arrangement of health visiting in Tower Hamlets is GP practice based. Several health visitors serve the Sure Start area and are the main source of new referrals to the Sure Start programme. This arrangement means that the health component cannot be built around health visiting in the way that has happened with programmes which have a patch based health visiting service. Consequently, this arrangement requires excellent links between the health visitors and the programme and adequate support of the health visitors by the programme to ensure that they can easily assist families to access the programme. It is not their role to register families to the programme and yet they have a vital role to play in facilitating registration. The programme needs to ensure that health visitors have ready access to registration staff and are kept apprised of services.

7. Community focus groups

Five focus groups were conducted in July and August 2003 with local families. All of the groups took place in local clinics and centres which are used to deliver Sure Start services. Crèche facilities and refreshments were providers and all participants received a £20 high street voucher. Each group lasted for an hour and a quarter and the same set of issues were raised in all the groups. Interpreters were used for the Bangladeshi groups and the Somali group.

The groups

One group of Somali mothers (19 attendees) was convened;
One group for Bangladeshi mothers (10 attendees) was convened;
One group for Bangladeshi fathers (11 attended) was convened; and
Two mixed groups, comprising White and Bangladeshi mothers and fathers, conducted in English were convened. Attendances of 6 and 8 were achieved for these groups.

In total 52 parents and carers were interviewed; 13 of whom were men and 39 of whom were women.

At each group the aim was to find out what parents and carers knew about Sure Start, what Sure Start services they use, and what their experiences of other key health services such as health visiting and GP services are.
Service gaps were looked at and the discussion was concluded by asking attendees to list the three priority areas they would like to see addressed.

From the discussion about the services they use the following issues emerged:

Issue 1- Information

Overall, all groups requested more information on activities and contacts. Some also wanted access to Sure Start approved childminders. For the Bangladeshi mothers there was a need for information to be clearly linked to easy access. Many do not read English or know the area. Therefore giving them a map in English is not helpful.

They wanted to meet a support worker or other mother at somewhere they knew, such as their GP surgery, and then go accompanied to a playgroup.

The Bangladeshi mothers and fathers and the Somali mothers attended the focus groups because they had been invited by support workers. This method of communicating information and developing the confidence of the parents to attend new activities is clearly effective. This method is especially vital where parents speak languages other than English and where there may even be a danger of getting lost if they navigate routes that take them a long way from home.

It was clear to us that, in spite of the common access issues, there are differences to be noted between the groups in terms of their need for information. We recommend an information strategy for each community that takes account of their circumstances. For example, many of the Bangladeshi mothers do not travel more that a few streets from home, unless there is a clear reason to do so. The Somali mothers do not have access to Somali speaking GPs or health visitors, so cannot easily benefit from information through these channels. Newsletters, word of mouth, professional recommendation and publicly displayed posters all have their role to play but the balance of these approaches may need to vary for different communities.

Issue 2- Child friendly waiting areas

A clear consensus emerged from several of the groups that GP surgery waiting areas could be made friendlier to children. Participants wanted toys and books to be available in these areas.

Issue 3- Outings

Another clear consensus emerged on the wish to have opportunities to take day trips. Those who had been on them were very enthusiastic. Most of the parents have no realistic opportunity of travelling to the seaside; and some do not know of the amenities in the local area. Others would not have the confidence to arrange these trips for themselves.

Issue 4- Toy library and play areas

There was a request from the Bangladeshi fathers to have a toy library close to Brick Lane. They valued the facility, as did other parents, but wanted it to be closer to their homes. The play areas and parks were perceived as of variable quality. Well maintained play equipment was requested but it was also mentioned that there is little in the way of safe indoor space for children during poor weather. Nonetheless, those who had attended play groups said their children really enjoyed them.

Issue 5- Health visiting service

A strong trend emerged from all of the parents that the health visiting service was not the main source for information. Some mothers spoke about queuing to attend the baby clinic and there being no time to discuss concerns with the health visitor. Of concern was the fact that some of the Bangladeshi mothers said they tried to put off attending the clinic because of the waiting and limited space.

Since July 2003 the health visiting service at Spitalfields health centre has been operating an appointment system to reduce congestion and offer greater choice to families. Indications are that these changes are proving successful.

Issue 6- GP service

The GP was more commonly seen as a source of health information. There was a wide range of views expressed about the GP service, ranging from the excellent to the poor. However, there was agreement that routine appointments were difficult to get, necessitating the need to book into emergency slots, even if the concern was not so urgent.

From the Somali mothers there was dismay and distress at having to negotiate with GP receptionists who were perceived as rude and unsympathetic. As mentioned above, none of the Somali mothers has a Somali GP or health visitor. Their sense of being ill-treated at the surgery by reception staff is not helped by the fact that they have to rely on an interpreter, limited English or possibly gesture as a means of communicating with health professionals.

Issue 6- differences between communities

The Somali community

The Somali community has limited linguistic, economic, political and social power compared with the British and Bangladeshi communities. They themselves spoke of being small in number amongst a large community of, for example, Bangladeshi families on an estate. They were fearful, and felt vulnerable for themselves and their children. Their access to mainstream services had to be negotiated through the hands of the more powerful communities. The Somali community is relatively new in this country; many have recently arrived as a result of personal and political trauma; with their families and education disrupted.

As a consequence, several things might be useful to them. Almost all of the Somali mothers expressed a wish to learn English and improve their education. At the same time, they wanted to know that their children could have safe and culturally enriching childcare. There was some anecdotal evidence that many have not acquired the information they need to enable them to negotiate their choices more successfully. For example, we heard a lot of complaint from them about their homes being damp. One of the health visitors told us that they do not open their windows or curtains. This makes sense in a hot country but leads to damp in British homes. Skills aimed at living in Britain, combined with English teaching and crèche facilities would be a good starting point for this community. Access to mainstream services and more integrated provision could build upon this foundation.

The family support worker who links to this community, along with one of the public health co-ordinators, has introduced a monthly group for Somali mothers. The group has only met a couple of times so it is too early to report on progress.

The Bangladeshi Community

In some contrast the Bangladeshi community is well established in Tower Hamlets. They have GPs and receptionists who speak Bengali and they have an established complement of local businesses and community networks. However, they also referred to a number of clear needs. Both mothers and fathers wanted to improve their English, and some wanted to take up specific skills such as sewing and childcare. Information is not currently

available on how many parents receive childcare support within their family. This is an issue that the programme could explore further.

Additional issues

Somewhat worryingly, none of the parents seemed to have any expectations about a health visiting service.

Less mentioned but interesting requests for first aid knowledge and music and movement groups for toddlers were made.

By and large transport was not perceived as a significant problem. Negotiating pushchairs onto buses can be difficult, but the impression gained was that many parents only travelled within walking distance of their homes.

Summary of needs:

For all-

- An information strategy for the community as a whole, with specific attention to the needs of BME communities.
- Continuation of the toy library and the playgroups.
- Exploration of ways to link childcare/play to parental educational opportunities.
- Better health visiting services in terms of prevention and intervention.
- Improved access to GP services- appointments when they are needed.
- Investment in outdoor and indoor play facilities.
- Opportunities to go on outings and meet other parents.
- Links could be explored with services that provide activities for slightly older children, as some parents have the challenge of also catering for children who are beyond the Sure Start age range.

For Somali families:

- Continuation of outreach by support worker.
- Access to health advice in their language and that is culturally sensitive.

- Opportunities to combine adult education with childcare provision.
- Careful planning of integrated services in terms of support and timing.

For Bangladeshi families:

- Personal support to access services, rather than assuming that they will go once they know about them.
- Language learning and skill development opportunities.

8. Community Survey

8.1 Awareness and promotional material

Of critical importance to the concept of Sure Start is the need to transmit knowledge of the programme to all parents of young children within its catchment area. The provision of services through Sure Start represents a change from mainstream practice, and it is therefore essential that parents are made aware that a new form of universal service is available to them. In addition, Sure Start has the ability to transcend old stigmas and pejorative labels that may have attached themselves to existing services, and so it is essential that parents are made aware that Sure Start is not associated with old forms of service provision.

When asked whether or not they had heard of Sure Start Weavers and Spitalfields 87% of respondents indicated that they had. This is a good result and is evidence of the benefit of outreach work continuously rolled out over the life of the programme and also indicates that the promotional work undertaken to date has largely proven to be successful.

Respondents were asked where they had heard of Sure Start Weavers and Spitalfields from. The results are set out at Table 9.

Table 9: Source of awareness regarding Sure Start Weavers and Spitalfields

Heard of Sure Start	Number of citations	As percentage of citations
Word of mouth	37	32.5
Sure Start worker	28	24.6
Poster/flyer/information leaflets	14	12.3
Health visitor	14	12.3
Other	10	8.8
Local newspaper	8	7.0
Midwife	3	2.6
Total	**114**	**100**

The critical role of Sure Start staff in the promotion of the programme is underlined in the results given at Table 9 with Sure Start workers accounting for a quarter of citations. Health visitors played a relatively small role in generating awareness despite the fact that they provide a universal service to all post-partum mothers in the area and so are ideally placed to pass on information regarding Sure Start to mothers.

The Other sources of awareness regarding Sure Start are given below:

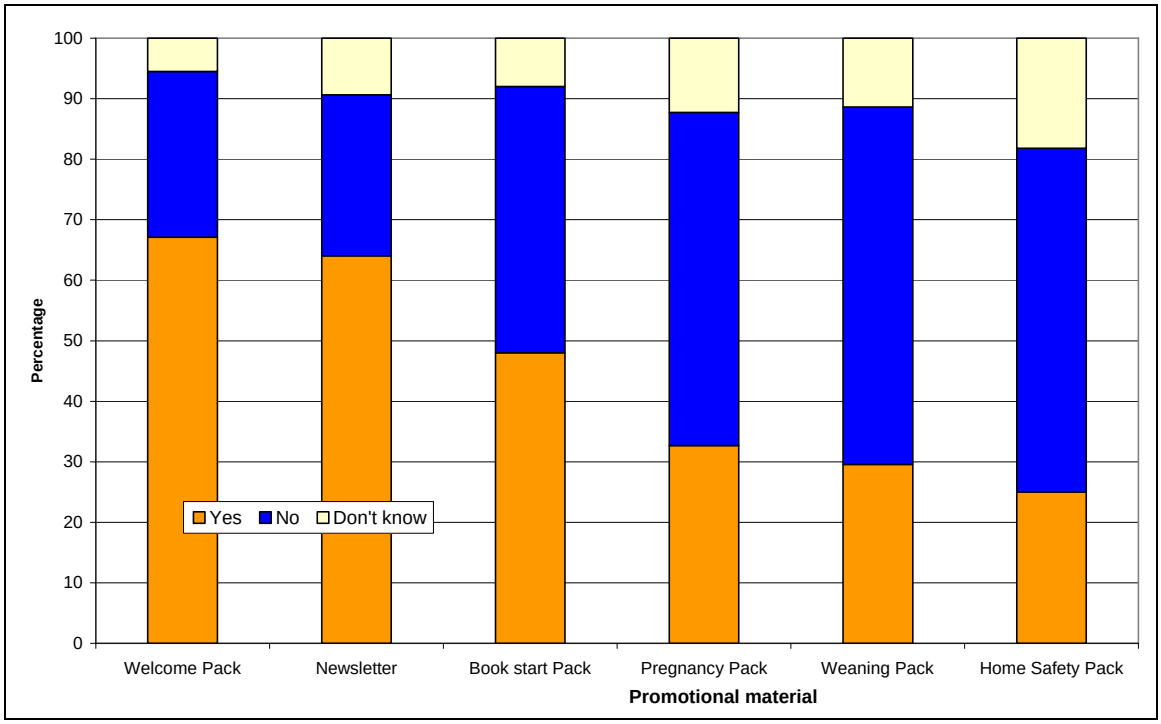
- Baby clinic 3 citations
- Library session 1 citation
- Work (non-specified) 1 citation
- Columbia play group 1 citation
- St. Hilda's Crèche 1 citation

- Health Clinic 1 citation
- Volunteer worker 1 citation
- Through own community work 1 citation

Promotional materials

When asked if they had received any promotional materials from Sure Start, over two thirds of respondents stated that they had (67%), 27% had not whilst the remainder were unable to recall. Respondents were asked which promotional materials they had received from the programme, with the results given at Chart 13.

