

Learning As We Go - Evaluation and Review

Key Achievements

- ❖ A detailed baseline survey - 'Community Parents' Survey' - has been undertaken
- ❖ A comprehensive and robust data monitoring system is in place
- ❖ The domestic violence action research work has led to innovative and effective support for parents and children in violent situations.

Where We Started

Evaluation was seen as a key element of the programme from the outset. During the development of the Delivery Plan, an initial 'Needs Analysis' fed into the work of the Task Groups developing the Plan. At the same time an Evaluation Task Group was set up to develop the longer-term evaluation strategy.

Needs Analysis

In 1999 a needs analysis was conducted by local parents. The Delivery Plan Steering Group identified broad areas for consultation and trained parent consultants devised a questionnaire and visited local early years' groups to lead discussions. Health Visitors completed questionnaires with a small sample of parents who did not attend groups. A total of 35 consultations took place involving about 150 parents. The parent consultants presented a report to a group of agency representatives and to the Steering Group at which priorities were decided. This had a significant impact on the shape of the Plan.

Task Groups

Eleven Task Groups were set up to develop the proposed programme. Each had parent participants and multi-agency representation. One result of this work was an initial increase in costs, as individual projects became more ambitious. When this work was completed each local service was asked to prioritise all the proposals using a scoring system. The result was used as the core of the Delivery Plan.

Evaluation Task Group

An inter-agency Evaluation Task Group met regularly from 1998 until 2001. Its membership included representatives from the research sections of Health, Education, and Social Services departments, representatives of Bristol University (School for Social Policy and Institute of Child Health) and Barnardo's.

The Task Group mapped the information held by existing agencies in order to provide Baseline information and identify gaps. Following this, it

developed a 'Community Parents' Survey' to provide more detailed baseline information on all the Sure Start objectives - see below.

It decided that a central thrust of the monitoring and evaluation approach would be a focus on self-evaluation for each element of the programme, supported by the University. In addition, the Group identified particular elements that might be evaluated in more detail. A number of ideas were explored and an application made in partnership with Bristol University School for Policy Studies for two ESRC funded research 'Case Studentships' on specific topics. One of these - a proposal to explore whether the programme reached the most vulnerable families in the community - was awarded ESRC funding (see below).

The Delivery Plan

The Delivery Plan proposed the following approach to monitoring and evaluation :-

- ❖ A Task group (membership to include parents) be set up to identify appropriate recording systems
- ❖ By end of Year 1 data collection and monitoring system to be set up
- ❖ During Year 1 a Baseline survey of 300 families to be undertaken
- ❖ Identification of elements of programme for detailed evaluation and application for Case Studentships made by year 1
- ❖ Year 2 Workshops on evaluation provided for workers and users
- ❖ Case studentships commence in Year 2
- ❖ Year 3 Follow-up survey of baseline sample

Community Parents' Baseline Survey

Description

The Survey questions were developed by the University of Bristol (School for Policy Studies) and the Barnardo's representatives in consultation with the Evaluation Task Group and some local parents. To ensure the survey findings would be as robust as possible, questions from well-established research tools such as the General Health Questionnaire and aspects of the '*Children of the Nineties*' ALSPAC questionnaires were integrated into the survey. The Survey included all the Sure Start objectives. In addition to demographic data the interviews enquired about use of services, interactions with children, child and family health and well being, family support, parenting confidence and understanding and parents' aspirations for themselves and their children.

Because of the personal nature of many of the questions and the large sample size, MORI Polls was funded to conduct the survey and undertake a

primary analysis of its findings. These were then analysed further by the University representative who prepared the survey report. The intention was that the survey could be repeated in Year 3 to evaluate change.

