



Litherland, Bootle & Orrell



Local  
Programme

**Independent Evaluation of  
SureStart Sefton Local Programme  
(Wave 2)**

**Litherland, Bootle & Orrell**

For the attention of  
**The SureStart Wave 2 Local Programme Partnership Group**

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# **1 Introduction**

## **1.1 Background**

The introduction presents an overview of the background to this research project. It begins by providing an outline of the government policies that have shaped the SureStart initiative, since its introduction in 1999. This is followed by a description of the SureStart local programme (wave 2) for Litherland, Bootle and Orrell. Finally, the introduction outlines the research objectives and the structure of the report.

### **1.1.1 Policy background**

The 'SureStart' initiative was introduced in 1997, during New Labour's first term of Government. The aim of the initiative was to improve the delivery of public services, which, at the time were viewed by the new Government as ineffective, underfunded and fragmented following three terms of conservative government.

The Prime Minister opened his term of office with a speech that pledged to 'make Britain a better place to live' and in the 1997 comprehensive spending review it was first outlined how this was going to be achieved.

Improvements in the delivery of public services for those living in disadvantaged areas, was thought to be the key priority and in particular young children under the age of 4 were highlighted. The rationale behind reform and investment was that the reason many UK children were falling behind and failing to thrive, even before they had reached school, was due to the inadequate provision of early services to support young children and their families.

By investing in early childhood development, the government aimed to make a difference in the most disadvantaged areas of the UK and increase the lifetime opportunities that were available to the children who came from such areas. Through SureStart they outlined how they wanted to work with parents and parents-to-be by providing better access to:

- Family support
- Advice on nurturing
- Health services
- Early learning

Specifically, the over-riding aim of SureStart was to:-

***"Work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children – particularly those who are disadvantaged – so that they can flourish at home and when they get to school, and thereby break the cycle of disadvantage for the current generation of young people"***

Clear objectives and targets were set so that when it came to evaluating SureStart, successes would be measurable. The objectives and targets set were outlined as below:

### **Objective 1: improving social and emotional development**

***"By supporting early bonding between parents and their children, helping families to function and by enabling the early identification and support of children with emotional and behavioural difficulties"***

#### Target

To reduce by 20% the proportion of children aged 0-3 in the SureStart areas who are re-registered within the space of 12 months on the child protection register by 2004.

### **Objective 2: improving health**

***"By supporting parents in caring for their children to promote healthy development before and after birth"***

#### Target

To reduce the number of women smoking during pregnancy by 10% in the SureStart areas.

### **Objective 3: improving children's ability to learn**

***"By encouraging high quality environments and childcare that promote early learning, provide stimulating and enjoyable play, improve language skills and ensure early identification and support of children with special needs"***

#### Target

To reduce the number of children with speech and language problems requiring specialist intervention by the age of 4 by 5%.

### **Objective 4: strengthening families and communities**

***"By involving families in building the community's capacity to sustain the programme and thereby create pathways out of poverty"***

#### Target

To reduce by 2004 the number of 0-3 year olds in the SureStart areas who are living in households where no one is working by 12%.

The Government thought that the long-term impacts of SureStart would be far reaching and potentially it would:

- Improve physical and emotional development
- Improve performance at school
- Prevent truancy
- Reduce ill-health
- Reduce teenage pregnancy
- Reduce the risk of unemployment
- Reduce anti-social behaviour
- Reduce drug abuse
- Reduce crime.

The introduction of SureStart meant that government departments were no longer couched within their own boundaries and for the first time 13 departments began to work together. The running costs of the SureStart Unit were set against the DfES and joint responsibility was given to the Minister of State for Public Health and the Secretary of State for Education and Employment.

Trailblazers, as the first wave of local programmes were known, began in the summer of 1999 and initial investments were to fund 250 local programmes over a three year period. Each local programme was set to serve an average of 400-800 children, future programmes would be rolled out in waves and each wave was estimated as having around 60-70 programmes.

Actual changes in the provision of services, within SureStart catchment areas, meant that:

- Every family with a new born baby would receive a home visit within two months of birth, during which details of the services and support available would be outlined
- Local services would work together in the interests of families and children
- Better access to a range of early support systems would be available through toddler groups, toy libraries, family nurturing and volunteer support schemes

Over time subsequent changes were made including:

The Comprehensive spending review, 2000, saw the Government outline further investments, including:

- The number of programmes that would be up and running by 2004 was increased from 250 to 500 and a revised investment was set at over £500 million. They believed that this would provide additional support to 33% of the UK's poorest children, as opposed to the 18% that the previous investments would have supported.
- In addition, identified pockets of deprivation in some rural areas were to be given funding and the unique problems of providing services to those who were isolated would hopefully be addressed.

Progress to date was reported on in the pre-budget report of November 2002 and was highlighted as below:

- 430 local programmes had been announced at the time of publishing and of these, over 200 were operational.
- They were on target to reach the set 500 programmes and it was estimated that over 400,000 children, which was approximately one third of all children living in poverty in the UK would be reached.
- An additional 20 programmes would be introduced to provide personal, co-ordinated support for pregnant teenagers and teenage parents to help in reducing the conception rates among under 18's by 50% by 2010

The Comprehensive spending review of 2002 brought about the following:

- Changes were made to existing floor targets which meant that all fully operational programmes were to achieve by 2005-2006:
  - Increases in the proportion of young children aged 0-5 with normal levels of personal, social and emotional development for their age
  - A 6 percentage point reduction in the proportion of mothers who continue to smoke during pregnancy
  - An increase in the proportion of children having normal levels of communication, language and literacy at the end of the Foundation Stage
  - An increase in the proportion of young children with satisfactory speech and language development at age 2 years
  - A 12% reduction in the proportion of young children living in households where no one is working

To support local programmes in the delivery of services, a number of service agreement documents were produced. Furthermore, a number of guidelines and additional supporting materials were all available. These are listed below together with web-page links to these documents:

- SureStart: Guidance on Local Evaluation, August 2000  
[www.ness.bbk.ac.uk/guidance.asp](http://www.ness.bbk.ac.uk/guidance.asp)
- SureStart: a guide to planning and delivering your programme, Summer 2002  
[www.surestart.gov.uk/publications/guidance/](http://www.surestart.gov.uk/publications/guidance/)
- The Involvement of Parents and Carers in SureStart Local Evaluations, February 2003  
[www.ness.bbk.ac.uk/guidance.asp](http://www.ness.bbk.ac.uk/guidance.asp)
- Conducting Ethical Research, April 2002

- [www.ness.bbk.ac.uk/guidance.asp](http://www.ness.bbk.ac.uk/guidance.asp)
- Getting Started with a local SureStart evaluation, April 2002  
[www.ness.bbk.ac.uk/guidance.asp](http://www.ness.bbk.ac.uk/guidance.asp)
- Support to Local Evaluations Methodological and Progress Report, September 2001  
[www.ness.bbk.ac.uk/guidance.asp](http://www.ness.bbk.ac.uk/guidance.asp)
- SureStart for all: Guidance on involving minority ethnic children and families  
[www.surestart.gov.uk/publications/guidance/](http://www.surestart.gov.uk/publications/guidance/)
- SureStart: Promoting Speech and Language Development – Guidance for SureStart programmes  
[www.surestart.gov.uk/publications/guidance/](http://www.surestart.gov.uk/publications/guidance/)

## **Key Principles of SureStart**

Further to the aims and objectives of SureStart, as set out above, all SureStart programmes were expected to adhere to a set of principles, these included:

- Co-ordinate, streamline and add value to existing services in the SureStart area;
- Involve parents, grandparents and other carers in ways that build on their existing strengths;
- Avoid stigma by ensuring that all local families are able to use SureStart services;
- Ensure lasting support by linking SureStart to services for older children;
- Be culturally appropriate and sensitive to particular needs;

Local programmes were also responsible for the recording of monitoring data, as set by the National SureStart Unit and for ensuring the production of a number of evaluations at pre determined key moments (see research objectives, page 12).

### **1.1.2 Local Context background**

#### **Geographical information**

The borough of Sefton, Merseyside includes 22 miles of coast between the rivers Mersey and Ribble and is bounded to the west by the Irish Sea. From north to south, the borough extends some 20 miles; whilst west to east it is 7 miles. Neighbouring authorities to Sefton are Liverpool, Knowsley and West Lancashire.

There are areas of extreme socio-economic disadvantage in Sefton, which is often hidden within borough-wide average figures because several areas of Sefton are also very popular. These include:

- commuter settlement areas
- seaside resorts
- nature reserves
- extensive agricultural areas.

#### **The SureStart 'catchment' area**

The local programme catchment area includes parts of **Bootle, Litherland and Orrell**. It is approximately 0.81 square miles in size and the population of 0-4 year olds, in the area, at the time of local Delivery Plan development, was found to be 794<sup>1</sup> (approx 564 families<sup>2</sup>).

Various indicators were used to decide where the catchment area would be, including:

- Levels of deprivation
- Referrals to speech therapy
- Low birth weight babies
- Teenage pregnancy
- Looked after children

Areas within the wards of Linacre, Litherland, Ford and Orrell were chosen. These areas were found to be in the 10% most deprived wards of England and Wales<sup>3</sup> and 40% of the area was among those with the lowest household income found in any one postcode district in the UK<sup>4</sup>.