Chart 13: Receipt of promotional material

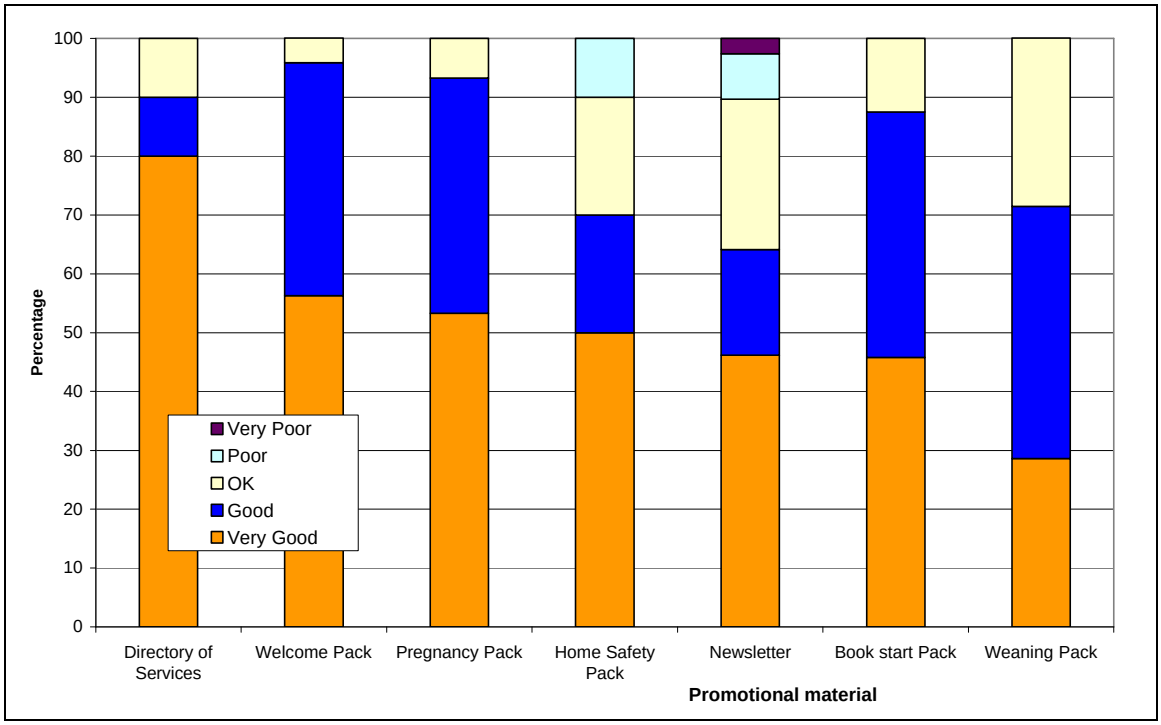


The majority of parents had received the Welcome Pack and/or Newsletter. The results at Chart 13 would tend to indicate that the two key promotional materials are being disseminated widely in the community, whilst work remains to be done in distributing the other promotional devices used.

Quality of promotional materials

Parents were asked to assess the quality of the promotional material that they used. The results are set out at Chart 14.

Chart 14: Assessment of quality of promotional material received



The results indicate that the promotional resources developed are of a consistently high standard with the majority of respondents indicating that all of the materials listed were either Good or Very Good. In particular, the Directory of Services received very high approval ratings with almost all parents giving it a positive rating.

Who Sure Start is aimed at

In order to determine how successful the promotional work has been in communicating the aims and objectives of the programme, parents were asked who Sure Start Weavers and Spitalfields is aimed at. The top four most common responses given are presented at Table 11. A full list of responses is given at Appendix B.

Table 11: Top four definitions of Sure Start given by respondents

Who is Sure Start aimed at?	Number of citations	Percentage of citations	Percentage of survey population
Parents and children	17	22.1	19.3
Children under 4	16	20.8	18.2
Parents and children under 4	13	16.9	14.8
Children	7	9.1	8.0

The results are a very positive endorsement of the programmes promotional work, with a clear majority of answers giving definitions that captured the essential scope of Sure Start. 17% of definitions given were wholly correct (Parents and their children under 4) whilst 88% of the definitions given were broadly correct (in that they defined some

aspect of the client group correctly), although there is still some ambiguity remaining among some parents:

- *I am confused as to who exactly Sure Start are. Is it a coordinating body? What facilities/activities are supported by Sure Start?*

8.2 Observations and recommendations

- Sure Start Weavers and Spitalfields has been successful in communicating to its client group. A clear majority of parents are aware of the programme, and the majority also indicating that they had received key promotional materials (namely the Welcome Pack and Newsletter). The results indicate that the strategies adopted to date have been successful, but the programme should explore other means to ensure that this high level of awareness is not eroded over time.

- Key to this would be for the programme to explore additional avenues of communication. Other Sure Start programmes -such as Sure Start Sheerness - use health visiting staff as a primary means of communicating about the programme. Sure Start Weavers should therefore explore the possibility of including more promotional work as a part of the service offered by health visitors.

- While the majority of parents indicate receiving the Welcome Pack and Newsletter, the figures fall for other promotional materials (Book start pack, Pregnancy pack, Weaning pack, Home Safety Pack). Sure Start should endeavour to ensure that the full range of promotional materials is offered to clients, and that these materials are freely available at all Sure Start events and groups.

- The results indicate that subsequent promotional work of Sure Start should focus on "refining" the message. Promotional strategies should aim at ensuring that parents in the area are informed of the specific age range of the programme rather than an assumption that it is for parents in general, the most common definition given. Sure Start should also promote the vision that runs through the heart of the programme and which was so succinctly captured in one respondent's definition of the programme:

"Children under 4 for a brighter future".

8.3 User satisfaction with services

Note

The results from the community survey proved to contain an extreme degree of homogeneity that is unusual in such exercises. A very large majority of respondents were female, Asian Bangladeshi women aged 25 to 44 in dual parenting relationships. See Appendix A for a full demographic breakdown.

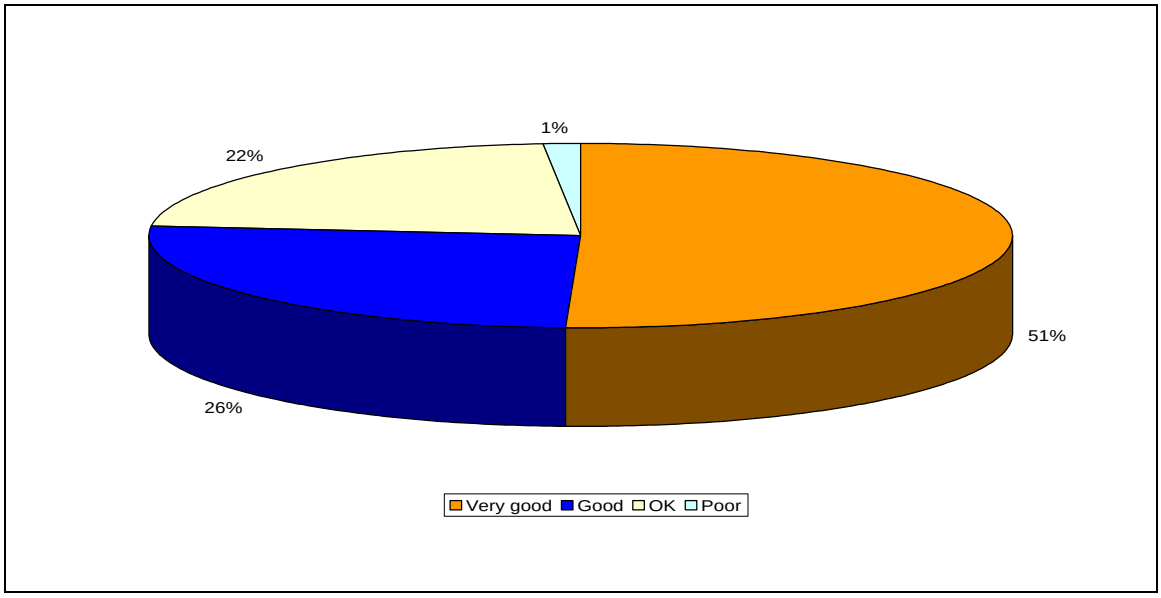
As such it proved not to be possible to disaggregate the survey results by demographic factors as all sub-populations were too small to be meaningfully analysed.

All results should be read with this degree of respondent homogeneity in mind.

Overall service evaluation

Respondents were asked to give an overall assessment of Sure Start Weavers and Spitalfields. The results are given at Chart 15.

Chart 15: Overall assessment of Sure Start Weavers and Spitalfields



The results are a very positive endorsement of Sure Start Weavers and Spitalfields with 77% of respondents stating that the programme is either Good or Very Good.

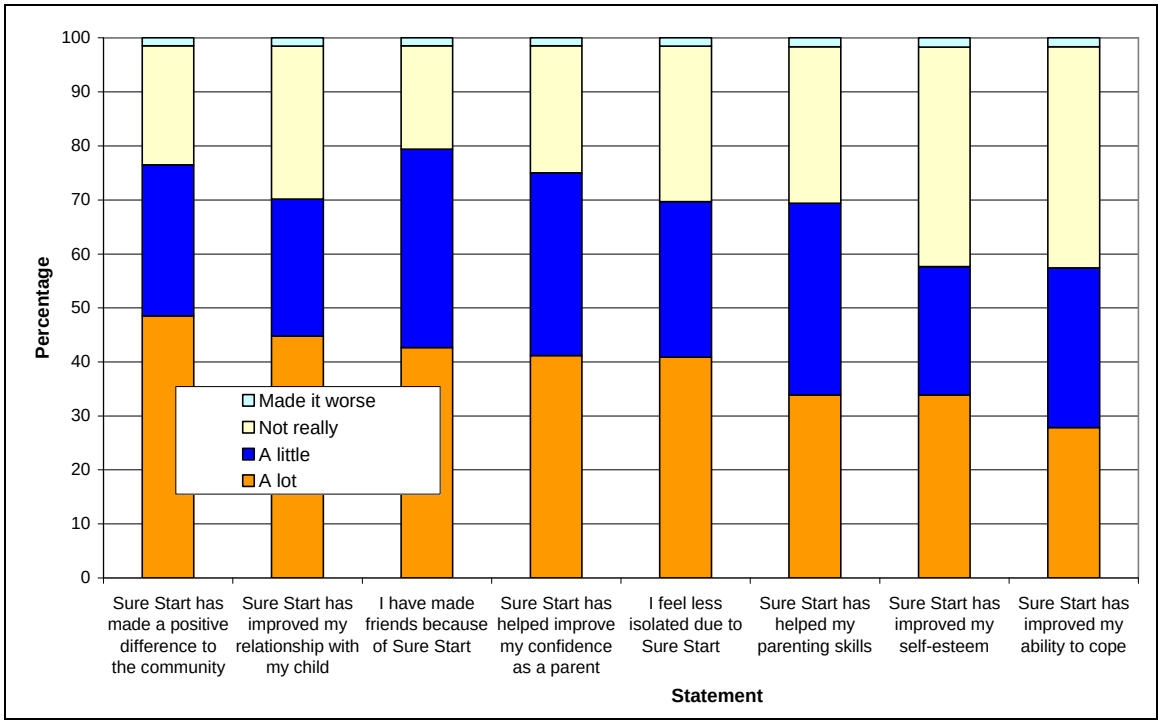
Comments throughout the survey illustrate this positive assessment of the programme:

- *I think Sure Start has made lots of changes around this area. Keep up the good job.*
- *I believe that Sure Start is an excellent service provided to the local community.*
- *I think Sure Start is very helpful because it provides all these activities.*

Quality of life: making an impact on the lives of parents

Parents were asked to respond to a series of statements relating to the impact that Sure Start Weavers and Spitalfields has had on their quality of life using an attitudinal scale encompassing the points, A lot, A little, Not really and Made it worse. The results are set out at Chart 16.

Chart 16: Assessment of quality of life statement - parents



The results provide a further positive endorsement of the programme with the majority of parents indicating that the programme had made A lot or A little of a difference in relation to each of the statements.

Approval ratings ranged from 79% agreeing A lot or A little with the statement I have made friends because of Sure Start to 57% in relation to the statement Sure Start has improved my ability to cope.