Reach

The survey included 100 questions undertaken in 40 minute interviews with 301 local parents with children under 4. Because of data protection concerns the addresses of these families could not be released by the health service - the only agency with a reasonably comprehensive database. Therefore 'scatter-graph' techniques were used to establish where families with very young children were clustered across the estates. A team of seven MORI fieldworkers, starting from 12 different locations, undertook the interviews. Over a three week period they called in on every third dwelling until they had engaged enough parents and carers to reach their target number of interviews spread equally across the 0-4 age range - see 'Community Parents' Survey Report' (Boushel, 2000) for more detail on the methods and findings.

Achievements and outcomes

- ❖ As can be seen from this review report, the Survey has proved an invaluable source of baseline information
- ❖ Survey findings have broadened and challenged existing local and professional views (e.g. levels of extended family support, father involvement, parenting practices)
- ❖ It has provided a 'rudder' for programme development and has had a major impact on the areas of work developed by all partner agencies
- ❖ It has been used and adapted by many other Sure Start programmes, regionally and nationally.

Challenges

- ❖ Because the survey interviews were undertaken during the day, the findings may under-represent the views of parents who work during school hours.
- ❖ The Survey sample only included one BME family and 19 fathers.

Next steps

- ❖ More detailed analysis of the findings could be undertaken to consider differences between the three proposed Children's Centre areas.
- ❖ We need to consider whether and how to repeat the survey, perhaps on a more limited or more focussed basis.

Data Collection and Monitoring

Description

When the programme began the national data monitoring requirements were still being developed. The Programme Manager joined the national advisory group working on this. Locally, a consultant started work on an outline specification for a data monitoring system. This was further developed by Barnardo's IT section and an Access database linked to child registrations was produced.

A Registration Form to provide basic information about the child and family and some information about services already being used was developed in conjunction with parents and provider agencies. It was vetted and agreed by the *Caldicott* (data protection) guardians in all the main agencies. The Registration Form, when completed and signed, gives Programme agencies permission to share information on service and activity use only, except where there are over-riding child protection concerns.

Health Visitors have the primary responsibility for encouraging registration, but all programme staff also share this responsibility. Initially, a three-monthly prize draw was held for newly registered children to give further encouragement.

All providers are asked to keep a record of service use and send it each month to the Programme office where it is entered on the database. This allows us to monitor child and parent use of services and activities by venue and by agency 'lead'. It enables us to provide the mandatory monthly data returns to the national Sure Start office on the numbers of children and parents using services and their level of use, linked with key characteristics such as disability and ethnicity.

From the beginning the decision was taken to monitor the use of all early years' service provided by partner agencies, not just Sure Start funded services. There are several reasons for this:-

- ❖ From the child and family's perspective the source of funding is irrelevant.
- ❖ Any separation would be complex and time-consuming
- ❖ Full monitoring enables the programme to provide information to service providers which is useful to them in developing services more generally.

By September 2003 data inputting at the Programme office was taking more than 20 hours per month. This has now been speeded up by the introduction of better IT support.

Reach

Almost 100% of children under four in the area are registered with Sure Start and broadly speaking, the data monitoring processes are comprehensive and relatively robust.

The data monitoring, however, underestimates service use, for the reasons set out below. Because of this, at present we continue to keep a manual record of use of services by 'unregistered' children and parents. This suggests up to a further 20% service use that does not appear on the database. Since registrations are so high this is likely to mainly be due to human error at some point in the process.

Achievements

- ❖ A comprehensive and robust database and data monitoring process
- ❖ The capacity to monitor all early years' service use for provider agencies and thus contribute to their strategic planning
- ❖ The continued commitment of all providers to the development of the data monitoring processes
- ❖ The Programme's contribution to national data monitoring developments

Challenges

- ❖ Sometimes it has been difficult to ensure that all external providers hand in accurate and timely data information. Data not handed in by the cut off date are left out of monthly statistics. Inaccurate or incomplete data can lead to inaccurate data entries.
- ❖ The maintenance of the database and the time taken to input the data has caused difficulties. The database was on a local server with limited memory and could only be used by one person at a time. Both these problems have now been rectified by putting the database onto a central server with more memory.
- ❖ There were initial problems with cleaning the data where data entry was incorrect and group names had been typed differently etc. One of the inputting problems is that fields can be very similar in name. This can lead to mistakes being made or duplications (i.e. Baby Group/Group).
- ❖ The database only records service use. Therefore important data about, for example, non-registered users or missed appointments needs to be monitored separately. This is particularly important in services such as Counselling where missed appointments are relatively frequent.