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<sup>1</sup> Data obtained from Sefton Health Authority, May 2000

<sup>2</sup> Estimated from Local Health Visitor records, also May 2000

<sup>3</sup> Index of Deprivation, 1998

<sup>4</sup> CACI Paycheck Data, 1999

The 1991 census showed that within the set catchment area;

- Almost 37% were households with dependent children and no employment
- Almost 59% were households without a car
- 25% lived in local authority renting households
- 24% lone parent households

Other information at the time of development found that:

- 9 families categorized themselves as from an ethnic minority with children under the age of 4 (and of these 4 had language difficulties).
- 24 children were on the Sefton Child Protection Register (CPR) (0.6% of the 0-18 year olds in the area) 0.26% for Bootle and Litherland and 0.23% borough wide.
- of those children on the CPR, 23 were under the age of 4 giving rise to 3% of all under 4's.

Furthermore, there are or have been, a wide range of previous regeneration initiatives in the area. These include:

- Bootle Maritime City Challenge
- Single Regeneration Budget
- Objective One
- Neighbourhood Renewal Funding
- City Challenge Programme (South Sefton Homestart, Sefton Play Council, the Bridge and Sefton FAST are projects/services still operating that benefited from early CC funding).

### **The Partnership Group**

A number of different agencies are represented on the Local Programme Partnership Group, including:

- Local Parents/Carers
- South Sefton Primary Care Trust (PCT)
- North Mersey Community NHS Trust
- Sefton Council for Voluntary Services
- Sefton Early Years Development and Childcare Partnership (EYDCP)
- Sefton Housing Department
- Sefton Local Education Authority
- Sefton Social Services
- JobCentre Plus
- 2 Voluntary & Community Group Representatives

The accountable body status for the SureStart Wave 2 Local Programme was appointed to **Sefton MBC**, whilst, the lead agency was appointed to **Sefton Council for Voluntary Services**.

### **Deciding local priorities, targets and programme activities**

With the specific aim of involving local parents and the community at every stage of development, the consultation process included:

- Parent and practitioner focus groups
- One to one interviews with parents
- Consultation workshops & mini Stakeholder Events
- Community led consultation in conjunction with South Sefton SRB 6
- A stakeholder & Feedback Conference

From the above consultations five key areas were identified which met the nationally defined objectives, targets and core service areas:

- Support for Families in the Home
- One-stop Parents Centres
- Early Education, Childcare and Play Development
- Outdoor Play & Recreation
- Support for Families and Children with Special/Additional Needs

Task groups were set up around each of these areas to propose activities, which would meet the needs identified. A project template was used by each task group, in order to provide specific information on:

- Aims and objectives
- Management arrangements
- Local and national targets/needs met
- Milestones
- Short and long term outcomes
- Resource requirements (including opportunities for contributions from other sources).
- Linkages with other aspects of the programme
- Critical path analysis
- Involvement strategy
- Forward strategy
- Changes in working practices

These project templates were completed by local agencies to propose service delivery models to the partnership and services were commissioned on this basis.

The Wave 2 Programme Management team was appointed at the end of September 2000 under line-management arrangements with Sefton CVS.

## **1.2 Research Objectives**

The aim of the research is to assess:

- Progress towards SureStart PSA and SDA targets
- Cross-cutting issues e.g. how well the programme is working in practice

In terms of assessing how well the programme is working in practice, the evaluation assesses how well each of the five priority areas for action is being addressed.

### **1.3 Structure of the report**

The findings of the study are contained in this report. The report has four further chapters:

- Chapter 2 contains a summary of the findings
- Chapter 3 presents a description of the research methodology
- Chapter 4 presents the findings of the study
- Finally, in Chapter 5, we present some conclusions and recommendations.

## **2 Executive summary**

### **Support for Parents in the Home**

The aim of this priority is to enhance current provision and pilot new and innovative ways of working to provide appropriate home visiting support to all families in the SureStart area with children under 4.

The enhanced service includes:

- Establishing a multi-disciplinary home visiting team
- Improved links with midwives, GPs and local hospitals
- A more intensive and co-ordinated home visiting package
- Improved linkages and interagency working

#### **Key findings**

- The majority of parents are very happy with the service provided by the health visitors, with 81% of respondents from the survey rating the visit they received from their health visitor following the birth of their youngest child as good or very good
- Just under one in three respondents have received a home visit from an agency working as part of SureStart (other than Health Visitors), and the majority of these rated the service they received as good or very good
- The Home and health visiting team feel that SureStart has improved the service they deliver in particular to provide a more intensive and consistent service as well as a greater range of services

Areas where support could be enhanced include:

- Provision of support and advice on miscarriages, labour and post-natal depression

### **One-stop Parents Centres**

The aim of this priority area is to form a network of neighbourhood one stop Parents Centres providing a range of support, information and opportunities for parents and their children. Accordingly, the May Logan Centre, the Orrell Mount Centre and the Alexandra Mount Centre have been developed to provide the following:

- A one stop information point for parents on relevant statutory, voluntary and private sector services
- A space for parent support groups to meet
- An on-site Creche
- A base for specialist services
- Café/ drop-in with area for children
- Access to information communications technology (ICT), adult training/education and resources

## Key findings

- The majority of respondents (87%) had heard of one of the three Parents Centres
- Of the respondents that had heard of the Centres almost three-quarters (70%) had visited one of them.
- Parents used the Centres for a range of activities, although the most common use was for the play area for children (48%).
- Encouragingly, all three Centres were rated 'good' or 'very good' by over 80% of respondents.

Areas where Centres could be enhanced include:

- More provision of activities in the evening and school holidays for working parents
- Increased advertising and marketing

## **Early Education, Childcare & Play Development**

The aim of this priority area is to develop the quality and quantity of early education, childcare and play provision that is available to families and children in partnership with Sefton Early Years Development and Childcare Partnership (EYDCP). To meet this priority SureStart provide:

- Community Early Years Workers to work with existing pre-school groups to develop activities and improve the quality and quantity of play and learning experiences within groups
- Funding for Toy Libraries based within the one-stop Parents Centres
- Playgroup and Parent & Toddler Group start-up grants
- Crèche facilities in each of the Parents Centres which will be registered to cater for children aged 0-8 years
- A close working relationship with Children's Information Service

## Key findings

- Over half (53%) of the respondents thought there were adequate childcare facilities in the area. Conversely, 36% of respondents thought that there wasn't enough
- Almost two-thirds (61%) of respondents were aware that Parents Centres provide a crèche.
- Of the respondents that had used the crèches (36%), 78% found the quality 'very good'.
- In addition, over half of the Toy Library users (55%) thought it was very good.

Areas where provision could be enhanced include:

- Size and marketing of Toy Library
- Increased flexible childcare provision

## **Outdoor Play and Recreation**

The aim of this priority area is to develop two major play and recreational spaces in the SureStart catchment area and to provide funding for the development of additional smaller neighbourhood green spaces as identified through consultation with local communities.

Key findings:

- 29% of respondents felt there were enough outdoor play and recreation spaces for children in the area, 53% felt there were not.
- Opinions of the general play and recreation spaces in Sefton were not great, with only a combined 18% of respondents rating them as either 'good' or 'very good'. A majority of respondents rated them as 'OK' (32%) with many respondents citing the SureStart developments as 'having made an improvement'.
- Reasons given for not using play areas in South Sefton were because they were covered in graffiti, litter, glass, syringes and dog foul.
- Parents felt that a lack of facilities for older children and teenagers was to blame for them vandalising the playgrounds and outdoor spaces.

Suggestions for improving areas:

- Encourage other organisations and the council to spend money and time on facilities and activities for older children in order to discourage them from vandalising parks
- Continue building partnerships with other relevant initiatives such as Children's Fund and further capacity building within local communities to take ownership of recreational spaces

## **Support for Families and Children with Special / Additional Needs**

The aim of this area was to:

- Produce a 'Directory' of specialist services
- Establish a Special / Additional Needs fund & agree what the fund could support
- Continue to encourage parents to volunteer as 'community parents'
- Promote development of group support
- Help parents & agencies to access multi-agency training and promote awareness raising around issues of social exclusion and marginalized groups

Key findings

- Ten respondents (5%) had children with special/ additional needs.
- Six parents felt that they are given enough support whilst 2 felt they are not.
- A recurring issue raised in the focus groups was the lack support for children with behavioural problems that may include ADHD

Areas where provision could be enhanced include:

- Increasing support and information for parents of children with ADHD

### **3 Study Method**

The evaluation of SureStart Local Programme Wave 2 was undertaken between October 2002 and July 2003.

The evaluation used a variety of methods including:

- Literature review
- Analysis of secondary data
- In-depth interviews with key partners
- Focus groups and in-depth interviews with home and health visitors and outreach workers
- Survey of parents
- Focus groups with parents

#### **Literature review**

The literature review set the context for the report at both a national and local level. Literature was obtained through Internet searches and included information published by the SureStart national office and information from several government white papers along with information provided by the SureStart Programme Management team.

#### **Analysis of secondary data**

Secondary data was used to evaluate whether SureStart had successfully reached its milestones. The data was in the form of monitoring data that all SureStart service providers collate on uses and outcomes of their service.

Secondary data was also used to evaluate how successful the FAST Service has been. The data included information on the recent evaluations that FAST had experienced as part of the Local Authority's 'Best Value' review.