The results were particularly strong in relation to the assessment of the impact of the programme on the community with almost half (49%) of respondents agreeing A lot with the statement, Sure Start has made a positive difference to the community. As one parent observed:

- *The community for some reason has become more colourful due to Sure Start.*

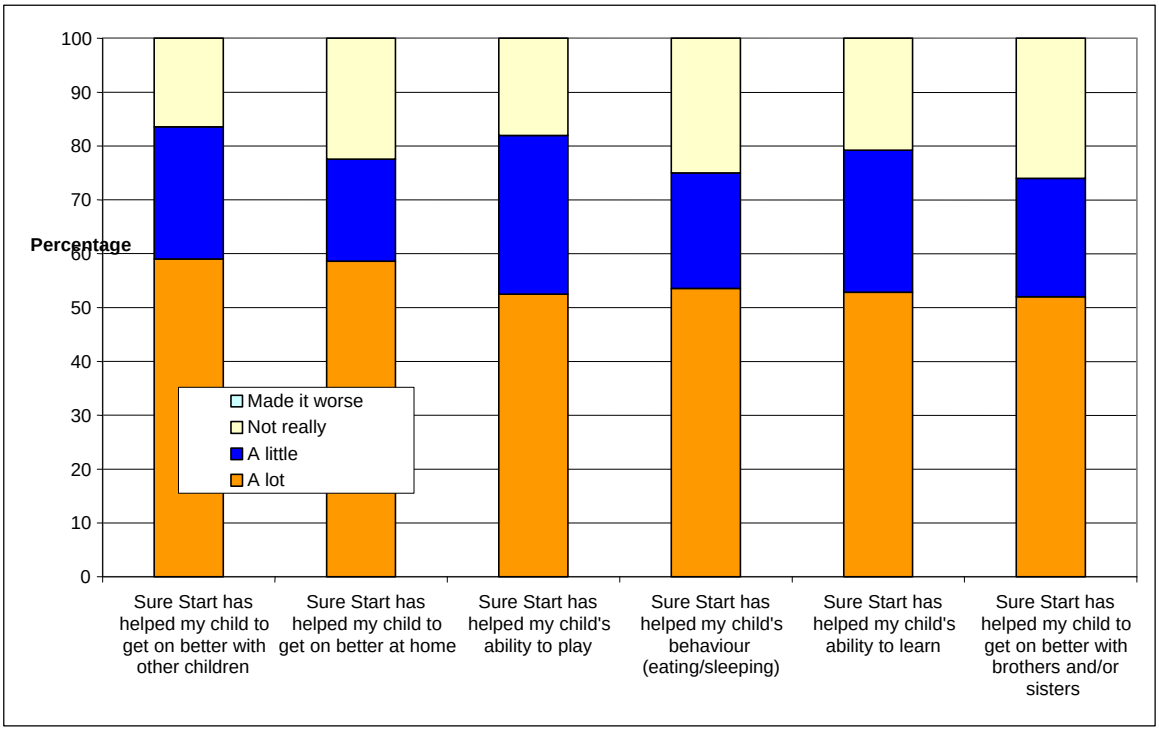
As another parent observed:

- *I think Sure Start is a good programme for the community and it has helped me a lot.*

Quality of life: making an impact on children's lives

Parents were then asked to rate a number of quality of life statements relating to their children, using the same attitudinal scale. The results are set out at Chart 17.

Chart 17: Assessment of quality of life - children



As with statements relating to parents, those concerning the quality of life of children were all positively endorsed by respondents with the majority agreeing A lot or A little with each of the statements.

The distribution of the approval ratings was less than that for the statements relating to parents from 84% agreeing A Little or A lot with the statement Sure Start has helped my child to get on better with other children to 74% for the statement Sure Start has helped my child to get on better with brothers and/or sisters.

8.4 Satisfaction with health services

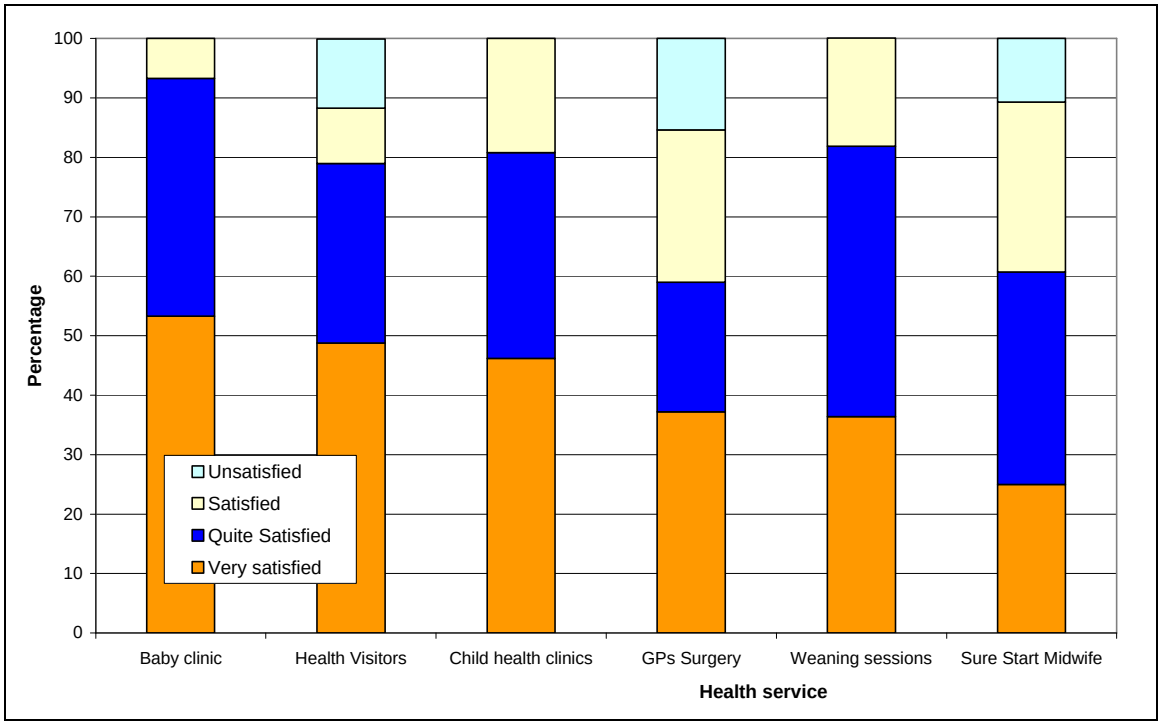
Parents interviewed in the community survey were asked to evaluate a range of health services in the SSWS area using a four point attitudinal scale encompassing the points Very satisfied, Satisfied, Quite Satisfied and Unsatisfied.

The health services evaluated were:

- GPs
- Sure Start Midwife
- Health Visitors
- Speech and language therapist
- Health advocacy service
- Adult psychologist
- Child psychologist
- Baby clinic
- Child health clinics
- Weaning sessions
- Pre-school sessions
- Breastfeeding support
- Ante-natal classes
- Home safety visit
- Eczema clinic
- Homeopathic drop-in

The results are presented at figure 18.

Figure 18: Evaluation of health services



Approval ratings for the health services analysed were high with the majority of respondents indicating that they were Quite Satisfied to Very Satisfied with each of the service given in Chart X. Results for the Baby clinic were particularly positive with 93% of parents indicating that they were Quite Satisfied to Very Satisfied.

Insufficient levels of response were achieved to allow meaningful representations of results relating to a number of health services. The results for these services are presented as actual numbers of citations at Table 12.

Table 12: Evaluation of low response health services

Health service	Actual number of responses			
	Very satisfied	Quite Satisfied	satisfied	Un-satisfied
Speech and language therapist	8	1	3	3
Health Advocacy service	5	4	1	2
Adult Psychologist	0	2	1	0
Child Psychologist	1	1	0	0
Pre-school nutrition visits	8	5	2	1
Breastfeeding support	7	8	3	1
Ante-natal classes	6	6	0	2
Home safety visit	8	2	2	0
Eczema clinic	1	2	1	0
Homeopathic drop-in	2	0	4	0

Gaps in service

A quarter (25%) of respondents indicated that there were gaps in health services in the area.

When asked to provide details of additional health services they would like to see in the area, 14 respondents provided details. Their responses are set out at Table 13.

Table 13: Additional health services requested

Additional health services	Number of citations	Percentage of survey population
More ante-natal classes	2	2.3
More GP surgeries	2	2.3
Reduced waiting times	1	1.1
Special services for children	1	1.1
Health awareness promotion	1	1.1
Improved GP services	1	1.1
Healthy eating advice	1	1.1
More breast-feeding support	1	1.1
Improvements to all services	1	1.1
Health advisors and nurses in GP surgeries	1	1.1
Better service from GPs	1	1.1
Support for young mums	1	1.1

While respondents outlined 12 different areas which they identified as gaps, no single option was cited by more than 2 respondents (equating to 2% of the survey population). The results at Table 13 clearly therefore illustrate that there is no particular area of concern among parents that needs to be addressed.

Taken collectively, suggestions concerning GPs/GP surgeries were made by 6% of the survey population. Thus, whilst constituting the majority of suggestions made, this still does not collectively add up to significant demand for additional services.

Favourite health services

Respondents were asked to indicate whether or not they had a favourite health service in the area, and to give details of their favourite.

In all 42 respondents (47% of the survey population) indicated that they had a favourite health service. The findings are set out at Table 14.

Table 14: Health service liked the most

Health service	Number of respondents	% of respondents
GPs	12	13.6
Health visitors	8	9.1
Weaning sessions	6	6.8
Child health clinic	4	4.5
Speech and language therapist	2	2.3
Ante-natal classes	2	2.3
5 fruit and veg a day (non-specified session)	2	2.3
All	1	1.1
Homeopathic drop-in	1	1.1
Health workers at clinic	1	1.1
Adult psychologist	1	1.1
Baby clinic	1	1.1
Dentist	1	1.1

14% of respondents indicated that GPs were their favourite health service. This result is in part to be expected given the role of GPs as front-line health staff, primary point of contact with health services and gate-keeper to further health services. This is reinforced by the comments provided:

GPs

- *GP, It's there when I need it and it's local.*
- *GP, gives me the right medicine for my children and me.*
- *GP, it's there when I need it.*

Additionally, parents appreciate health advice given to them:

- *GP's surgery because most of the doctors are helpful and very clear on what they are saying.*

Health visitors

Health visitors were appreciated for their inter-personal skills and were seen as a valuable health resource for parents to draw upon:

- *My health visitor is the service I am most happy with. They are always there to listen to you and they are very informative and prompt*
- *Health visitor - they were very helpful when I needed them.*
- *Health visitors because when X comes over, my daughter loves it. My son laughs and stops crying when she carries him.*
- *Health visitors, they are the first contact of my child's health.*

Health services in need of improvement

Respondents were also invited to indicate whether or not there were health services that they disliked. In all, 26 respondents (30% of the survey population) were able to cite a service that they disliked. The results are set out at Table 15.

Table 15: Health service in need of improvement

Least favourite health service	Number of respondents	% of respondents
GPs	10	11.4
GPs - access	7	8.0
GPs - receptionists	5	5.7
Hospital	3	3.4
Baby clinic	1	1.1
Dentist	1	1.1
Speech and language therapist	1	1.1

GPs were the most commonly cited service, collectively being cited by a quarter of respondents.