Next steps

- ❖ The database needs to be cleansed to eliminate small entry errors and clarify fields.
- ❖ The database has tremendous potential as a source of information about service use which has not been fully utilised until this review. Its potential as a tool in reviews and evaluation needs to be further developed.

The Service Review and Evaluation Process

Description

The Implementation and Monitoring Sub-committee of the Management Board has responsibility for the ongoing review of services. This sub-committee draws its members from local managers in the provider agencies, the Parent Manager group and the Programme Manager. These agency managers also between them co-ordinate four Objective Groups which feed into the Implementation and Monitoring sub-committee. In the Objective Groups staff (and parents, if they wish) meet to recommend and develop services and activities in each of the four Sure Start Objective areas.

The review process has emerged and been adapted over time, as services and activities have developed. Two years ago the sub-committee decided to review all services on an annual basis by asking for a report from the lead managers on the range, reach, levels of parent participation and outcomes of each service, and identifying issues or problems and recommendations future direction. A proforma was developed to aid this process. Review meetings were scheduled every two months with each service allocated time to present their review and time for questions and discussion. Feedback and sub-committee recommendations were usually provided at the end of this meeting.

The process has been useful as a way of ensuring that the agency 'lead' gains a good understanding of the service being provided. Usually, practitioner staff attend also and discuss their interests and concerns. It has helped ensure that sub-committee members understand the nature and breadth of the services and activities being funded. It has also been very influential in recommending particular approaches to service development, especially where there are differing opinions within the Programme.

It is now evident that agencies need more support to help them approach the review process in a consistent and rigorous way. The size and diverse backgrounds of the sub-committee have also made it difficult to maintain consistent expectations and approach.

Reach

We have managed - with some difficulty - to review all or almost all services on an annual basis.

Achievements

- ❖ The review process provides an opportunity for all review sub-committee members to gain an understanding of the range of Sure Start funded services and discuss issues and developments with service providers.
- ❖ The review process has been important in recommending areas for future development and in dealing with any differences of professional opinion.

Challenges

- ❖ The monitoring and evaluation data available in the Sure Start service reviews is not as helpful as we might have hoped. SOLAR commented that although 'some of the reviews were excellent, the review reports are inconsistent in quality and most are largely descriptive.'
- ❖ Some practitioner staff have found the review process threatening and uncomfortable.
- ❖ Parent participation in the review process is limited - perhaps because there can be large amounts of paperwork and the current size of the review group can limit informal discussion.

Next steps

- ❖ A new review process is being developed. A Partner Support and Review post has been created to offer more support and link review and data monitoring process more closely. The Implementation & Monitoring Sub-committee are recommending that reviews are carried out by two or three members.
- ❖ We need to consider how best to include cost effectiveness within the review process.

ESRC Case Studentship

The Case Student started her PhD work three years ago. She is examining parents' perceptions and use of support services and the relationship between perceptions, vulnerability and outcomes for children. To do this she is undertaking follow-up interviews with the cohort of parents whose

children were under one year old when they participated in the Community Survey.

There are some limitations to the study as many of the Sure Start services were not developed in time for even the youngest cohort in the Survey to have used. Nevertheless, it is expected that the study will provide valuable insights into the factors taken into account by local parents when accessing services.

Action Research

Description

The Programme is part of the Bristol Children's Initiatives action research programme undertaken by SOLAR. This was an innovative process which has attempted to carry out work on some of the more deeply ingrained local problems and provide a seamless link between evaluation, policy making and practice development. Initially four action research groups were set up within this programme to focus on participation, smoking, library use, and domestic violence.