#### **In-depth interviews with key partners**

In-depth face-to-face interviews were undertaken with approximately 20 key partners. What had 'worked well' and what 'could have been improved' was the key theme of these interviews

#### **Focus groups and in-depth interviews with home and health visitors**

In order to assess how well the enhanced home visiting team was working a focus group with the health visiting team was undertaken along with in-depth telephone interviews with some home visitors.

#### **Survey of parents**

In total, 204 questionnaires from parents and carers with children aged 0-4 were analysed.

The chosen completion method was a postal questionnaire with a door-to-door follow up to boost numbers. To help ensure a high response rate, all participants who completed the questionnaire were given a £5 voucher.

The questionnaire was posted out to approximately 600 households that had children aged between 0-4, using the contacts provided by the SureStart Management team database. 183 self-completed questionnaires were returned from parents with children aged 0-4, the remainder were completed door to door.

The questionnaire was designed in collaboration with the SureStart team. The draft questionnaire was piloted by QA with parents at the May Logan Centre.

Three parents from the SureStart Parent's Forum were briefed by the Programme Manager then trained by QA to undertake the door-to-door interviews. At the training and questionnaire workshop the parents contributed to the design of the questionnaire and learnt about research ethics (The Market Research Society Code of Conduct) and interviewing techniques.

After the initial training session the parent interviewers met to plan the fieldwork, using their local knowledge. The Programme Manager provided ongoing support throughout the project.

Once the fieldwork was completed, a debrief session was held where the parent interviewers and the Programme Manager gave feedback on their experiences to QA. The benefits of involving the parents in the evaluation process are evident in two of the parent's stories of their experiences, included below. The Programme Manager said:

"It has been very powerful to see the parents gain confidence, work together so well and see through our values to *really* involve parents in the planning, delivery and review of our SureStart services". (Ceri Daniels)

The following section presents comments from the parent researchers about their involvement in the research process.

## **Parent Researchers : Our Experience 'Out in the Field'**

### ***Carol's Story***

Ceri (the Programme Manager) from SureStart asked me if I was interested in helping Questions Answered with the SureStart evaluation. I was pleased to have been asked about this but was a little nervous about what was involved.

I had a meeting with Ceri during which she explained fully what was involved. It sounded like the sort of job I would be interested in doing. The idea was that all SureStart families would be mailed a questionnaire regarding the different aspects of the SureStart programme. My involvement would be to organise a team to visit a number of SureStart homes and follow up the replies to the questionnaire; if they had not already completed their questionnaire, we would ask them to complete it with us so that their reply could be sent to Questions Answered as soon as possible.

I took all this information away and managed to get some willing helpers from our Parents Forum that were interested, Maureen and Maria. Ceri organised a days training with Questions Answered as none of us had ever done anything like this before. I enjoyed the days training it was relaxed but very informative giving us plenty of ideas on how to conduct the interviews with the parents or carers concerned. This proved to be invaluable once I actually got started with the work.

Our visits were split over 2 weeks, we planned ahead which areas we would cover each day so that we could obtain as many replies from Wave 2 as Wave 3. Our first day was a very windy day and it was pouring with rain but we decided we would still give it a go. It was a little strange at first not ever having done this before but once we go used to it I think we all ended up enjoying the job of meeting so many of the SureStart families and listening to their points of view on what SureStart has done for them including the likes of the Parents Centres, play areas, Crèche facilities and SureStart staff support to name but a few.

Our little team ended up working very well together, we had a great system going where we ended up managing to cover a lot of ground. Our total number of visits was around 700 homes. Everybody we spoke to knew of SureStart to some extent and on the whole it was a very positive feedback. We met some lovely people and we all enjoyed the experience very much.

We all agreed that it would be an interesting task to repeat the exercise in about twelve months time to see how any replies to questions in certain areas had changed especially in the Seaforth area due to the development of the new Seaforth Parents Centre. I hope we all get a chance to do this again as we thoroughly enjoyed the experience.

### ***Maria's Story***

I am a 36-year-old mum to 3 children aged 16, 12 and our little surprise of 3 years. SureStart came into my life in February 2001 at the first Parents Forum. I had received a letter informing me about what SureStart was and how they wanted parents to be involved. At first I was sceptical about another Government Initiative being put into the area and then at the drop of the hat, funding is pulled by the government. Everybody at the meeting assured us that this was not going to happen.

From this day onwards I have been involved. SureStart gives parents the belief that their opinions and themselves matter. I am involved with the Parents Forum, I

attend the Partnership Group meeting and I have been and still am involved with a support group for mum's called MUMSIS.

I have also attended courses held at the Parents Centres. One such course I attended was a course called 'Making Choices', this was a course designed to see if you would like a career within childcare. After attending this course, I have gone on to an NVQ in childcare (level 2), which I have nearly completed.

My 3-year-old daughter has enjoyed her time going into the crèches within the different centres. Even my husband is now on board and is running the Dads 'R' Us group. At the SureStart conference event, I was thrown in at the deep end and gave a talk on SureStart and its effect on my life. At the time I had said that it was my 'lifeline'. I still believe it is and I am now gaining confidence and improving my 'life skills'. I also took part in the survey that SureStart had done recently. I was trained to go out and knock on peoples doors to help them if need be with the survey they had received and collect them back in. I really enjoyed this and also it is another new skill to add to my CV.

I believe that SureStart gives parents opportunities to improve themselves and their surroundings and can only bring good things to areas.

These parents' perspectives clearly demonstrate the benefits they gained from involvement in the process as well as the strengths of this methodological approach.

### **Focus groups with parents**

Eight focus groups were undertaken with parents and carers. Two of the focus groups were recruited through the questionnaire, whilst the other groups were through existing groups or from courses that parents were attending. These included:

- Baby massage course
- Toy Library users
- Postnatal depression support group

The groups were held at the various Parents Centres including Alexandra Mount, Orrell Mount and the May Logan Centre. All parents were given a cash gift for attending and crèche facilities were kindly provided by SureStart.

## **4 Study Findings**

The principal findings of the evaluation are contained in this chapter. The chapter contains twelve sections, including:

- Section 4.1 - Desk research
- Section 4.2 – Analysis of monitoring data
- Section 4.3 – Partner interviews
- Section 4.4 – Parent’s consultation
- Section 4.5 – Support for parents in the home
- Section 4.6 – One stop Parents Centres
- Section 4.7 – Early education, childcare & play development
- Section 4.8 – Outdoor play and recreation
- Section 4.9 – Support for families and children with special/additional needs
- Section 4.10 – An in-depth evaluation of the Toy Library
- Section 4.11 – Employment and Training
- Section 4.12 – Secondary evaluation of FAST

## **4.1 Desk research**

The end of year two evaluation began by identifying when and why the SureStart initiative was introduced. The first white paper, in which SureStart was included was identified and became the starting point of a review of the government policy pertaining to the initiative. Government documents that contributed to the development of SureStart that were considered in this review, included:

- Modern Public Services for Britain: Investing in Reform. Comprehensive Spending Review: New Public Spending Plans 1999-2002, July 1998.
- Public Services for the Future: Modernisation, Reform and Accountability. Comprehensive Spending Review: Public Service Agreements 1999-2002, December 1998.
- Prudent for a Purpose: Building Opportunity and Security for all. Comprehensive Spending Review: New Public Spending Plans 2001-2004.
- Building a Stronger, Fairer Britain in an Uncertain World. Pre-budget Report, November 2001.
- 2002 Comprehensive Spending Review: Public Service Agreements July 2002

Further to the above, the National SureStart Evaluation website was used to increase our understanding of the initiative and provided an array of guidelines on how local programmes should undertake their evaluations. The guidelines we reviewed were:

- SureStart: Guidance on Local Evaluation, August 2000
- SureStart: a guide to planning and delivering your programme, Summer 2002
- The Involvement of Parents and Carers in SureStart Local Evaluations, February 2003
- Conducting Ethical Research, April 2002
- Getting Started with a local SureStart evaluation, April 2002
- Support to Local Evaluations Methodological and Progress Report, September 2001
- SureStart for all: Guidance on involving minority ethnic children and families
- SureStart: Promoting Speech and Language Development – Guidance for SureStart programmes

These guidelines were used to inform upon many areas of the evaluation, and in particular were of influence when designing the methodological approaches we employed along with the original specification from the Programme. Further guidance was found in the advice and support we received from the National SureStart Unit, in particular that from Dr.Jane Stuart of the National Evaluation team.

## **4.2 Analysis of Monitoring data**

### **Introduction**

This section of the report focuses on an analysis of the monitoring data gathered by SureStart Litherland, Bootle and Orrell as stipulated by the National SureStart Unit. Two monitoring data forms were examined; these were the M3 form and the quarterly progress reports against quarterly milestones, known as the M4 form.