The results further three key concerns relating to GP services – GPs themselves, the administrative/access issues surrounding GPs, and GP reception staff. Quotes are given in relation to each below:

GPs

- *General practitioners, they are more into rushing their work and finish work early.*
- *The doctor does not listen to my whole problem before prescribing medicine.*
- *GPs - they are very busy to listen to you.*

GP access

- *GP - they never have appointments*
- *The least favourite service is the GP surgery because they make you wait outside in the waiting room and my child becomes really bored and irritated.*
- *Dr's surgery as it is hard to get an appointment.*
- *The GP surgeries. The waiting times are very long.*
- *GP - I never manage to get an appointment when I need it.*

GP receptionists

- *GP - I have always hated the receptionists. They are very rude.*
- *GP - The receptionists are so rude.*
- *GP's surgery as well, because the secretaries are very, very rude and very unhelpful.*

The comments clearly indicate that access to GPs is a point of contention, primarily in relation to difficulties in getting appointments and waiting times once an appointment has been obtained. Related to the latter is the fact that waiting areas are perceived as not being child friendly environments. Parental perception's of the child friendliness of services is of crucial importance since it affects their take-up of services. As one parent noted:

- *Doctors are not designed for parents to take small children in with them, such as no baby buggies access … when the mother is seen by the doctor or even waiting, the babies and children become irritated, therefore I avoid the doctors.*

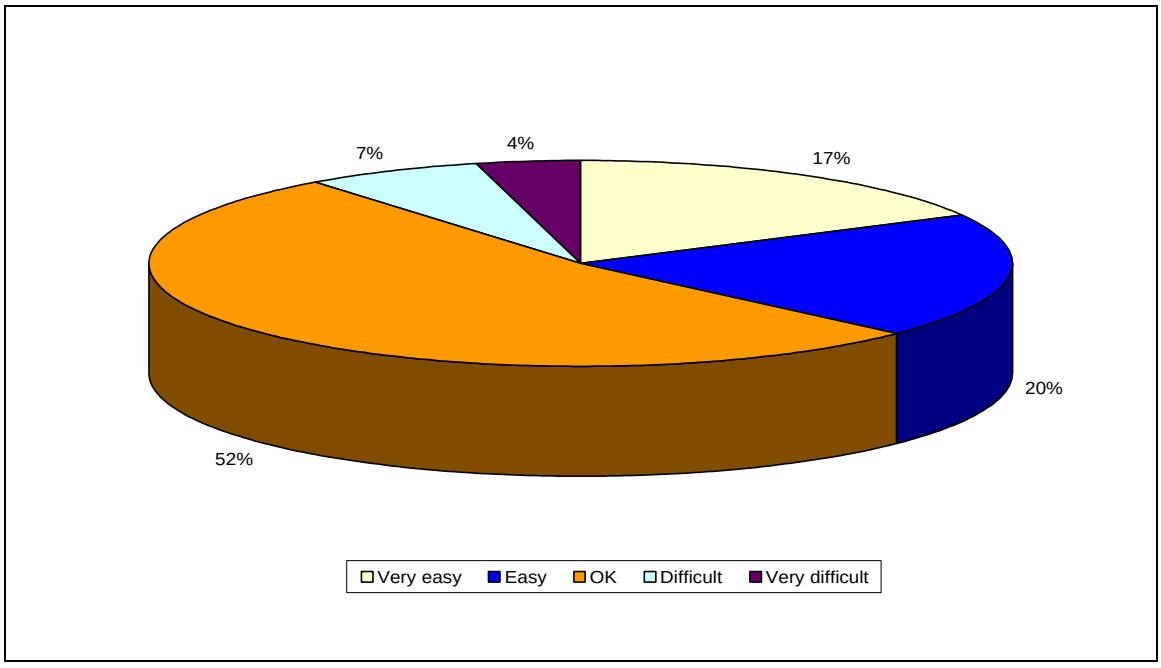
Of some concern, doctors receptionists are identified as both rude and unhelpful and seem to be perceived as a barrier to accessing health services rather than having a facilitative function.

Health Visitors

In addition to a general appraisal of health services in the Weavers and Spitalfields area, respondents were asked to assess health visitors in more depth.

A crucial aspect of health visiting services is the ease in which health visitors can be contacted. Respondents were therefore asked how easy they found it to contact their health visitor. The results are set out at figure 19.

Figure 19: Level of ease in contacting health visitors



89% of respondents rated the ease with which they are able to contact their health visitor as Very easy to OK a very positive result for this service.

Parents were asked the reasons why they would contact their health visitor. The results are set out at Table 16.

Table 16: Reasons given for contacting health visitor

Reasons	Number of citations	Percentage of citations	Percentage of survey population
Any child health issues	31	36.5	35.2
Eating problems/nutrition advice	12	14.1	13.6
Child growth/weight	11	12.9	12.5
Own health issues	8	9.4	9.1
General advice	6	7.1	6.8
See health visitor at health clinic	3	3.5	3.4
At health centre	3	3.5	3.4
Coping problems	2	2.4	2.3
Feeling depressed	2	2.4	2.3
Environmental factors	1	1.2	1.1
No particular reasons	1	1.2	1.1
Housing	1	1.2	1.1
Details of other health organisations	1	1.2	1.1
Prescription advice	1	1.2	1.1
Post-natal advice	1	1.2	1.1
Behavioural problems	1	1.2	1.1
Sleeping problems	1	1.2	1.1
Total	**91**	**100**	**96**

Over a third of the survey population (35%) indicated that they approached their health visitor for almost any health issue affecting their children:

- I*f I need to know about my children's health.*
- *If there is a problem with my child's health.*
- *If I am concerned about my child.*
- *Any health related issues for my child's health.*
- *If my child has any health problems.*
- *When my child isn't feeling well.*

The results also indicate that parents see health visitors as a source of information regarding their own health (cited by 9% of parents) as well as that of their children. Thus:

- *For health advice for my son or about myself.*
- *When my baby and I are not feeling well.*

Nutrition and queries regarding eating proved to be a common trigger for contacting health visiting staff:

- *Eating difficulties, advice about weight and nutrition.*
- *When my child is not eating well.*
- *To find help and gain help on nutrition, to find out if the child is healthy*

Related to eating and nutrition, 13% of parents approach health visitors regarding their child's growth:

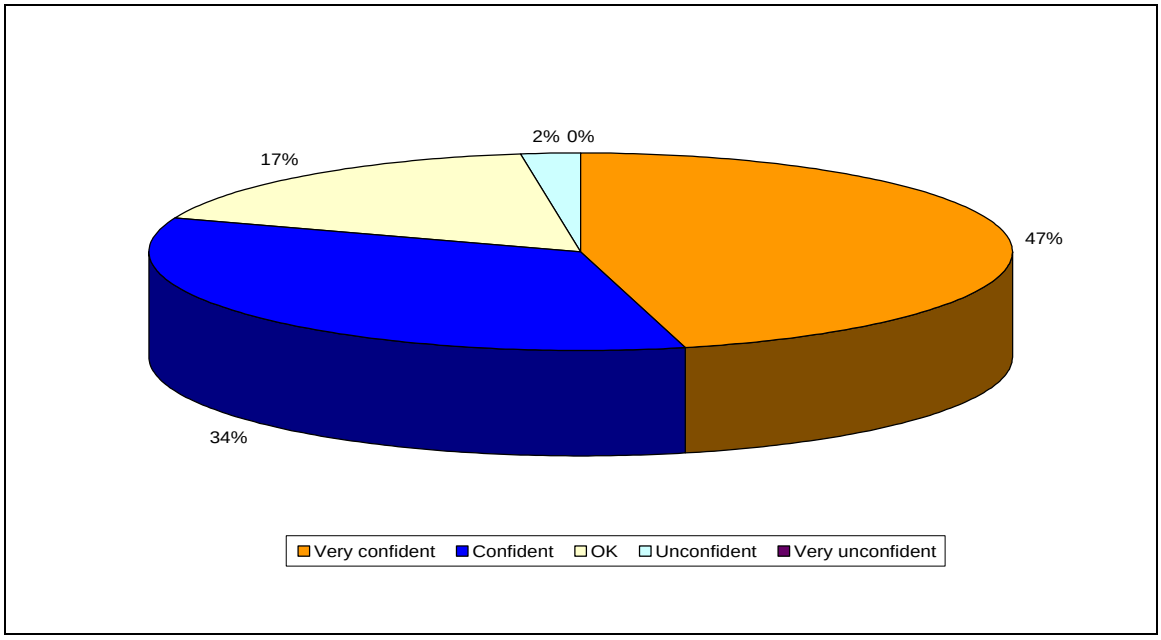
- *Child's weight problem.*
- *Weight problem … how to feed when difficult, and advice of nutrition and health*

Management of Health

The community survey asked a range of questions that sought to determine the ability of parents and carers to manage both their own health and that of their family. In particular, the survey sought to identify triggers that lead parents to use health services (defined in the survey as GPs and hospitals).

The majority (81%) of the survey population were either Very confident or Confident about looking after their family's health. The results are given at figure 20.

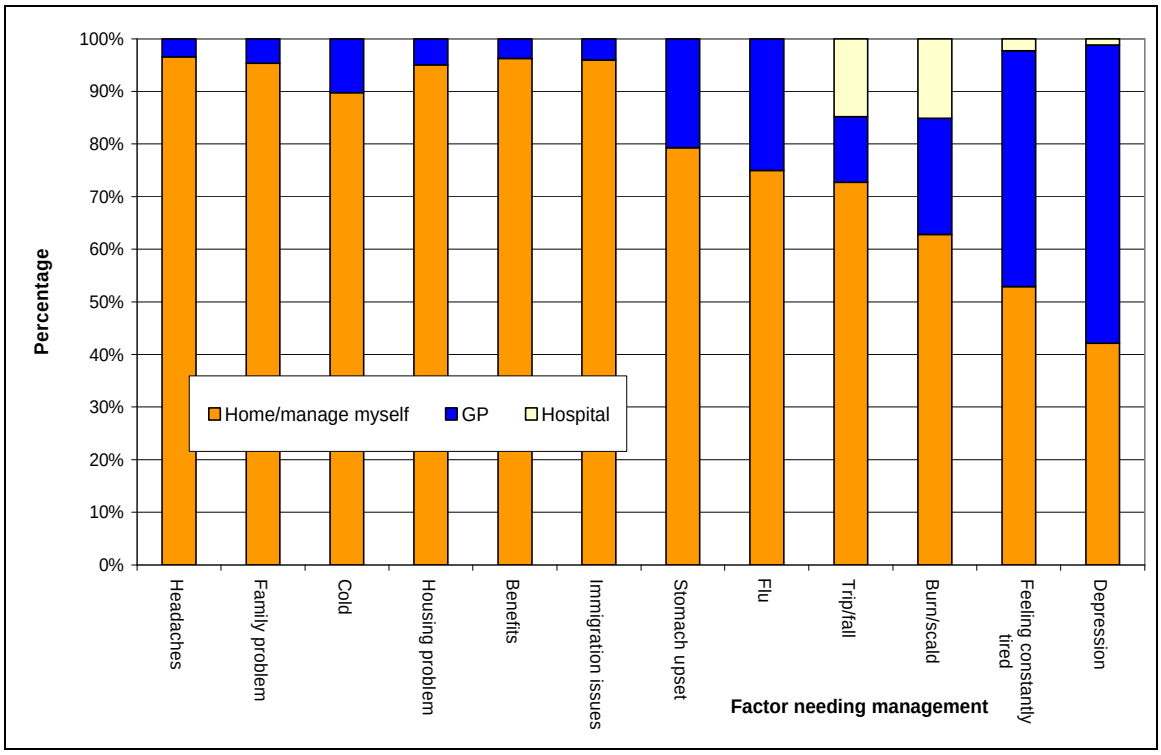
Figure 20: Assessment of ability to manage family's health



Management of personal health

Respondents were asked which service they would use with regard to their own health, or issues relating to themselves. The results are set out at figure 21.