Reach

Staff with relevant responsibilities were invited to attend the action research groups, which were also open to staff and parents on a self-selected basis. The groups varied in size but had membership of between 6 and 10 people.

Achievements

- ❖ The domestic violence action research work has led to innovative and effective support for parents and children in violent situations.
- ❖ The library action research group has made good links and undertaken joint initiatives with the local libraries.
- ❖ The effectiveness of the groups has been mixed. The domestic violence group has been very successful, and can in many respects be seen as a model of how reflective practise can generate effective action. A key member of this action research group described it as:

"really important - drawing together people from different agencies to work in a different way - being able to think in a more novel way than we usually manage - successful in ensuring that we think in a very

"If we hadn't had action research we would not have succeeded in any of the stuff we have done".

- ❖ The Family Link Worker Co-ordinator said:

- ❖ The library use group was also successful in a different way. According to the Children's Services manager:

"this group has been very active and produced results. We will soon have a mural on the outside of the Hartcliffe Library building. This has been designed by local children and residents and will be able to move to the new library when it is built. We have also been developing the idea of a joint Sure Start registration card and library membership card. The children's areas in both Hartcliffe and Bishopsworth libraries have had a re-

Challenges

- ❖ One of the biggest issues for the action research groups is how to maintain momentum when people are at working at capacity, they are already stimulated, and outcomes will often not be immediate. One of the reasons why the domestic violence group was successful was that it was able to deliver some immediate outcomes.
- ❖ The two least successful groups were the participation group and the smoking group. The participation group after doing some useful work on accessibility decided not to continue. The smoking group gained some insight into smoking within local communities, but was unable to galvanise that into action.
- ❖ Some staff found the facilitation style concentrated too much on the interpretation of group dynamics.
- ❖ Health visiting staff have lead responsibility within their funding agreement for smoking cessation activities. However this was never put into practice and this lack of leadership made it very difficult to make any progress within that action research group.

Next Steps

- ❖ The Programme has decided not to continue with the action research groups on a planned basis. Instead, an action research approach may be adopted for specific pieces of work on an ad hoc basis.
- ❖ A researcher will be employed one day a week for the next year to work with the Partner Support and Review staff member to further develop and support the Programme's review and evaluation activities.

Summary and Conclusion

Key Achievements

Building and Reaching

- ❖ An ambitious capital development programme has been successfully completed on 6 sites, including daycare provision, playcentres and a playground
- ❖ Nearly 100% of children aged 0-4 in the area have been registered with Sure Start on a voluntary basis.
- ❖ A Parent Information Pack, followed by termly updates and a newsletter is sent to all registered families
- ❖ By September 2003, 61% of all families and 73% of lone parent families had used centre-based services and activities at least 10 times
- ❖ An average of 291 children are using each of the three new playcentres each month
- ❖ The numbers of Black and minority ethnic families using Sure Start has steadily increased

Objective 1: Improving Social and Emotional Development

- ❖ A successful and well-respected Family Link Work service has been established offering additional support to vulnerable and isolated parents and children
- ❖ Together, health visitors and the counselling service are offering additional support to mothers with post-natal depression and increasing local knowledge about this type of depression
- ❖ Counselling services are available from several venues and is reaching parents with a wide range of problems, including child protection and domestic violence
- ❖ 100% of children are contacted within the first two months of birth
- ❖ 62% of those referred to the Sure Start drug and alcohol project accept support
- ❖ A local inter-agency strategy has been developed and services provided for parents experiencing domestic violence
- ❖ A group for very young children experiencing domestic violence has been established

Objective 2: Improving Health

- ❖ There has been an increase of more than 5% in breastfeeding rates
- ❖ Health visitors have provided an average of three additional home visits to each child and introduced 'Bookstart' books
- ❖ Health visitors report a closer relationship with families and ability to identify needs earlier
- ❖ Additional midwifery support is provided to vulnerable pregnant teenagers
- ❖ Domestic violence identification and support policy introduced for all UBHT midwifery services