**Form M3** – The aim of the analysis was:

- To identify any trends over time, with regards to the number of individuals accessing the SureStart services

**Quarterly Progress Reports** – The aim of the analysis was:

- To identify the level of progress made towards reaching the SureStart objectives
- To identify any recurring areas where barriers hindered progress towards the achievement of quarterly milestones

### **Executive summary**

#### **Form M3**

- The M3 form was used to record classification details on individuals who had accessed services whilst the M4 Progress Reports recorded the actions taken by the local programme, in order to achieve their quarterly milestones
- The analysis of monitoring data was conducted to identify any trends, to highlight areas where progress towards achieving objectives had been made, as well as towards their quarterly milestones
- Analysis of the M3 forms was conducted by comparing the data recorded at 6 month intervals, from the onset of the programme towards the end of 2000
- Forms drawn from June 2001 and December 2001 revealed a large proportion of the pregnant women seen.
- The findings also revealed evidence to suggest a seasonal trend, with regard to the number of 'new' children seen in a month. The trend indicated that there were more new children seen during the summer months of 2001 and 2002 when compared to their respective winter months
- What was also made apparent was that the most likely age of children to become involved with activities during 2001/2002 was either 2 or 3 years old
- The majority of children were found to be from a white British background and from the forms analysed they made up 98% of the total

- The overall number of women seen per month was shown to be greater in 2002, in comparison to 2001, however teenage women were less likely to have been seen in 2002
- It was revealed that SureStart had not made contact with the majority of women in the area prior to them giving birth
- The figures revealed that SureStart had been providing ongoing support to lone parents more than any other category of parents and there were increases in the number of lone parents receiving support between 2001 and 2002

### **Monthly Monitoring Data**

- Achieving quarterly milestones had been facilitated by a significant increase in the number of positive actions taken and a decrease of negative ones which help to demonstrate that difficulties encountered at the beginning of the Programme had been addressed and resolved for future work
- The average percentage of positive actions per quarter was 88% for year 1, 92% for year 2 and 94% for year 3
- The few negative actions that had led to an unachieved milestone included; unobtainable information (baseline/lack of monitoring tools etc), Government and other organisational constraints (lack of resources/waiting approval), time constraints, problems within/between agencies (recruitment), lack of agreement on models and targets, and parent and carer issues (lack of involvement due to summer holidays for example).

#### **4.2.1 Form M3**

##### **Type of information collected**

The M3 form was recorded on a monthly basis and was used to present information from the previous month, in terms of the number of individuals that had been seen by the SureStart team. Numbers were recorded in terms of the number of children, pregnant women, families and parents that had been seen.

Further breakdown of classification details were also given under each of these four areas, such as age, ethnicity and disability. All of this information was further recorded in terms of 'existing' and 'new' service users, except the final information, which was concerned with the number of new births occurring in the area, at the time.

##### **Method of analysis**

In order to provide a 'snapshot' of any trends that had occurred, over the course of the programme so far, forms were examined at six-month intervals starting from the onset of the programme in late 2000. Thus, the forms examined were taken from the months:

- June 2001
- December 2001
- May 2002
- November 2002

##### **Summary of findings**

Findings from the analysis were presented in two sub-sections as either general findings or trends over time

Data was in the main, reliable but some discrepancies were evident during the early months of the Programme as monitoring formats were introduced by both the SureStart Unit and at local management level.

Discrepancies were, on the whole, thought to hold only minor consequences, if any at all. For example, In terms of design by November 2002 standardisation of format and content seem to have been implemented by the Programme Management team, thus eradicating the problems found in this area.

##### **Trends over time**

In this aspect of the analysis all classification details, from the M3 forms, were examined.

##### **Children**

- Overall number of children seen per month

Data from the M3 forms regarding the number of children seen in the previous month were further examined and line graphs were created to highlight the changes that occurred over time. For example, as was presented in figure 4.1(i), below:

**Figure 4.2(i) – The total number of children seen and the month they were seen**

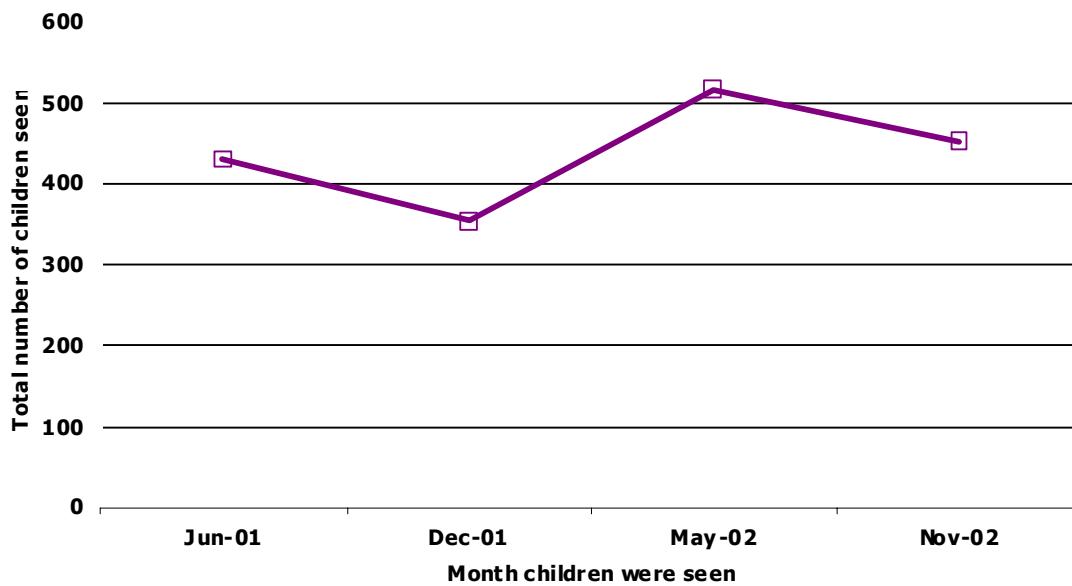


Figure 4.2(i) illustrated that over time there were increases in the total number of children seen by the SureStart Team. Furthermore, for both years there appeared to be a slight seasonal trend whereby more children were seen in the summer than in the winter.

Breaking down the data further, we conducted year on year comparisons and examined the potential seasonal trend in terms of the total numbers of 'existing' and 'new' children to be seen, in the months that were illustrated (as presented in figure 4.2(ii), see page 27)

**Figure 4.2(ii) – The number of existing and new children seen and the month they were seen**

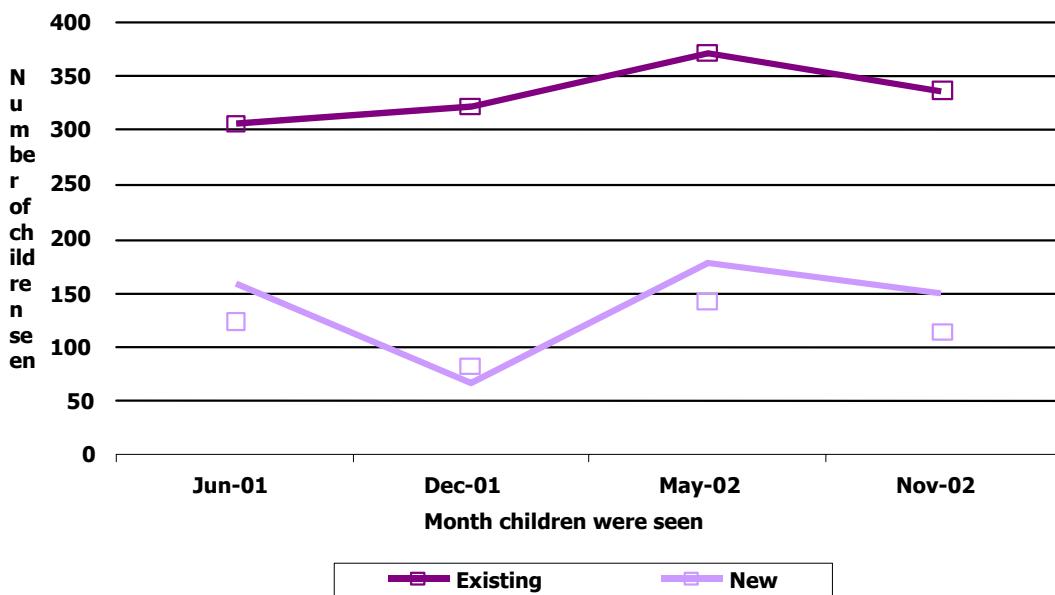


Figure 4.2(ii) indicated that the seasonal trends evident in figure 4.2(i), were also evident when the overall number of children seen was separated into number of existing and new children seen. However, as is clearly illustrated in figure 4.2(ii) this seasonal trend was most strongly associated with the number of new children that had been seen.

Clearly, there had been some increases in the number of existing children seen but, as shown in Figure 4.2(ii), there was a much steeper decline in the number of new children seen during the winter months and furthermore, this was especially true during 2001.

The data recorded on the number of children seen in a month was also recorded according to age of children, thus we further examined the number of new children seen within each age range in order to establish any patterns that may have occurred. These findings are presented in figure 4.2(iii), see page 28.