Figure 21: Assessment of ability to manage own health



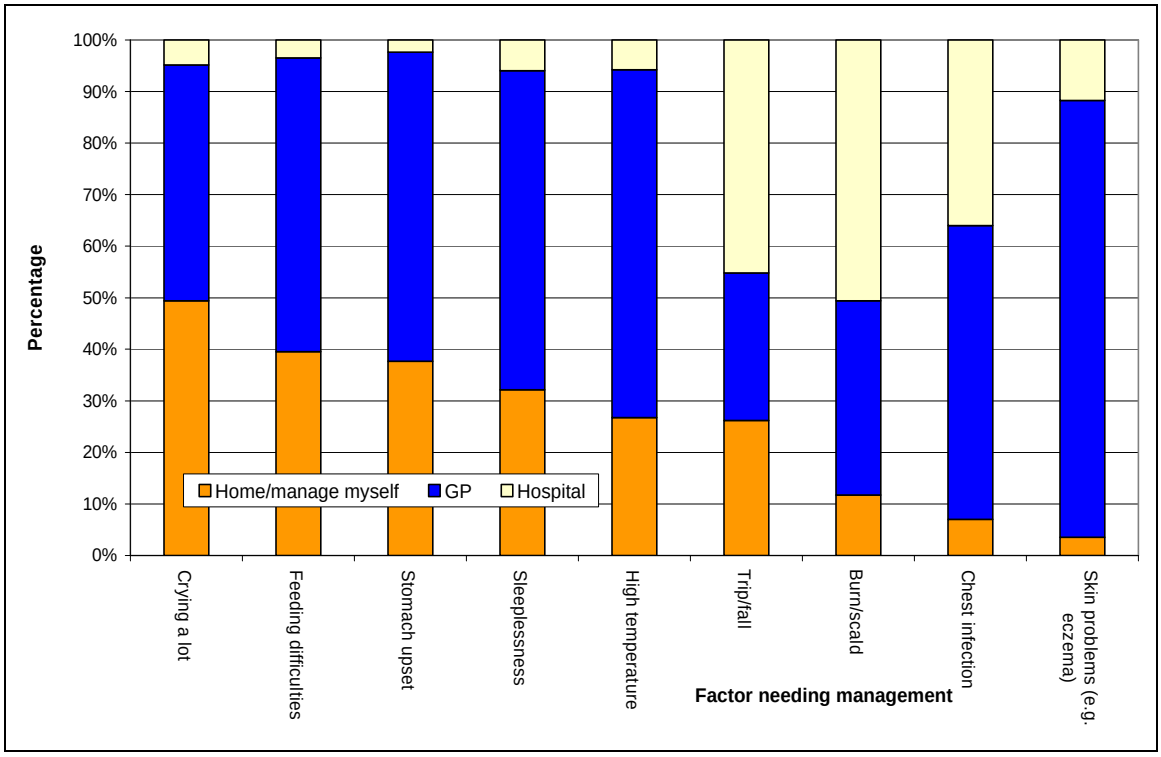
The majority of respondents felt able to self-manage most of the factors listed (with depression the only health issue which the majority would seek external support for). The Chart indicates that respondents would only visit a hospital for trips/falls, burns/scalds, constant fatigue and depression.

The results at figure indicate that some parents would see their GPs for non-health related issues. Thus 3% of parents would see their GPs about immigration issues and 3% regarding benefits.

Managing family health

Respondents were then asked which service they would use with regard to the health of their children. The results are set out at figure 22.

Figure 22: Assessments of ability to manage children's health



The results stand in contrast to those for management of adult health with the majority of respondents indicating that they would utilise external support in managing all of the factors presented. GPs were the single most commonly cited service apart for crying a lot (which was most likely to be managed at home), and trip/fall and burns/scalds (where help was most likely to be sought from a hospital).

Psychology services

The community survey was used to explore issues relating to the provision of psychology services to the community.

8% of respondents indicated that a Sure Start team member had suggested to them that they might find it useful to consult a psychologist. Of those who had had psychology services recommended to them, none gave details of the member of staff who made this recommendation.

Community assessment of psychology services

Almost a third of the population do not feel psychology services are either necessary or appropriate to parents in the area.

This assessment is reinforced by the fact that, of the 68 respondents who answered a question relating to whether or not they would use a psychology service, the majority (57%) of respondents indicated that they would not.

Take-up of psychology services

Of those who received a recommendation that they might find it useful to consult a psychologist, 94% agreed with this suggestion. Four respondents indicated why they agreed with the recommendation made:

- *To help with my elder children, like behaviour, hyperactivity.*
- *If you have some problems with children's behaviour then you can seek some help.*
- *Could help with any problems you might have.*
- *If you have children with behaviour difficulty they can support you.*

Crucially, the results indicate that, of those recommended to consult a psychologist, none indicated that they had gone on to do so - be it the child psychologist or adult psychologist. The lack of reported take-up clearly demonstrates the existence of barriers (be they psychological, emotional, cultural or physical) that prevent members of the community utilising mental health services (or reporting that they use them).

Referrals

Underlining the Sure Start concept is the notion that Sure Starts should bring together a range of service to provide a seamless service for clients with traditional boundaries between statutory agencies and voluntary sector organisations and services eroded.

Key to executing this vision of service provision is the system of referrals that Sure Start should establish. By-passing the normal procedures used by mainstream services, Sure Starts are envisaged as a way by which quick and effective referrals can be made that minimise waiting times, and optimise the number of services offered to clients.

Furthermore, the concept of a seamless service is integral also in the next stage in the life cycle of Sure Starts, with Children's Centres envisaged as being "one-stop shops" providing services and activities for parents and their children, bringing these together in a single physical space where the boundaries between services are so reduced as to be meaningless to clients using such Centres.

Given the importance of referrals, the community survey sought to ascertain the degree to which referrals are being undertaken by the staff of Sure Start Weavers and Spitalfields; which services are being referred to; which staff are making these referrals; and whether the referral process is faster than for mainstream services.

Levels of referrals

The community survey indicated an extremely low level of referrals being made with 8% of respondents indicating that they had been referred from one Sure Start service to another. Given that Sure Start Weavers and Spitalfields provides universal services (midwifery, play services and so forth) and not just specialised services (eczema clinics) the results are all the more surprising.

The levels of referrals are sufficiently low as to be a cause for some alarm, and should be addressed by the programme as a matter of the utmost urgency.

Respondents detailed those services that they were referred on to:

- The Dorset Library (Story rhyme session) 4 citations
- Chat away group 2 citations
- Playbus 1 citation
- Mother and toddler group in St. Hilda's 1 citation

The results are notable in that no referrals to health based services are cited such as the weaning sessions, eczema clinic, baby clinic services. All of these could be expected to receive a high number of referrals from Sure Start staff.

To develop further the picture of referrals made within the Sure Start programme, respondents were asked which service made their referrals. Respondents cited the following services:

- St. Hilda's mother and toddler group 2 citations
- Playbus 1 citation
- Sure Start chat away group 1 citation
- Creche in St. Hilda's 1 citation
- Citizen's Advice Bureau 1 citation
- Child clinic 1 citation

Again, the results build a picture of non health based services making the referrals within Sure Start with the results indicating no referrals made by any of the health staff.

Read in conjunction, the results seem to describe a situation whereby the play and learning services are making some referrals, with parents being referred on to other play and learning services in the area.

When asked how long they had had to wait before seeing the service they had been referred on to, 4 respondents answered with all saying that they had waited a week or less. This result is perfectly logical given that parents were being referred on to other play services which each run on a weekly basis.

All of the respondents indicated that they were Satisfied to Very happy with the length of time they had to wait before seeing the service they had been referred on to. The results are set out at Table 17.

Table 17: Assessment of service referred on to

Assessment of service	Number of citations
Very happy	2
Happy	1
Satisfied	1
Unsatisfied	1
Very unsatisfied	2

When asked to provide additional comments relating to the referral process, 3 respondents gave a statement:

- *Dorset Library, gave me my 8 month baby an excitement for books*
- *Dorset Library is dull and lacking colour. No child would like going there. The story rhyme time sessions were quiet and it needed more enthusiasm in it*
- The helpers don't help the children or the adults (Mother and toddler group).

8.5 Satisfaction with learning and play services

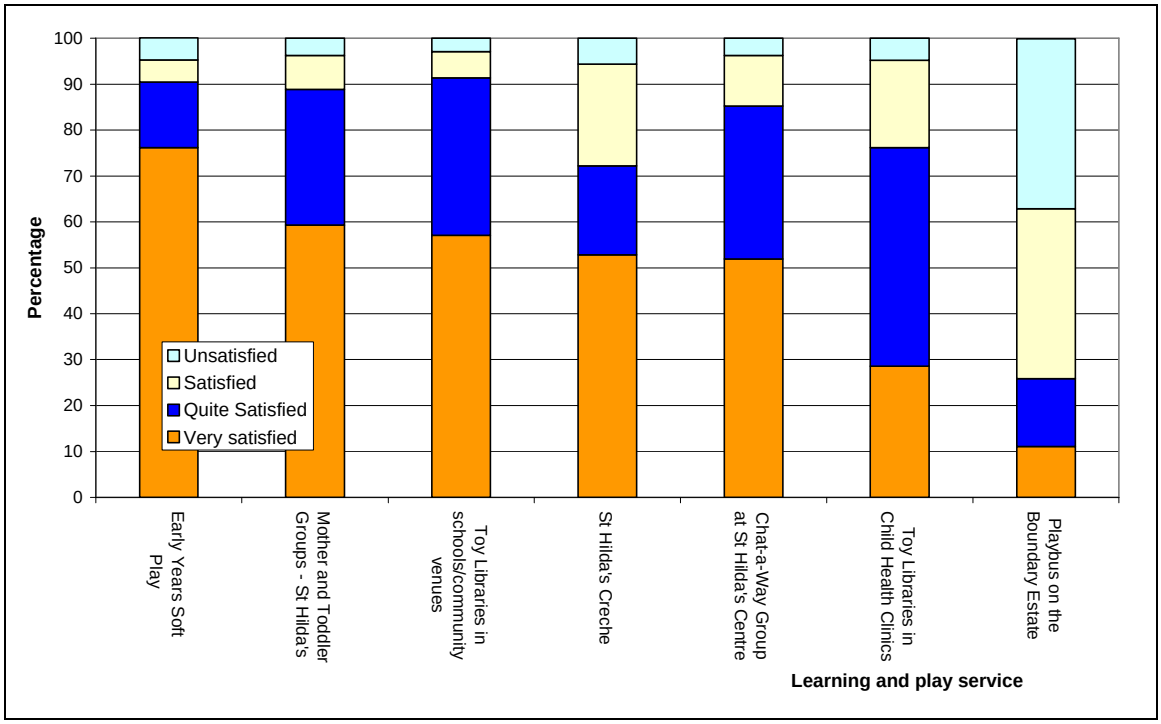
Respondents were asked to evaluate learning, play and childcare services in the area utilising the four point scale used for health services.

The services evaluated were:

- Early Years Soft Play at Bethnal Green Centre
- Toy Libraries in schools or other community venues
- Toy Libraries in GP Surgeries
- Toy Libraries in Child Health Clinics
- Mother and Toddler Groups at St Hilda's East Community Centre
- Mother and Toddler Group at Jagonari Children's Centre
- Mother and Toddler Group at Rainbow Nursery
- Jagonari Crèche
- St Hilda's Crèche
- Chat-a-Way Group at St Hilda's Centre
- Playbus on the Boundary Estate
- Story and Rhyme time sessions at Whitechapel Library
- Story and Rhyme time sessions at Dorset Library
- Story and Rhyme time session at Spitalfields City Farm
- Busy Bees Art, Music and Movement Group

The results are set out in figure 23.

Figure 23: Evaluation of learning and play services



Satisfaction rates varied considerably between services from 91% Very Satisfied or Quite Satisfied with toy libraries in schools/community venues, falling sharply to 26% with the Playbus on the Boundary Estate (with 37% indicating that they were Unsatisfied).

As with the results for health, a number of services received only low levels of responses thereby preventing meaningful analysis in terms of percentages. The results for these services are presented below in Table 18 as actual numbers of citations.

Table 18: Evaluation of low response learning and play services

Health service	Actual number of responses			
	Very satisfied	Quite Satisfied	satisfied	Un-satisfied
Toy Libraries - GPs	6	7	5	1
Mother and Toddler Group - Jagonari	7	4	0	1
Mother and Toddler Group -Rainbow Nursery	4	3	1	1
Jagonari Crèche	6	4	1	1
Story and Rhyme time - Whitechapel Library	6	4	1	2
Story and Rhyme time - Dorset Library	11	3	1	2

Story and Rhyme time - Spitalfields City Farm	7	2	2	2
Busy Bees Art, Music and Movement Group	7	6	1	2

Gaps in learning and play services

A little under a fifth (18%) of respondents thought that there were gaps in learning and play services in the area.

As with health services, parents were asked to identify what services they would like to see in the area. The results are set out in Table 19.

Table 19: Additional learning and play services requested

Additional learning and play services	Number of citations	Percentage of survey population
Safe and clean parks/playgrounds	7	8.0
More activities in playgroups	1	1.1
More fathers using services	1	1.1
More crèche facilities	1	1.1
Arabic courses for children	1	1.1
Outdoor activities in summer	1	1.1

12 respondents indicated areas where they thought gaps existed in current service provision (equating to some 14% of the survey population).