Objective 3: Improving Children's Ability to Learn

- ❖ The 3 new Sure Start Centres provide a full and varied programme of activities for children and parents five days a week.
- ❖ Feedback from local nursery class managers is very positive. The quality of the early learning work has received national acclaim within the DfES and the wider early learning professions.
- ❖ All early years activities and centres are fully inclusive and the soft play and sensory rooms are popular with a wide range of parents
- ❖ All children who need additional support are being reached by the Inclusion nursery nurse service
- ❖ The numbers of children registered with local libraries has increased from 7 to 70. In addition, an average of 43 books are borrowed from the playcentre Book loan each month
- ❖ A successful and accredited Playcare course is provided from a range of venues
- ❖ Additional support is provided for very vulnerable young children
- ❖ Staff training, consultation and information pack on speech and language is provided to Family Link, early years and health visiting staff
- ❖ Family Learning courses are proving increasingly popular

Objective 4: Strengthening Families and Communities

- ❖ Parent participation permeates the programme, including involvement in staff selection, programme planning and governance
- ❖ Parents feel respected and listened to by Programme staff
- ❖ Parents write and produce their own newsletter
- ❖ Large numbers of parents have been supported in new learning and training and 167 have achieved accredited qualifications
- ❖ 34 of the 54 staff employed since the Programme began are local people, 9 of whom have since achieved additional qualifications at NVQ and higher levels
- ❖ 24 new local childminders have been recruited and at least 89 new childminding places provided
- ❖ We have supported the development of 97 daycare places in partnership with HEYC, the Gatehouse Centre and the Family Unit at Four Acres
- ❖ Through the income and benefits advice services funded, we have enabled a number of parents to take control of their finances or maximise income, thus helping relieve stress and reduce poverty

Learning As We Go

- ❖ A detailed baseline survey - 'Community Parents' Survey' – has been undertaken

- ❖ A comprehensive and robust data monitoring system is in place
- ❖ The domestic violence action research work has led to innovative and effective support for parents and children in violent situations.

Governance, Partnership and Influencing

- ❖ A large Programme providing a wide range of services and activities has been developed and is making a major difference to the lives and opportunities of young children and their families
- ❖ Parent participation is embedded at all levels of the Programme and is acknowledged and valued by parents
- ❖ There are many examples of strong inter-professional partnerships in all areas of the Programme's work
- ❖ Robust inter-agency partnerships are beginning to grow and have an impact on service delivery in some areas
- ❖ Funding opportunities have been maximised by developing imaginative joint funding arrangements and accessing new initiatives
- ❖ The Programme has successfully managed the uncertainty around shifting national and local policies and plans
- ❖ The Accountable Body, Barnardo's, has provided positive strategic, financial and practical support
- ❖ There is evidence of the Programme's impact on policy and practice at a local, city, regional and national level

Conclusions by SOLAR

In each chapter we have pulled together as accurately as possible the review data for the main activities. Under each heading the HHWSS management team together with SOLAR assessed what it saw as the main achievements and challenges. This final section represents the view of SOLAR at the University at the West of England as to the overall picture that is represented by that data. We do not comment on each individual service here, but pull out the highlights and main issues for concern, as well as the strategic issues that need to be considered.

The main successes are as follows:

- ❖ The fact that there is almost 100% registration for such a large programme area where registration is voluntary can be seen as a considerable success
- ❖ 61% of families have used centre based services more than 10 times. This suggests that the Sure Start is significantly embedded in the lives of families who have children of 0-4
- ❖ The Family Link work services is almost universally regarded as being of exceptional quality and this is supported by the attendance figures
- ❖ The massive increase in registered child minders in the area reflects the high quality of development work.
- ❖ The significant increase in breast feeding after the creation of the Babes group is very impressive
- ❖ The full integration of Parent Managers into the decision making structure of the Sure Start has been successful. As has the commitment to capacity building for local people.
- ❖ A huge capital programme has been successfully completed.
- ❖ Relationships with most agencies are very strong