**Figure 4.2(iii) – The number of new children seen by age and by the month they were seen**

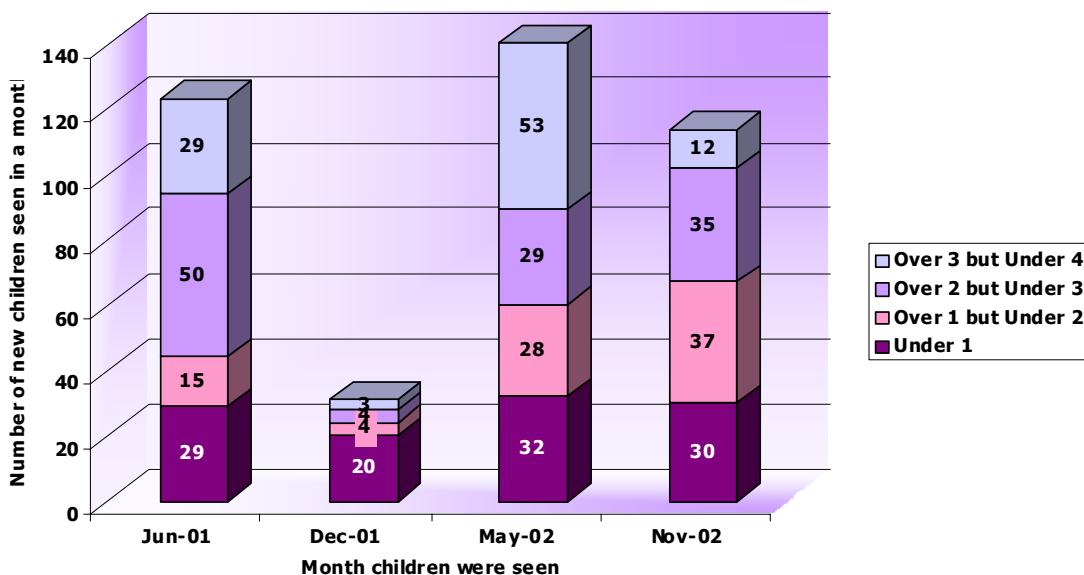


Figure 4.2 (iii) illustrated that the most likely age for children to become involved in SureStart activities during 2001/2002 was either 2 or 3 years old (over the age 3 but under the age of 4 years (n53) and over the age of 2 but under 3 years (n50))

The population data gathered at the onset of the local programme was considered in relation to the data found here and any differences to these were identified.

Additional aspects recorded on the M3 forms were sub-categories recording the number of children seen that had a disability or special need and the ethnicity of all children recorded.

- Children with disability/special needs

The number of children recorded as having a disability or special need was found to be very minimal in the months we examined from 2001.<sup>5</sup> However, these numbers were vastly increased during 2002<sup>6</sup>.

Although the findings from the 'snapshot' analysis can not be thought of as a true representation of all monitoring data gathered, the percentage increase found here, clearly illustrated that there had been a great deal of progress made towards supporting the children and families, within the SureStart area, that were especially in need of the additional support and more specialist services now made available to them.

- Ethnicity

<sup>5</sup> Number of children seen with a disability or special need – June 2001, 3 existing and in December 2001, 1 new.

<sup>6</sup> Number of children seen with a disability or special need - May 2002, 11 existing and 1 new; November 2002, 9 existing.

The ethnicity of all children was also provided on the monitoring data and overall the majority of children were found to be white British. From the monitoring forms we had analysed, the proportion of children that were from a white British background was 98%, whilst the overall proportion of new children that came from a minority ethnic background was 2%. These figures were found to be in line with the overall population data gathered at the onset of the local SureStart Programme.<sup>7</sup>

### Pregnant women

The overall number of pregnant women seen per month was shown as greater in 2002, when compared to those recorded for 2001. However, closer examination of the sub-groups within this category revealed that pregnant teenage women (under 18 years) were less likely to have been seen in 2002.

Again, it should not be assumed that this decline was attributable to the SureStart initiative, but as reducing these figures was among the objectives set, there is a suggestion that progress may be influenced by the positive impact of SureStart within the area.

When figures for the number of pregnant women seen per month were examined, in relation to the number of actual births recorded in the SureStart area, it was further revealed that SureStart had not made contact with the majority of women prior to them giving birth.

A considerable factor is that this group are inherently more difficult to reach for the Programme as data protection restrictions initially prevented direct notification of newly pregnant women in the SureStart area to the team. There has been a significant improvement in contacts with pregnant women since the Programme was able to appoint a Community Midwife through new Public Service Agreement funding in late 2002 and data protection issues have been negotiated to enable better information flow within the spirit of legislation.

### Families

Findings revealed that new families were more likely to be seen in a summer month than a winter one and as also expected the number of new families seen, by the SureStart team, was greater during 2002 than during 2001.<sup>8</sup>

However, it was also evident that progress had been made in reducing this seasonal decline as in 2002 the decline found between the summer and winter had decreased significantly.<sup>9</sup>

### Parents

<sup>7</sup> Overall Sefton population had 3% from minority ethnic groups and 97% White British (Figures from 1991 census)

<sup>8</sup> Figures showing number of new families seen

<sup>9</sup> in 2001 the decline in numbers between summer and winter was 62, but in 2002 this seasonal decline had reduced to 12

Further examination of the data revealed that SureStart had been providing on-going support to lone parents, more than any other category of parents residing in the area lone parents was the largest. Again there was large increase in the number of lone parents supported when comparing figures during 2001 with those of 2002.

#### **4.2.2 Progress reports against quarterly milestones**

The analysis of progress reports against quarterly milestones was conducted using a two-tiered process, whereby, all recorded information was examined and two lists were compiled, one containing any statistical information recorded and one containing all of the reasons given for not achieving a quarterly milestone. The aim of this process was to:

- 1 Identify what progress SureStart Local programme (Wave 2) had made towards reaching their overall objectives
- 2 Identify any recurring patterns when quarterly milestones had not been achieved

#### **Statistical Information**

All statistical information drawn from the progress reports was tabulated, as presented in table 4.2.2.1, see appendix 1. Six different areas of information emerged, which included figures relating to:

- Families in the SureStart catchment area
- The Child Protection Register
- Women who smoke during pregnancy
- Groups supported by SureStart Local Programme (wave 2)
- Staff Induction and training
- Parental involvement

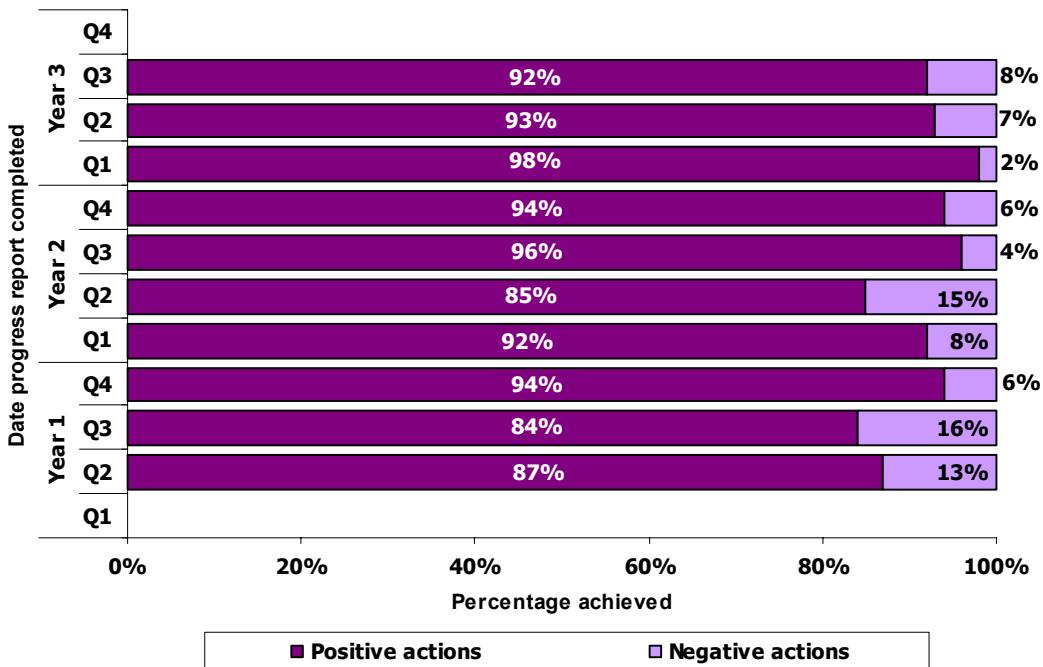
### **Achieved Milestones**

Progress towards achieving quarterly milestones was examined in terms of the number of **positive** and **negative** actions recorded, against each individual milestone, per month.

- A positive action was defined as any outcome that would help SureStart in their progress towards achieving their quarterly milestones, whilst
- A negative action was defined as any outcome that hindered or prevented SureStart in their progress towards achieving their quarterly milestones

The percentage of positive and negative actions recorded, per quarter, was calculated and the findings were as presented in figure 4.2.2.1, see page 32:-

**Figure 4.2.2.1: Percentage of positive and negative actions towards achieving quarterly milestones, SureStart Local programmes (wave 2) Wave 2**



For each quarter, Figure 4.2.2.1 illustrated the percentage of positive and negative actions made towards achieving quarterly milestones. For example, in year 1 quarter 3, from all of the actions recorded, 84% had helped towards achieving a milestone, whilst 16% had actually hindered their progress, in some way. Furthermore, the percentages found in quarter 3 of year 1 were also the highest for negative actions and the lowest for positive ones. (the management team were just being brought in to post at this time).

In contrast to the above finding, during year 3, in quarter 1 the highest number of positive actions was recorded, when 98% of all actions were positive and only 2% had been negative. Clearly, improvements over the course of the programme, in terms of outcome of actions made, had certainly occurred.

Figure 4.2.2.1 was further used to make year on year comparisons. This revealed that for year 1, the average percentage of positive actions per quarter was 88%, during year 2 this had increased to 92% and during year 3 this average had reached an impressive 94%.

These improvements, over time, clearly demonstrated that lessons had been learned along the way and SureStart staff had implemented 'in-flight' changes, which had improved their performance and their overall ability to achieve quarterly milestones.