The most commonly cited service area related to outdoor play facilities and the quality of current sites:

Parks/playgrounds

- *The playground at the Boundary estate is really bad. A good clean playground would be really good. It's excellent that they are working on it.*
- *There is no safe children's playground.*
- *Play area/outdoor for very young children but must be clean and looked after.*

Favourite learning and play services

As per health services, respondents were asked to indicate whether or not they had a favourite learning and play service in the area, and to give details.

In all 31 respondents (35% of the survey population) indicated that they had a favourite play and learning service. The findings are set out at Table 20.

Table 20: Favourite learning and play service

Favourite learning and play service	Number of respondents	% of respondents
Chat-away group	7	8.0
Toy library (non-specified)	4	4.5
Soft play	3	3.4
St Hilda's - crèche	3	3.4
Jagonari Centre (non-specified service)	2	2.3
Toy Library - Virginia School	2	2.3
Story and Rhyme - Dorset Library	2	2.3
Playbus	2	2.3
Story and Rhyme - Whitechapel Library	1	1.1
St Hilda's (non-specified service)	1	1.1
Jagonari Centre - Mother and Toddlers Group	1	1.1
Library (non-specified)	1	1.1
Crèche (non-specified)	1	1.1
Mother and toddler group (non-specified)	1	1.1

The results broadly endorse the general results, although the Chat-away group proved to be the most commonly cited learning and play service.

The quotes provided by parents indicate that it is perceived as a high quality service that their children enjoy and that it has positive effects on the development of their children:

Chat-away group

- *The Chat-away group because I see that when my son goes with my wife he comes home and tells me what he did and he tells me that he enjoyed it.*
- *Chat away group at St. Hilda's. It is very fun and interesting for my child. The afternoon is divided into sessions, which children find very exciting to do.*
- *Chat away group as it is fun and lively.*

- *The Chat away group - they are consistently fun and really capture the children's attention.*

Learning and play services in need of improvement

Only five parents provided details of services that they disliked. Four comments related to the Playbus and one to the One O'Clock Club at Shadwell. Each of the comments provided has been provided in full below:

Playbus

- *The Playbus' toys is old and not many people use it.*
- *The Playbus, because it is very unclean and the bus has a very small area for adults (parents) to sit down and watch out for their children.*
- *Playbus - I've taken my child to several occasions but now I have stopped, the workers are not always very helpful and they do not play with the children, the toys are very disgustingly dirty and most of the toys are all over the place on top of each other. Me and my child are always looking through for a toy. The toys are not stored properly, too much unnecessary toys in small space.*
- *Playbus, because it's dirty.*

While only 4 parents commented on the Playbus service (5% of the survey population), their criticisms were particularly damning and as such should be of interest to the programme. The results have particular resonance given the findings shown in figure 23 which indicated that over a third of parents were Unsatisfied with this service.

One O'Clock Club

- *The One O'clock Shadwell club is really old. The toys are horrible and old.*

Training and education facilities

Gaps

13% of respondents thought that there were gaps in training and education for parents in the area.

Of those that felt that additional training and education services should be offered, 12 parents (14% of the survey population) identified which services were needed. The results are set out in Table 20.

Table 20: Additional training and education services requested

Additional training and education services	Number of citations	Percentage of survey population
Better facilities for parents with children	4	4.5
More training for parents	3	3.4
Job skills training	3	3.4
More training centres	1	1.1
ESOL classes	1	1.1

The most commonly cited request was not so much for additional training, but rather that existing facilities and services be made more parent and child friendly. As one parent noted:

- *There are no childcare facilities, for instance nursery under age of 4, to obtain training and education.*

Favourite training and education facilities

There were few responses illustrating favourite training and education facilities in the area.

Table 21: Favourite training and education facility

Favourite training and education services	Number of citations	Percentage of survey population
Tower Hamlets college	4	4.5
St Hilda's	1	1.1
Bethnal Green Centre	1	1.1
Mary Hughes Centre	1	1.1
Heba Centre	1	1.1

Little was provided by way of comments to expand on the services cited, although one respondent stated that:

- *Tower Hamlets College has a crèche as well as a range of courses.*

The comment would seem to reinforce the findings in Table 20 that indicated that parents were concerned about the facilities on offer as well as the courses themselves.

Training and education facilities in need of improvement

Again, few comments were provided with only 2 parents indicating a service which they did not like. These were:

- *Weavers Association as it seems very quiet and uninviting.*
- *Connexions – they are useless.*

8.6 Satisfaction with family Support services

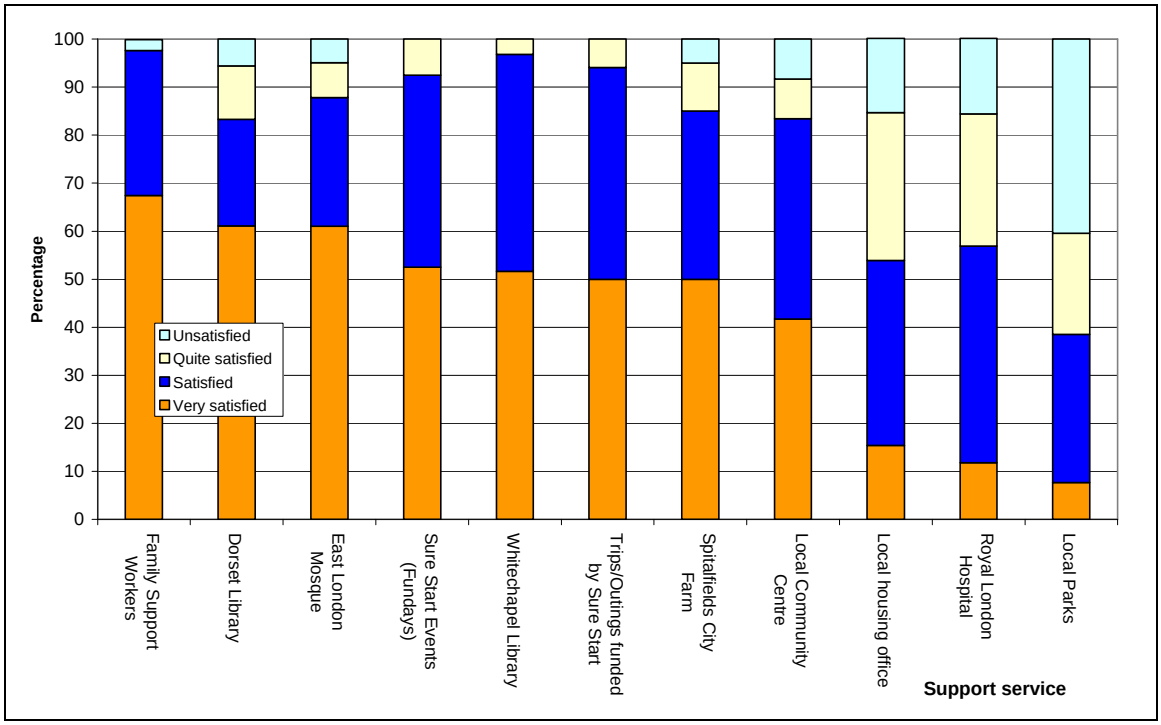
As per the other thematic areas, parents responding to the community survey were asked to evaluate a range of support services for families and for parents using the four point attitudinal scale utilised elsewhere.

The services evaluated were:

- Family Support Workers
- Father's Group
- Sure Start Events (Fundays)
- Trips and Outings funded by Sure Start
- Spitalfields City Farm
- Whitechapel Library
- Dorset Library
- Local housing office
- Citizen's Advice Bureau
- Local Community Centre
- East London Mosque
- Royal London Hospital
- Local Parks

The results are presented in Figure 24.

Figure 24: Evaluation of support and other services for parents and families



Approval ratings ranged from 98% Very Satisfied to Quite Satisfied with family support workers to 39% with local parks.

The strong endorsement of the East London Mosque should be noted by the programme which may wish to explore further linkages with this community facility.

As per the other thematic areas, some services received sufficiently few responses that analysis as percentiles would be meaningless. The results for these services are given below.

Table 22: Evaluation of low response support and other services

Health service	Actual number of responses			
	Very satisfied	Quite Satisfied	satisfied	Un-satisfied
Father's Group	2	6	1	0
Citizens Advice Bureau	2	4	1	2

Gaps in support services

12% of respondents thought that there were gaps in support services for parents in the area and their requests for additional services are set out in Table 23 below.

Table 23: Additional support services requested

Additional support services	Number of citations	Percentage of survey population
Parks	2	2.3
More help from housing office	1	1.1
Improvements to Dorset Library	1	1.1
Advice about healthy eating	1	1.1
Playgroup for working parents	1	1.1
Support for mothers living with in-laws	1	1.1
Place to buy cheap children's clothes	1	1.1

The results at Table 23 demonstrate that there is no particular demand for any single service, although parks are more noted as a service needing improving.

Favourite support service

27 parents (31% of the survey population) gave details of their favourite support service. The results are given in Table 24.

Table 24: Favourite support service

Favourite support services	Number of citations	Percentage of survey population
Family support workers	7	8.0
Fun days	6	6.8
Royal London Hospital	4	4.5
Whitechapel Library	2	2.3
Parks	2	2.3
Sure Start services (non-specified)	2	2.3
Trips and outings	1	1.1
Spitalfields City Farm	1	1.1
Dorset Library	1	1.1
East London Mosque	1	1.1

The results are a positive endorsement of the work of the family support team who were the single most commonly cited service. The results furthermore reinforce the findings in Figure 24 which indicated very high levels of satisfaction with these members of the Sure Start team. The comments of parents indicate that the family support workers were seen as supportive, approachable and helpful:

- *Family support, they give good advice.*
- *Like the Sure Start family support, because they are very helpful when advice and support is needed.*
- *Family support workers, the women there always help me when I need advice.*
- *Fun days and family support workers, because I can talk to them in confidence.*

Support services in need of improvement

15% of the survey population gave details of a support service they felt needed improving. The results are given in Table 25.

Table 25: Support services in need of improvement

Least favourite support services	Number of citations	Percentage of survey population
Royal London Hospital	5	5.7
Parks	4	4.5
Housing	1	1.1
Lack of services for fathers	1	1.1
Spitalfields Farm	1	1.1
East London Mosque	1	1.1

While parents identified 6 support services in need of improvement, only one (services for fathers) directly relates to Sure Start, and this service was identified by only one respondent.

9. Appendices

9.1 Appendix A: Demographic Profile of Community Survey Respondents

In total 88 parents were consulted in the community survey.

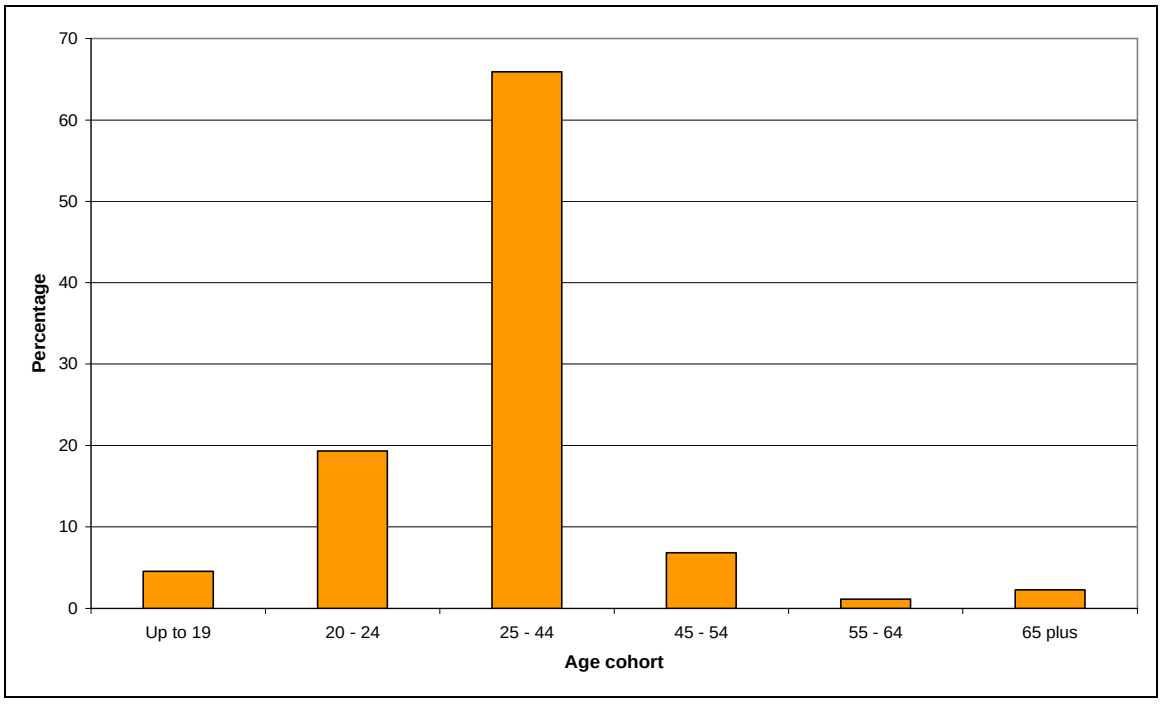
Respondents' profile

82% of the survey population were female whilst 18% were male giving a female to male ratio of 5:1.