Some areas of concern remain:

- ❖ Smoking is a major problem in the area. Little progress has been made here. The action research group on smoking failed to galvanise a multi disciplinary group into action. The lack of a health visiting lead on this issue has been a significant factor which needs to be addressed.
- ❖ The programme has made a number of different attempts to get fathers involved. A lot of fathers have had some contact with Sure start, but only a small core of around 20 have had sustained involvement.
- ❖ The Health Visitors contract is a cause for concern.
- ❖ The lack of facilities in the east end remains a problem
- ❖ While parents views have been strongly threaded through the programme, more work can be done here - especially in building more informal opportunities for parents to talk through issues and express their views.
- ❖ There is still a need for more safe and accessible outdoor play facilities

- ❖ While the data collection process has been very strong for a programme of this sort, the service review process has been inconsistent and largely descriptive.

SOLAR Summary

- ❖ Within a very short space of time the HHW Sure Start has managed to firmly embed itself within the fabric of the local community and has achieved its aim of bringing a high proportion of parents and children into centre based activity.
- ❖ While it is difficult to draw meaningful conclusions from service outcomes in a three year time frame, all the indications from process assessments; programme development; activity levels; and some localised outcomes are that this programme has been highly successful.
- ❖ It is our view that this has been an extremely well managed programme. The consistency of the management lead has been a major factor in its success. The difficulties that have arisen in other Sure Start programmes when there has been a break in senior management continuity (through maternity leave/ vacancies etc) indicate just how important this has been.
- ❖ The programme has modelled a different way of delivering services in local communities. Its strategic decision (clarified in 2003) to focus on bringing the most vulnerable families into universal services has been effectively enacted in practise. This poses important challenges to mainstream services which are either almost entirely universal or highly targeted.
- ❖ While very strong partnership relationships have been built on the ground with local practitioners and commissioned projects, there is little evidence that the practise of mainstream service providers has changed in response to the learning from this community based children's initiative. It is to be hoped that the success of this programme - as demonstrated by this review - will catalyse mainstream service deliverers into thinking about the implications for their services.
- ❖ But there are also implications for the Sure Start itself. Inevitably priority has had to be given to building a robust organisation; setting up an extensive programme of services; ensuring the delivery of a major capital programme and bringing parents into the decision making process. Attention now needs to turn urgently to the politics of partnership - in particular with local schools, the PCT and social services. Without progress here there is a serious danger the insights into effective community based working will get lost as we move towards Children's Centres.

- ❖ What is particularly impressive about this programme is not that it has got everything right - although as we have indicated much of what it has done has been successful - but that it has put into place effective systems for learning. We are confident that the programme will continue to develop positively.

Capital Developments Time Line	
Dec-99	
Jan-00	
Feb-00	
Mar-00	
Apr-00	Sure Start Office move to 93 Four Acres
May-00	
Jun-00	
Jul-00	Playbus Activities start at 3 locations pending building
Aug-00	
Sep-00	Fulford Family Centre playroom extension started
Oct-00	
Nov-00	
Dec-00	
Jan-01	Extension at Fulford completed
Feb-01	Opening of Millenium Green Toddlers Playground
Mar-01	Gay Elms building complete
Apr-01	
May-01	Gay Elms playroom open
Jun-01	Four Acres extension started
Jul-01	Early Excellence Centre extension opened including sensory room and soft play
Aug-01	
Sep-01	Take possession of new Four Acres building and move in
Oct-01	
Nov-01	
Dec-01	
Jan-02	Four Acres centre opened
Feb-02	
Mar-02	
Apr-02	
May-02	Highridge playcentre openend - full programme
Jun-02	
Jul-02	
Aug-02	OFSTED Gay Elms and Four Acres - play groups able to start
Sep-02	Playgroups started at Gay Elms and Four Acres
Oct-02	First visit to Barton Camp
Nov-02	Pregnancy Group moves to Gay Elms
Dec-02	
Jan-03	
Feb-03	
Mar-03	
Apr-03	OFSTED Inspection at Highridge - playgroup able to start
May-03	