### **Unachieved Milestones**

Having established the level of success towards achieving milestones, we then considered what had brought about a negative outcome, thus hindering progress towards achievement of milestones.

The aim of this process was to identify areas where problems were likely to occur, thus highlighting potential problem areas in the future. Furthermore, the information could then be disseminated to other local programmes, especially those from later waves.

All of the negative actions recorded were found to fall into one of six categories. These included:

- Unobtainable information
- Government and other organisational constraints
- Time constraints
- Problems within and between agencies
- Lack of agreement
- Parent/Carer availability

#### Unobtainable information

There were a total of just five instances when unobtainable information had hindered progress towards the achievement of given milestones. There were a variety of reasons as to why some information had been unobtainable, including:

- Inability to obtain baseline information (number of parents accessing antenatal services, number of women breastfeeding in the area)
- Results/data not yet available
- Unable to establish cross-agency monitoring tools

A number of agencies were noted as responsible for these delays, including:

- Health
- Education Department
- Library Services

#### Government and other organisational constraints

There were six occasions when government or other organisational constraints hindered progress. On two occasions constraints were in terms of resources available, whilst the remaining four occasions were concerned with awaiting approval.

- Lack of resources - This was cited in relation to the provision of play equipment and in relation to training within the PND Project Group
- Awaiting approval – This was cited in terms of the area affected by the delay and the agency from which they were awaiting approval, for example:
  - PND Guidelines and the Government NSF (Mental Health) delays
  - Safer routes plan and the MBC
  - Appointment of a Children's Librarian and the approval of Wave 5

### Time constraints

On eight occasions time constraints were indicated as causing a hindrance towards the achievement of milestones. The majority were delayed until the following quarter only and the reasons given included:

- Certain aspects taking longer than anticipated, in terms of:
  - o Exchanging contracts
  - o Producing guidelines
  - o Producing plans
  - o Developing monitoring tools
  - o Establishing forums/groups
- Too early in programme delivery, in terms of:
  - o Completion of Health Impact assessment
  - o Multi agency training event
  - o Recruitment of project team staff

### Problems within/between agencies

There were eleven occasions when problems occurring within or between agencies were viewed as hindering the achievement of milestones. The majority of problems were in terms of difficulties in the recruitment of staff. Particular positions which proved difficult to fill, included:

- One Stop Parents Centre staff
- FAST workers
- Social Worker
- Library worker
- Community Midwife
- Qualified Health Visitors

Other delays were in relation to the appointment of a suitable independent evaluation project team and problems due to staff illness.

### Lack of agreement

On only one occasion was lack of agreement cited as a reason for not achieving a milestone. This was:

- Best model for recruitment, training & delivery of peer support programme

This was only delayed for a short time to allow extended discussion and negotiations to take place and had been achieved by the next quarter.

### Parent/Carer issues

Of the four instances where parent/carer issues prevented the achievement of a milestone, one instance was a consequence of timing, in terms of a clash between school holidays and commitment to additional activities. The remaining three instances were lack of parental involvement in, for example, the partnership board and community facilitators. Again this was influenced by shortages due to school holidays and milestones for early parental involvement on Boards, being a little unrealistic.

## **Conclusions and recommendations – Analysis of monitoring data**

### **Form M3**

The aim of conducting such an analysis on the M3 form was to identify any trends that had occurred over the course of the programme so far, and these were in terms of the number of people accessing the SureStart service. The findings from the analysis revealed slight seasonal trends, whereby more people accessed services during the summer months than the winter, in both 2001 and 2002.

The recorded increases in overall numbers were a positive indication that the work of the SureStart team was growing in reputation and breadth, especially given that initial levels of awareness were low and the effects of previous 'regeneration initiatives' had left a distinctly negative mark on many members of the local community.

It was no surprise to find that the summer was more popular than the winter, among new service users, as common sense alone would be evidence enough for most. The nice weather sometimes experienced during summer, encourages people to step outside their homes and the success of organised events such as the family fun days, have certainly had a positive impact upon the number of new families SureStart have made contact with.

Furthermore, the initial errors that were made in the recording of data have been reduced over time and the provision of data is much more robust during years 2 and 3.

Data such as ethnicity and number of children recorded as disabled / had special needs, were congruent with the local population and suggested no sub-group of the population were excluded from the services available.

#### **Recommendations:**

- In order to produce meaningful data that is comparable year on year, figures must continue to be recorded using the consistent method the Programme Management team have now established
- If the SureStart team are required to collect additional data, guidance and monitoring/data collection mechanisms from the SureStart Unit must be clear and consistent
- During the summer, it is of particular benefit to organise public events as these have been very successful for this programme

## **Monthly progress reports**

The analysis of monthly progress reports provided a wealth of useful information in terms of potential pitfalls that are likely to occur. This is useful not only for the future of this particular SureStart Programme but also for Local Programmes in later Waves (such as Waves 3 and 5 within Sefton).

Examining the data in terms of positive or negative actions towards achievement was beneficial in two clear ways.

Firstly, the number of positive actions made towards achieving milestones produced a chart showing the excellent progress made by the SureStart team and this provides the programme with motivational material with which staff can be further encouraged. Also shown are the year on year improvements made in the number of positive actions achieved.

Secondly, there were recurring reasons why a small number of milestones had not been achieved within the set timeframe and these are extremely useful for the future planning and delivery of this and other local programmes. Full details are presented in the main body of this section but the most common reasons were time constraints and difficulties in recruitment.

Finally, there was only a minimal amount of statistical data required within the SureStart Unit progress reports and a lot of problems around obtaining data were indicated.

### Recommendations:

- Ensure an outline of the potential pitfalls is available when any future planning of programme activities takes place. Knowledge about past difficulties will inform upon how to plan for future activities and ensure that the same mistakes are not repeated
- Produce some motivational material using the statistical information provided. Staff are always encouraged when presented with information outlining how well they have done.

## **4.3 Partners interviews**

### **Introduction**

In this section of the research 18 in-depth interviews were conducted with Key partners of the SureStart programme. The partners were asked their opinions on how they felt Wave 2 had gone so far. The names of the partners and the contacts interviewed are below:

<b>Partner</b>	<b>Contact</b>	<b>Position</b>
Sefton CVS	Nigel Bellamy	Deputy Chief Executive
Sefton EYDCP	Margaret Loughlin	Head EYDCP
South Sefton PCT	Ian Williamson	PCT Chief Executive & Chair of Partnership Group
SureStart Management Team	Lesley Greenwood	Deputy Co-ordinator
Sefton CVS	Claire Rogers	Children's Fund Co-ordinator
Parenting 2000	Sue Rimmer	Parents Centres Co-ordinator
Alexandra Mount Centre	Margarita Haddock	Centre Manager
Orrell Mount Parents Centre	Sue Kelly	Centre Manager
Feelgood Factory	Karen Bennett	CEY Workers Co-ordinator
May Logan Healthy Living Centre	Helen Weston	Information Support Worker
SureStart Home Visiting Team	Helen Condron	Home Visiting Co-ordinator (South Sefton PCT)
Sefton Social Services	Steve McDemott	Service Manager, Social Services

The in-depth interviews were specifically designed to determine what partners felt had gone well, what hadn't, and what lessons could be learnt for the future.

## **Executive summary**

### **Services**

- The partners receive guidance from SureStart but are also given the freedom and flexibility to provide area specific services
- Services predominantly focused on care and support for mothers with pre-school aged children, from antenatal support to when the child starts school
- Home Visiting Teams were considered invaluable for making contact with families that are hard to reach
- Many felt that the services could be extended to include children over the age of four years old

### **Aims**

- The service aims to provide health, educational and emotional support to children under the age of 4 and their parents/carers
- Overall Wave 2 was considered very successful
- Wave 2 was considered to have made the implementation of Wave 3 more efficient
- The success was attributed to a high level of communication between the partners, and SureStart, in consultation with parents and the high standard of work from the management team, partner organisations and the project staff

### **Services before SureStart**

- SureStart has helped to improve and expand many existing services
- The Home Visiting team now reaches a larger number of people and offers a more intense, consistent and wide-ranging service
- SureStart encouraged existing services to reach a wider area of the community and raise their profiles
- SureStart has encouraged multi-agency working and the sharing of best practice with better and more relevant service delivery to families

### **Barriers**

- The collaboration of different working cultures caused difficulties along with the need to adhere to changing SureStart guidelines.
- A concern was that SureStart would 'take over' the smaller agencies and they would lose their own identities
- The availability of suitable accommodation was a barrier during the planning and development stages
- The community's interest in SureStart slowed down after the initial stages
- Recruitment of the management team and wider project team took longer than anticipated

### **Service design**

- Following extensive consultation, core models were drawn up for the services and Delivery Plan proposals were developed
- Family fun days were an effective way of consulting with the community, followed by "planning for real" days where the community were asked to identify their favourite models. This method has been successfully used throughout the lifetime of the SureStart Programme
- A Partnership Group, Operational Management Group and 'Priority Area' themed Action Groups were developed to drive the programme forward and

ensure operational and strategic level multi-agency and parent/carer management of projects and wider service delivery

### **Getting the Programme up and running**

- The key stages were getting the projects off the ground and the advertisement and promotion of the services.
- Employing the Home Visiting and Outreach teams early was considered essential to promoting the services and building a profile of the families in the area
- Difficulties were encountered recruiting for specialist roles and due to delays approving the Delivery Plan, the management team were only appointed at the end of quarter two, (year one) which led to a considerable amount of retrospective work to meet milestones