Age

The majority (90%) of respondents were aged 44 years and below whilst those in the age band 25 to 44 years constituted the single largest age band. The results are set out in Figure 25.

Figure 25: Age profile of respondents



020 7330 9170

Ethnicity

80% of respondents were of Asian origin, 11% of Black origin and 9% of White origin. A full breakdown of the results is given in Table 26.

Table 26: Full breakdown of ethnicity of respondents

Ethnicity	Actual responses	Percentage
Asian/Asian British - Bangladeshi	62	70.5
Black/Black British - Somali	9	10.2
White British	6	6.8
Asian/Asian British - Pakistani	5	5.7
Asian/Asian British - Indian	3	3.4
White Irish	1	1.1
Other White	1	1.1
Black/Black British - African	1	1.1
Other Asian	0	0.0
Black/Black British - Caribbean	0	0.0
Other Black	0	0.0
Dual - White and Black African	0	0.0
Dual - White and Black Caribbean	0	0.0
Dual - Other	0	0.0
Other	0	0.0

The results indicate considerable over-representation of respondents of Asian origin compared to the anticipated ethnic profile of the area as given by the UK National Census 2001. Comparison data is given at Table 27.

Table 27: Community survey results against National Census results for ethnicity

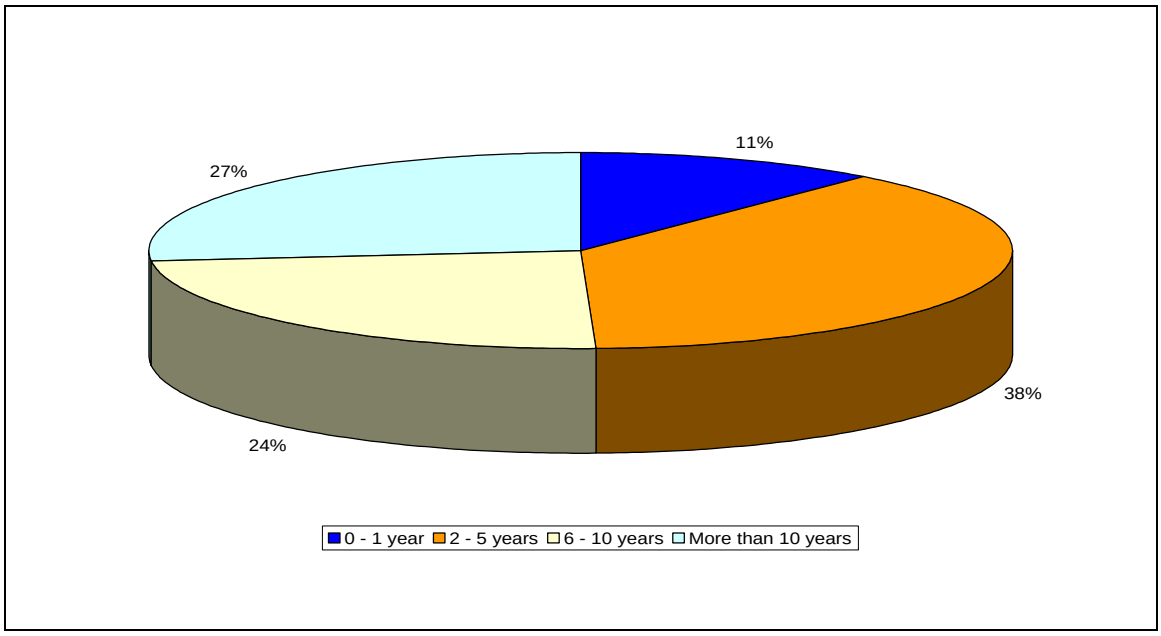
Ethnicity	Weavers Ward	Tower Hamlets	Community Survey
White	50.6	51.4	9.1
Asian	40.0	36.6	79.5
Black	5.4	6.5	11.4
Dual	2.6	2.5	0.0
Other	1.3	3	0.0

The National Census indicates that, of the 40% of Asian residents in the Weavers Ward, 37% are of Bangladeshi origin, around half the proportion as found in the community survey.

Length of time lived in area

Over half of the survey population (51%) had lived in the area for 6 or more years. The results are given in figure 26.

Chart 26: Length of time lived in Weavers and Spitalfields



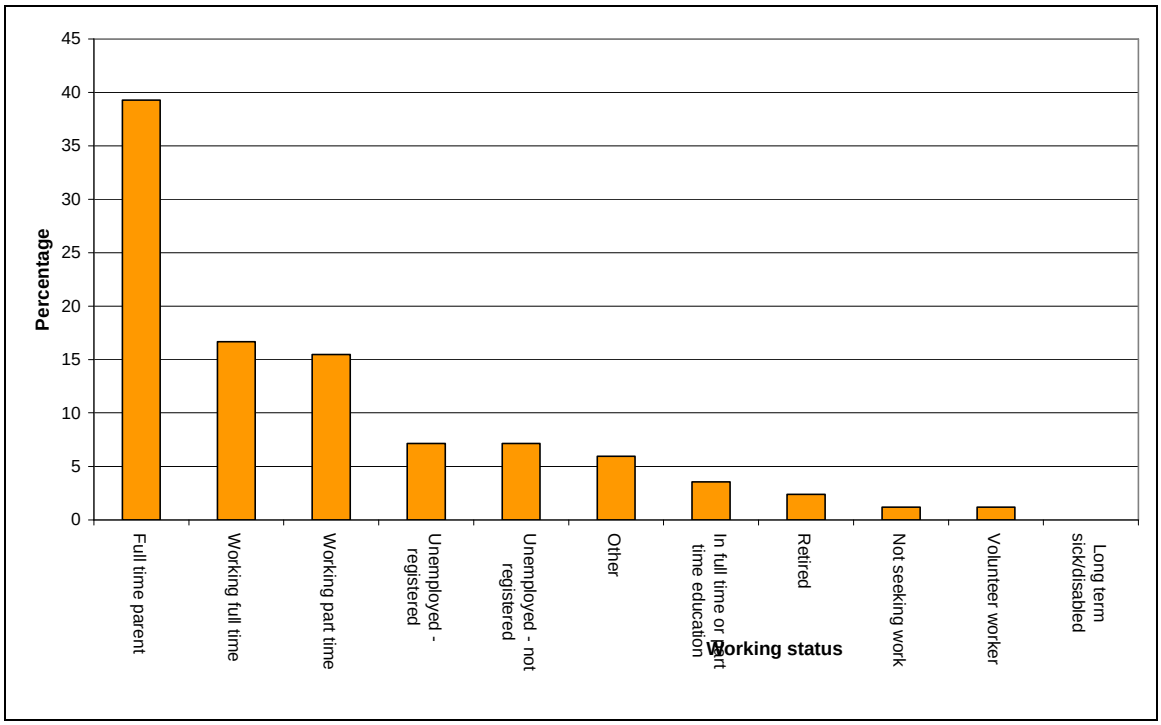
Working status

The single most commonly cited working status was Full time parent (47%) followed by those Working full time (19%). The results are presented in figure 27.

Figure 27 indicates that respondents in work (be it part time or full time) accounted for 32% of the survey population, whilst those not in employment accounted for 14% of the population.

020 7330 9170

Figure 27: Working status of respondents



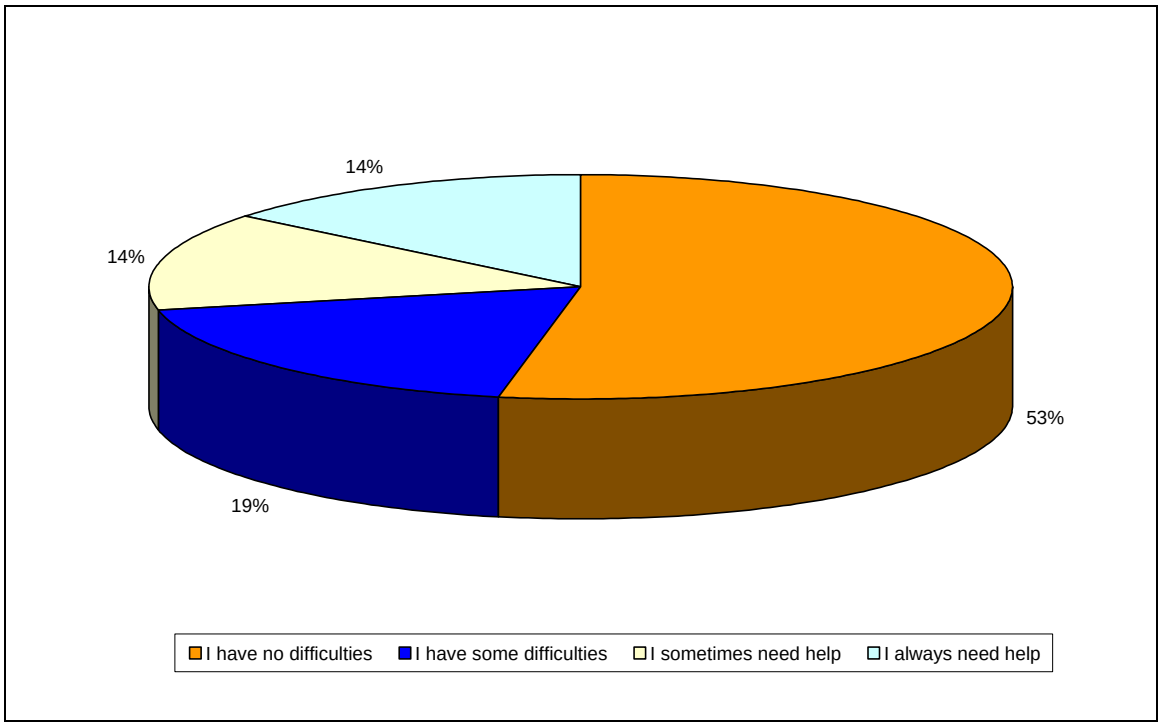
Parenting status

18% of respondents stated that they were a lone parent whilst the remainder were in dual parenting households.

Literacy

When asked whether or not they experienced any difficulties in reading and writing in English, a little over half of the survey population (53%) indicated that I have no difficulties. The results are presented in full in figure 28.