Jun-03	
Jul-03	
Aug-03	Work starts on new extension at Four Acres
Sep-03	
Oct-03	
Nov-03	
Dec-03	
Jan-04	New extension at Four Acres completed
Feb-04	
Mar-04	

Staffing Timeline	
Dec-99	Staff Development Officer appointed
Jan-00	Programme Manager appointed
Feb-00	Appointment of Childminding Co-ordinator, Project Administrator and Inclusion Workers
Mar-00	
Apr-00	4 Health Visitors and Clerks in post
May-00	Advice Worker in post
Jun-00	Play Leader and 3 EY workers, Information Officer, Finance Officer, Benefits Advice, Midwife appointed
Jul-00	Management Board and Committees started
Aug-00	
Sep-00	Two Fathers Development Workers and Speech and Language Therapists appointed
Oct-00	Family Link Worker Co-ordinator appointed
Nov-00
Dec-00	
Jan-01	
Feb-01	Playcentre co-ordinator in post
Mar-01	
Apr-01	7 Family Link Workers appointed
May-01	
Jun-01	Early Years staff employed, Counsellor appointed
Jul-01	
Aug-01	NVQ's for Parents begin, 3 staff finish playcare course, Team Leader for Children's Services appointed
Sep-01	
Oct-01	
Nov-01	
Dec-01	New Team Leader for Parent Services appointed
Jan-02	
Feb-02	
Mar-02	
Apr-02	
May-02	Project Clerk appointed
Jun-02	
Jul-02	Early Years Staff appointed
Aug-02	Fathers Development Workers leave, Early Years staff appointed, Project Clerk appointed
Sep-02	
Oct-02	Parent Participation Worker starts
Nov-02	
Dec-02	1 Family Link Worker leaves, Early Years Staff appointed
Jan-03	

Feb-03	
Mar-03	2 Family Link workers leave
Apr-03	Early Years Staff leave
May-03	
Jun-03	10 new Family Link Workers appointed, Finance Office goes on long term sick leave
Jul-03	Temporary Parent Services Manager leaves, replacement appointed,
Jul-03	New Project Administrator begins, FLW becomes Development Worker, Early Years staff leaves
Aug-03	
Sep-03	Programme Manager goes half time, Parent services Team Leader acts up for Half Time
Oct-03	
Nov-03	
Dec-03	
Jan-04	Temporary Finance Officer leaves, Project Secretary replacement and Early Years Staff appointed
Feb-04	Disability Co-ordinator appointed
Mar-04	Project Secretary becomes Project Administrator (Children's Centre), , 2 Clerks and Temporary Finance Officer appointed

Appendix 3 - Sure Start Groups

Advice Service

Helpline for advice on benefits/debts etc. Has an advice shop in Symes Avenue, advice sessions held at Amelia Nutt Clinic and home visits for clients run by South Bristol Advice Centre by an Advice Worker.

BABES Group

Group for encouraging breastfeeding mothers and help for new mothers ran by BABES workers (local Mothers who have breastfed) and the Midwife. Group held at Gay Elms, Fulford and Hartcliffe Early Years Centre.

Baby Breakfast Club

Drop-In group for babies and parents to get together and have breakfast at a reduced cost. Run by Early Years Workers and Family Link Workers at Highridge.

Baby Club

Group for babies and parents to get together and discuss issues. Run by Early Years Worker at Hartcliffe Early Years Centre.

Baby Drop-In

Drop-in group at family unit run by Family Unit workers at Four Acres.

Book Loan

Book lending service for parents and children run by Family Learning and Early Years Workers at all Centres.

Book Start

Sure Start supplies the children's books and Health Visitors take them out as gifts to encourage reading. Run by Family Learning and Health Visitors in client's homes.

Childminding

Support group for childminders to get together and discuss issues. Run by the Childminding Co-ordinator at Highridge and Hartcliffe Early Years Centre.