### **Implementation of specific services**

- The development of monitoring systems was described as a very slow process which could be improved through the sharing of best practice and earlier, improved guidance from the SureStart Unit
- A high level of communication within and between the agencies was achieved through a range of information sharing practices
- OFSTED's slow registration process was seen as limiting the number of services available in the early part of the Programme
- To help cope with the changing SureStart guidelines, many kept their plans flexible and adaptable

### **Resources**

- The partners were satisfied with the resources available however they all felt they could benefit from more
- Many had refurbished their buildings, bought equipment and extended or developed services with the funding they received

### **Funding**

- The majority of partners found funding adequate
- The agencies were either part or wholly funded by SureStart
- Many were concerned about what would happen when the funding ended in 2006

### **Management**

- The management structure of the Programme Management team and in individual projects/ services was perceived as effective and flexible
- The regular information sharing between agencies was considered very positive, benefiting staff at all levels
- It was suggested that the communication and the dissemination of information could be improved through better Information Technology

### **Partnerships**

- Partnership working was considered to have vastly broadened the scope of services that could be provided
- Good communication was seen as the key to successful partnership working and a central function of the Programme Management team

- The introduction of a directory listing all the partners and their areas of work facilitated an effective referral system.
- Some agencies experienced problems adhering to their own and the SureStart Unit's guidelines

### **Beneficiaries**

- The main beneficiaries were young mothers
- In terms of ethnic origin, beneficiaries were predominantly white, although a number of partners were seeking to develop specific support for minority and 'hard to reach' groups and individuals including young parents, fathers, asylum seekers and refugees and those with mental health challenges
- Increased marketing was taking place to engage fathers in the services
- There were few formal procedures in place to directly target children with special needs or learning difficulties but a Community Early Years Worker (Special/Additional Needs) had recently been appointed through the SureStart Special Needs & Social Inclusion Fund.

### **The National Office**

- The Programme Management team disseminates information from the SureStart Unit to the individual agencies.
- Those that received guidelines considered them useful and relevant
- A number of partners commented that frequently changing guidelines had caused them considerable disruption

### **Parental / Volunteer involvement**

- The Home Visiting team and Outreach Workers are the main contacts trying to encourage parents involvement in services
- Volunteers are offered continuous training, support and guidance from the Management team through the Community Development & Training Officer and through their own projects or services. A successful Mentoring Programme was also established by the Officer and the Home Visiting Co-ordinator
- Emphasis was placed on working around the other commitments of parents and volunteers and ensuring good support is given for childcare and travel expenses to encourage full engagement
- Although a large number of parents are heavily involved in SureStart it has been more difficult recruiting volunteers in Wave 3 as initial enthusiasm has been captured in the first Programme.

### **Marketing**

- Advertising and promotional tools included: word of mouth, leaflets and posters distributed in the community, mail shots, websites, fun days, newsletters and involvement in community events
- Word of mouth was considered the most effective way of encouraging use of services
- Partners found it difficult to measure the effectiveness of promotional tools

### **Further comments**

- Continuous consultation & involvement of the community at every stage was considered to be crucial to the success of the Wave 2 Programme

- Quick decision making should be discouraged but this has to be balanced with 'early wins' to build the confidence of the community
- Information sharing was considered very important and the management team played a key role in this
- Many discussed that it is essential to stay positive, to keep the momentum going

## **Section 1: Services**

The partners were asked about the services they provide. Many of the respondents explained that they offered either a home-visiting or drop-in service enabling the community to gain access to health care, information or support on a variety of different issues.

It was apparent that although SureStart provided guidance on the services partners could provide, they considered that they were given a good deal of freedom and flexibility to provide services, activities and courses that parents in the area had requested. Some of the partners discussed how, with the support of SureStart, they had conducted their own research with families before implementing, changing or expanding services.

The services are predominantly focused on care and support for mothers and children ranging from antenatal support to post-natal care and development. The variety of services included; nutritional and health advice, children's hygiene, safety advice, employment and training information, advice on childcare, specialist support for mental health, domestic violence and so on.

The Home Visiting team was considered an invaluable service as it enabled partners to make contact with families that they may not have necessarily come into contact with. The team are critical for bringing awareness of the services available in the Centres and at other SureStart projects into parent's homes.

A significant need that many of the respondents highlighted was continuing to provide services for children over the age of four. The potential negative effects of losing contact with families after the children started school concerned many agencies. Some of the partners described services that they either already provided or wanted to provide, to engage this age group. For example Parenting 2000 were looking into employing a member of staff (through Children's Fund) to work with eight to eleven year olds and another partner suggested extending the Surestart Parents Forum for people with children of all ages.

It was noted that there are some strong relationships between agencies working with children and families in South Sefton and this had been strengthened further through SureStart. Several respondents felt that because the Programme is led by a voluntary sector organisation, it is more flexible and may be less hindered by restraints that may be present in larger, more bureaucratic, bodies. The existence of the Sefton Family Support Forum, (also co-ordinated by Sefton CVS) and jointly funded with statutory partners has also contributed to the level of inter-agency working and positive partnerships evident across the Programme.

Courses and development opportunities for adults were available across the Centres and ranged from reflexology to DIY. These courses were intended to promote the learning of new skills and the building of confidence and self-esteem.

Some of the more specialist services included a project idea developed by Sefton Women's & Children's Aid (SWACA) and SureStart, which involved a Child Worker working with children (0-4 years) and families on issues of domestic violence. The participant made the point:

*"It's a specialist approach to domestic violence, and as far as we know there's nothing else like it anywhere else in the country so it seems to be quite a flagship project."*

## **Section 2. Aims**

When asked what the aims of SureStart services were, the partners explained that they are to give children the best possible start in life and to improve quality of living for parents and children, through support, guidance and education. Some of the comments that best illustrated this include:

*"It is so that by the time children start school, they are prepared emotionally, intellectually and physically."*

*"To promote positive parenting and to give the children in the area equal opportunities to children in other areas."*

*"To support families and particularly young children, to try and increase healthy lifestyles, get back to work and increase prosperity."*

A number of the respondents emphasised that instead of providing the parents with specific advice, the services were focused on helping parents to help themselves. For example one partner stated:

*"We work closely with the parent with the style and approach which is very empowering and respectful to the parent, so it was really quite a radical shift around, instead of a professional going in, acting as a professional, it is more about recognising that the parent is the professional, the expert of their child, and these are the kind of principles that we are working to"*

Similarly, a significant amount of partners cited that their focus was on prevention rather than cure and that their aim was to gain contact with families as early in the children's lives as possible. Providing the families with support could then help to prevent the intervention of Social Services later in the child's life. A specific example of this involved SWACA:

*"The overall aim is to basically create support services and support mechanisms for families who have been affected by domestic violence, it can have such a massive impact on those families, really what we're trying to do is to put in early intervention services, sooner rather than later, to enable that family to actually come through the experiences they've had in a more positive light. One of the core aims is to try and alleviate or stop children or families from reaching a crisis point, whereby the children end up suffering quite badly."*

An increase in self-esteem amongst the parents was seen as an essential goal as this could also have a very positive effect on their children. The courses and development

opportunities available also allowed the parents to get out of the house and meet new people in the community. From there it was hoped that they would be inspired to learn new skills and improve their employment prospects.

Specifically with regards to the Centres, one of the respondents commented that their aim was to provide a welcoming, open and non-judgmental environment to encourage maximum use.

Further aims of SureStart were to encourage agencies to work together to deliver the most effective and successful services in the Sefton area, often 'reshaping' services to try different ways of working.

The partners were then asked about their involvement in Waves 2 and 3, what the differences are between them, their successes, and whether they had learnt anything from Wave 2 that had helped them to implement Wave 3.

Many of the respondents commented that they had achieved many of their milestones and that the projects that had been implemented were a success.

Regarding the way in which Wave 2 had helped the partners implement projects in Wave 3, a number of respondents noted that Wave 3 was quicker to implement as, having learnt lessons from earlier experiences, the process had become easier, it helped a lot that it was the same management team and the consultations had become more efficient in identifying needs.

A number of partners also discussed effective ways in which they had learnt to meet their aims and objectives. One respondent cited that good communication between themselves and the SureStart management team allowed them to monitor any issues that arose and any milestones that needed to be met.

Regular meetings with other SureStart Project Managers through the Operational Management Group also enabled them to outline their successes and plan exactly which areas needed work in the following months.

Success was also attributed to continued consultations with parents throughout all stages of the Programme and striving to gain as much practical experience in project implementation and evaluation as possible. They found that this then allowed them to tailor services to meet needs in a more effective way.

Another partner highlighted a lesson that he had learnt during Wave 2, which was that managers should be involved with the programmes in the early stages of implementation and development so that it allows them to have a comprehensive knowledge of what is feasible in relation to future projects.

A concern discussed by one respondent was that although they felt they had improved the services, alternative ideas for projects may need to be explored further. She Cited:

*"Sometimes it feels like a contained exercise in that you improve peoples lives as they are, you know you give them improved Home Visiting Services, you know you give them more parent and toddler groups, but that doesn't necessarily address their aspirations and needs long term if there's nothing beyond SureStart to make providers realise its for the long haul"*

### **Section 3. Services provided before SureStart**

Many of the services that the partners provided had been available before the introduction of SureStart. However with the additional funding provided, it had helped change and improve the services in a number of different ways.