Figure 28: Self-assessed literacy level of survey population



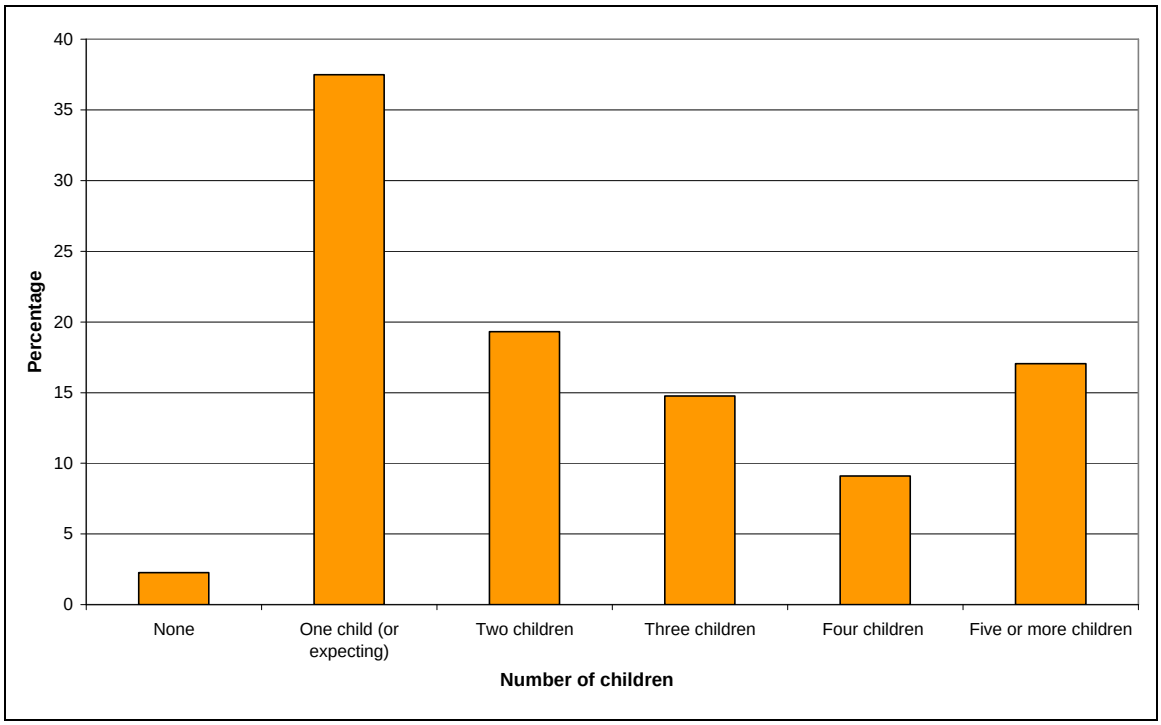
Disability

Only one respondent indicated that they had a disability or special need, equating to 1.1% of the survey population. The respondent indicated that they had Learning difficulties.

Children

The majority of respondents (57%) had either one or two children. Only 2% of respondents indicated that they cared for no children, indicating the success of the community surveyors in accessing the Sure Start client group. The results are given in Figure 29.

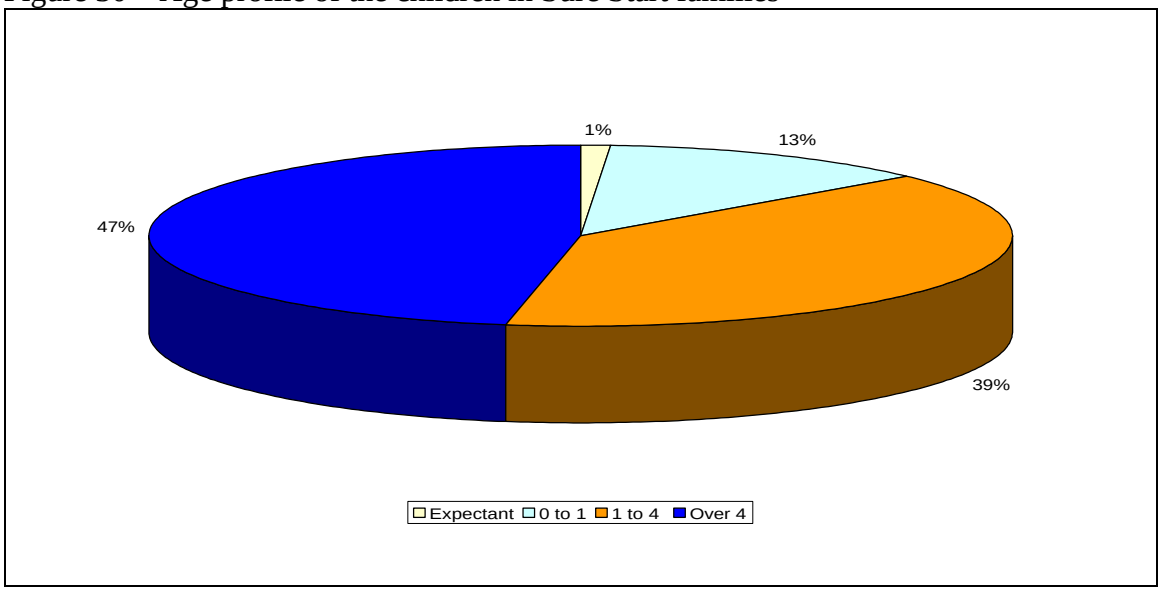
Figure 29: Number of children respondents have



Age of children

Figure 30 gives the age profile of children of parents interviewed in the community survey. A little over half of the children (53%) were of Sure Start age (up to 4 years of age).

Figure 30 Age profile of the children in Sure Start families



Disability

Only one parent indicated that they had a child with a disability or special need, equating to 1.1% of the survey population. The respondent indicated that their child has Haemophilia.

9.2 Appendix B – Full list of Sure Start definitions given

Table 28: Definitions of Sure Start given by respondents

Who is Sure Start aimed at?	Number of citations	Percentage of citations	Percentage of survey population
Parents and children	17	22.1	19.3
Children under 4	16	20.8	18.2
Parents and children under 4	13	16.9	14.8
Children	7	9.1	8.0
Parents/carers	3	3.9	3.4
Don't know	3	3.9	3.4
Pre-school children	2	2.6	2.3
People with difficulties	2	2.6	2.3
Parents and toddlers	1	1.3	1.1
Local community	1	1.3	1.1
Children under 5 and their parents	1	1.3	1.1
Children under 6	1	1.3	1.1
Children under 3	1	1.3	1.1
Anyone	1	1.3	1.1
Children under 5 and their parents	1	1.3	1.1
Mothers and children under 4	1	1.3	1.1
Pregnant women	1	1.3	1.1
New born babies	1	1.3	1.1
Single parents	1	1.3	1.1
30 - 40 year olds and children	1	1.3	1.1
Small children who need to develop skills	1	1.3	1.1
People with disabilities	1	1.3	1.1

9.3 Appendix C – Details of community survey respondents interested in volunteering/joining the Sure Start Parents Group

1. Momtaz Ahmed
   21 Greatorex House, Greatorex Street, London, E1 5NS

2. Nazim Begum
   22 Greatorex House, Greatorex Street, London, E1 5NS,
   07961 007936

3. Sultana Begum
   Flat 2, 36 Hanbury Street, E1 6QR

4. Mohammed Abdul Haque
   34 Clifton House, Club Row, E2 7HB
   020 7729 6448

5. Mrs Maryam Doudou
   57 Leyland House, Hale Street, Poplar, London, E14 0BU
   0207 531 1490

6. Adeline Ducrot
   27 Wood Close, London, E2 6ET
   0207 729 8116

9.4 Appendix D: Questionnaire for member of the SSWS board

A. About you

1. Which agency do you work for or which group of people do you represent on the Weavers and Spitalfields Sure Start Partnership?

2. What is your role?

3. What made you decide to become involved with the Sure Start Management Board?

4. How valuable do you feel your contribution is to the Management Board?

1- Always very valuable
2- Generally very valuable
3- Sometimes valuable
4- Not that valuable

5. Why did you select the score you did?

6. What do you think would make your contribution even more valuable? (circle all you agree with)

1- Team building with Board members
2- Training with Board members about roles, responsibilities etc
3- Having induction processes for Board members
4- Having a manual that sets out our roles and responsibilities
5- More time at meetings
6- Less meetings
7- Having more parents involved
8- More information about what is going on before we have the meeting
9- If everyone was given at least one opportunity to speak at meetings

What else

B. Overall impressions

1. On the following scale, please indicate overall how well your expectations of Sure Start Weavers and Spitalfields have been met.

1- Exceeded expectations
2- Met expectations
3- In some ways met expectations
4- Did not meet expectations

2. Why have you selected the score you have?

3. What is your view of the extent to which parents are at the centre of programme design and delivery?

1- Excellent
2- Very good
3- Okay
4- Need a lot of improvement

4. Why have you selected the score you have?

5. What is your view of how well managed the programme is on a day to day level?

1- Excellent
2- Very good
3- Okay
4- Need a lot of improvement

6. Why have you selected the score you have?

7. If one of the objectives of Sure Start programmes is to try new ways of working that, if

successful, might become mainstream practice, which of the following statements would you **agree** with? (circle all you agree with)

1- We have all of the key decision makers from mainstream agencies, such as health, education, social services and main voluntary organisations, involved at a Board level

2- We undertake rigorous evaluation of our projects or services, so we would be able to prove that we are successful

3- We have a very good sense of what else is going on at a strategic level, such as the development of children's' centres, that we will be able to link up with these initiatives

4- We are sure that mainstream organisations and local parents know who we are

5- We are too early in the development of our Sure Start programme to consider such things

8. Please state your view of the three main benefits of the Weavers and Spitalfields Sure Start partnership to parents and very young children.

1.

2.

3.

9. Please state your view of the key areas for improvement of the Weavers and Spitalfields Sure Start partnership to parents and very young children.

1.

2.

3.

10. Please state your overall view of the ways in which the Sure Start Weavers and Spitalfields

model works more effectively than the non-Sure Start model.

11. Please state your view of the ways in which the Sure Start model does not work as effectively as the non-Sure Start model.

Is there anything else you would like to add?

9.5 Appendix E: Service provider questionnaire- February 2004

Sure Start Weavers and Spitalfields

A. About you

1. What agency do you work for?

2. What is your role?

3. How long have you been working with Sure Start Weavers and Spitalfields?

B. Your Sure Start service

1. What is the waiting time to see you/use your service? _____

2. On average, how many referrals do you receive each month? _____

3. How appropriate are these referrals? Please circle

Never *Sometimes* *Mostly* *Always* *No View*

020 7330 9170

4. How much of your time is spent in direct contact with families? Please express as a percentage.

_____%

5. Do you think this amount of time is about right or not? Yes/No

6. Please explain why you think this.

C. Job expectations and outcomes

1. How well has Sure Start met your overall expectations? Please circle the number that best describes your view

1	2	3
Exceeded my Expectations	*Met my expectations*	*Has not met my expectations*

Why have you selected this score?

020 7330 9170

2. How much has Sure Start changed your satisfaction with work?
   Please circle the number that best describes your view

1	2	3	4	5
Changed a lot for the worse	*Changed a little for the worse*	*No change*	*Changed a little for the better*	*Changed a lot for better*

   Why have you selected this score?

3. What impact, if any, does working with Sure Start have on your ability to meet the needs of local parents and their young children?

4. What impact, if any, has working to Sure Start targets had on your own professional development?

020 7330 9170

D. Organisational fit

1. How well do you think that your organisation's priorities match with the priorities of Sure Start Weavers and Spitalfields?

1.	2.	3.
Good match	*Okay match*	*Poor match*

2. Who has been most responsible for this level of match?
   Please circle the one that most applies.

1.	2.	3.
Definitely Sure Start Weavers & Spitalfields	*Partly Sure Start Weavers & Spitalfields*	*Other Agendas*

E. Sure Start achievements

1. To date, what do you think are the top 3 achievements of Sure Start Weavers and Spitalfields?
   -
   -
   -

020 7330 9170

2. What are the top 3 improvements you think the programme could make?

-
-
-

How do you know that the programme is providing a quality service?

F. Programme evaluation

Please rate how good you think the Sure Start service is for users?

User friendly Service times	1. *Very good*	2. *Good*	3. *Okay*	4. *Poor*	5. *Not sure*
Easy to get an Appointment	1. *Very good*	2. *Good*	3. *Okay*	4. *Poor*	5. *Not sure*
Easy to get to Appointment (pram distance)	1. *Very good*	2. *Good*	3. *Okay*	4. *Poor*	5. *Not sure*
Friendly service	1.	2.	3.	4.	5.

020 7330 9170

	Very good	*Good*	*Okay*	*Poor*	*Not sure*
Professional service	1. *Very good*	2. *Good*	3. *Okay*	4. *Poor*	5. *Not sure*
Ability to meet Users' needs Service	1. *Very good*	2. *Good*	3. *Okay*	4. *Poor*	5. *Not sure*
Ability to make users feel better about themselves	1. *Very good*	2. *Good*	3. *Okay*	4. *Poor*	5. *Not sure*

G. Health service evaluation

1. Please state the top health priority you believe the programme should focus on.
    -
2. Please state the top health gap you believe needs addressing in local services.

-

020 7330 9170