Clinic

Health Visitors Clinic at Hartcliffe Health Centre and Amelia Nut Health Centre. Ran by Health Visitors from UBHT and Bristol South and West PCT.

Counselling

One-to one counselling with parents provided by Sure Start and by the Drugs and Alcohol worker. Drugs and Alcohol worker also does home visits, visits groups and telephone counselling. Run by Sure Start Counsellors and HAWKS at all centres and in the clients home.

Craft

Craft sessions for parents run by Family Learning at Fulford and Hartcliffe Health Centre.

Crèche

Crèche at Fulford run by the Fulford Worker

Drop In

Drop-in group for parents and children run by Family Unit and Early Years Workers at Gay Elms, Four Acres, Fulford and Highridge.

Food Group

Health visitors from Hartcliffe Health Centre ran a group to promote cooking and healthy food at The Gatehouse Centre.

Group

Various groups ran for children and parents at Hartcliffe Early Years Centre, Hartcliffe Health Centre, Four Acres, Fulford, Gay Elms and Highridge ran by Early Years Workers, Health Visitors from Hartcliffe Health Centre, Family Learning, Fathers Development Worker and Speech and Language Therapists.

Home Visit

Fathers development workers visited clients in their homes for support/advice

Home Visit, Phone Call Shop

Visits by Family Link workers at the beginning of the service in 2001

Keep Fit

Keep Fit group at Highridge and Gay Elms for parents ran by a Keep Fit Instructor

Meeting

Various meetings held in centres when parents have attended and used a crèche for their children

Music Group

Health Visitors from Hartcliffe Health Centre ran a group called musical playtime for children at Fulford and Whitehouse School.

Nursery

Nursery at Hartcliffe Early Years centre ran by Early Years Workers

Parents Council

Fulford Family Centre Parents Council meeting held at Fulford Family Centre by Fulford Worker

PEEPS

Babies learning to develop through interaction with other children and with other babies held at Family Unit, Fulford, Highridge and Gay Elms by Family Unit Worker, Fulford Worker, Speech and Language Therapist and Early Years Workers.

Playbus

Bus adapted for children's play (drop-in) held at Highridge, Teyfant and Various places in the area run by Playbus workers

Playcare

Playcare course for Playcare workers held at Fulford Family Centre, Four Acres and Highridge ran by Fulford Workers and Playworkers.

Play group

Scheduled play groups with restricted numbers for children - children attend for a year held at Family Unit, Four Acres, Gay Elms and Highridge ran by Family Unit Workers and Early Years workers.

Pregnancy Group

Group for pregnant mother to be for support/advice held at Fulford and Gay Elms ran by the Midwife

Rainbow Group

Group ran by Mencap at Fulford Centre

Sensory Room

Interactive play room for children held at Hartcliffe Early Years Centre ran by Inclusion Worker.

Soft Play

Interactive play equipment for children held at Hartcliffe Early Years Centre
ran by Inclusion Worker

Stay and Play

Inclusion worker goes into groups and promotes inclusion - will focus on
children with special needs held at Hartcliffe Early Years Centre.

Support/sensory

Inclusion worker goes out to peoples homes for support

Teenage Parents

Support/advice group for teenage parents held at Highridge and Four Acres
ran by the Midwife

Thursday Group

Group run at Fulford by Fulford Worker

Unity

Group for parents and children of Black or Ethnic minority backgrounds held
at Fulford Family Centre ran by Fulford Worker

Visit

Visits to families by Drugs and Alcohol Worker, Early Years Worker, Family
Link, Fathers Development, Health Visitor Amelia Nutt and Health Visitor
Hartcliffe Health Centre.

Weekend Opening

Drop-in for families at weekends held at Hartcliffe Early Years Centre ran by
Early Years Workers

Women in View

Group run by two Health Visitors for women to discuss whatever topics
where of interest included crèche and visiting speakers held at Hartcliffe
Health Centre.