The health visiting team were mentioned a number of times as having benefited from the extra funding, particularly with regards to being able to employ more Home Visitors. This in turn enabled them to "*intensify the service*" allowing an increase in the frequency of visits to individual families, as well as the length of time spent with them.

*"It's basically let us become more evidence based and means led. In terms of the actual direct services offered, I'm not sure if there is an actual quantifiable difference, it's really the intensity and the quality that's higher, its about adding value and long term I really believe it will have positive outcomes for children and their families."*

Many partners commented that SureStart had enabled them to reach a larger number of people in the area, which also helped to raise the profile through word of mouth. As discussed below:

*"Because there's always a lack of money to do things, before I could only deliver to a certain area because it's physically impossible to cover such a wide area. It's enabled us to widen the area that we deliver to and to provide more services to a wider area."*

A lot of these issues were discussed by a respondent from SWACA. They discussed that although before SureStart they had ideas about how they could expand the services, they didn't have the funds to implement them. An example of this was when SWACA identified a need to employ a Child Worker to work specifically with the under fives. As she stated:

*"We struggled in terms of meeting their needs to be honest, and we knew that it had to be done in a much more inclusive way, so we've been long looking at how we could implement services for that specific age group. SureStart have enabled us to do it now and it's so hard to believe there was nothing in place before"*

Before the introduction of SureStart, the services available in the May Logan Centre were a basic community café, a range of rooms for local services to use, and a walk-in treatment centre. However, they now had a one-stop health and community information service and a crèche, both staffed by workers funded by SureStart. Their general community resources and the café had also been developed further as a result of the extension that was built.

A further success story was that SureStart had helped widen communication across the area preventing any children "*slipping through the net*", particularly as it had enabled them to refer children a lot quicker to the right agency, and track families more efficiently. A partner commented:

*"I think systems around children and families services were not as rigorous within the areas now covered by Waves 2 and 3 as they may have been in some of the more affluent areas in Sefton. Now that we've been able to get such a good team together and to get it highly respected in the community, the families are much happier about admitting when they need extra help."*

It was mentioned by several partners that SureStart has strengthened the links between agencies and encouraged communication, ensuring better co-ordination and a pooling of ideas and best practice. An example given was the multi-agency Child Protection Good Practice Policy and Training Programme developed by the SureStart management team and Family Support Forum Co-ordinator in conjunction with all the agencies and the Area Child Protection Committee.

Finally, looking at the community as a whole, one respondent pointed out that as a result of SureStart, the community felt a lot livelier as the community members could see that things were happening and that there were more choices and facilities available to them.

#### **Section 4. Barriers**

The respondents were asked what they felt the main barriers had been to successful implementation of their service. A large proportion of the partners mentioned that it had been difficult at times, particularly in the beginning, to encourage collaboration between the agencies and SureStart.

Problems had occurred on a number of different levels and the merging of different cultures had often caused conflict and tensions. Some staff also reported difficulties adhering to their own and SureStart guidelines. It was explained that getting the separate agencies to come together and work as a team was a challenge. As noted below:

*"The May Logan Centre is owned and managed by the Liverpool Housing Trust and the PCT, it's often difficult to strike a balance between the two. Trying to find my place in that and then with other SureStart workers was the biggest challenge. Now in the May Logan Centre and with the other two Parents Centres, any new staff we get in are shown round all the Centres and projects, now there's a regular welcome induction from the management team."*

One partner believed that many staff from the various agencies were afraid of change and felt that SureStart was going take over their agency. She went on to comment:

*"I think that particularly with voluntary agencies, they got this impression that they would lose their identity. It was all about trying to stress that SureStart wasn't about that and that we were just there to support the development of services in a more cohesive way and try new ways of working. We combated it just through perseverance and working closely with them and winning their confidence and trust. I think now that we're so far down the line, everyone just realises that it's absolutely brilliant. People were just understandably very wary."*

A further challenge was the integration of the SureStart project staff and preventing breakdowns in communication, both internally and between the different funded projects. A partner made the point that as their work now involved multidisciplinary teams, there were major communication barriers to be tackled. Even in the early days of SureStart this began leading to improved sharing of successes and best practice as the Action Groups encouraged celebrating good work and promoting cross-agency work.

In the beginning, the partner had to set up frequent interdepartmental meetings and encouraged open and honest conversation amongst the departments and with external agencies. It was recognised that poor communication in the past attributed to the staff believing "*asking for support and help is failing*." She suggested:

*"SureStart has been good for communication, because if people know each other on a more personal level then they're more likely to pick up the phone and say "what do you think about this?"*

Other partners suggested more SureStart 'away days' and training days as these have been very useful.

A particular area that was highlighted as needing a lot of work was the separate Health Visiting Teams within the Primary Care Trust. There was tension and misunderstanding between the teams and one partner suggested that as a lesson for the future, more work should be done within organisations before teams are re-configured to accommodate the SureStart model.

Accommodation was also an issue that was frequently mentioned by the respondents. For example one of the partners had to share their building with another organisation (separate from SureStart). Consequently they had to use a lot of promotion purely to differentiate themselves from the other organisation, on top of raising their profile within the community.

Other problems with accommodation had been experienced during the planning and organisation stages of implementation, in which many found it difficult to find a location suitable enough to accommodate the service. This was explained to have had an impact on the length of time it had taken to implement some of the projects making it a slower process than planned.

This also had an effect with the other stages of planning, for example not being able to meet the milestones for the recruitment of staff. As one of the partners stated:

*"One of the biggest impacts this has is that we can't employ the recommended amount of staff within the given time period. It looks like we've grossly under spent when really it's just because we haven't got the space and time to employ people."*

Another agency only had accommodation available during term time and one partner described finding additional premises for the later Wave 3 projects as "*a very stressful and intense time.*"

Several partners commented that the time given to plan and implement the projects in the Delivery Plan was underestimated. Many discussed how the planning and negotiation stages had taken a lot longer than predicted therefore they had found it very difficult to meet their targets. They felt it was important to be realistic about what they could achieve.

A respondent explained that she had encountered problems with maintaining people's interest, as after the projects had been running for a while, it appeared that for some the novelty had worn off. To overcome this problem she emphasised the need to use continuous promotion to capture and hold peoples interest.

She also described how senior managers for Wave 5 were not turning up to all of the meetings; however she believed that that could be down to their busy schedules. To rectify this, she felt that there could have been a more strategic approach to meetings as the other SureStart Programmes came into existence.

## **Section 5. Service design**

In this section partners were asked who had decided what was going to be undertaken and whether their organisation was consulted. It was apparent that researching and investigating the needs of the community and existing services was considered the principal activity in the process.

The partners discussed a number of consultations they had held with parents in the area, involving discussion groups and in-depth interviews to try and gauge what they wanted from the service. One of the partners had discussed holding Fun Days for the community where the consultations could take place.

For one particular project (a park), the families were invited to a "Planning for Real Day" in which a number of plans were drawn up and the families were asked to vote for the ones that they would like to see provided.

The second stage involved investigating exactly what services were already available within the area so as not to duplicate similar services. Within this stage they had also sought existing service models that would be appropriate for SureStart to extend. From there, core models were produced for the different services based either on new ways of working or evidence-based existing models that were working effectively e.g. Parenting 2000.

The Delivery Plan was developed and then proposals were drawn up to achieve the aims and objectives set out in the plan. This was then endorsed by the multi-agency 'caretaker' Partnership Board and submitted to Government for approval.

Many partners felt that having a clear SureStart catchment area helped:

*"You have about 600 families in the area who have pre-school children and then you have the wider group of stakeholders which are the agencies working in the area and then we identified certain hard to reach groups and how we could engage them.*

*"There's a clear framework with SureStart of who we needed to consult and what our objectives and core activities are."*

Other partners from agencies such as the Feelgood Factory described how for them, the service design and implementation process had been less revolutionary and involved "*the same services with a slightly different slant.*"

## **Section 6. Getting the projects up and running**

Getting the projects up and running was explained to involve a lot of planning and preparation whilst generating and holding the interest of the community.

One of the respondents saw the appointment of the SureStart Health Visitors as one of the first and most important activities to complete, as they helped to raise the profile of the organisation of SureStart and were valued by parents in the early days following a birth. He stated:

*"When everyone's receiving visits from them, that's a big way of getting positive contacts because the Health Visitors are normally the first to engage with the family. They also ask parents to fill in a consent form so that we can register them on our database and track their use of SureStart services. We can also send them things like newsletters and we keep the Health Visitors informed on any events that are coming up because they're great at telling people about things."*

Another partner cited the changes that had occurred throughout the implementation process:

*"The Programme began as quite professionally top-heavy but as we got further into it, it became a lot more representative of the community. This took time; I think that what would have helped would have been to have had even more parents involved at an earlier stage. A lot of the parents in the earlier meetings were not confident that the projects would get up and running. However when the projects were actually in place they gained confidence and were really positive about SureStart"*

Problems had occurred with the FAST service in relation to the Outreach Workers. It was explained that when one of their Outreach Workers had left the organisation, they had found it extremely difficult to fill the position. They also found that they had misjudged how much training was needed, as it is a very specialised job.

A number of partners acknowledged difficulties with the promotion of the services within the community; however they also recognised that this process would be very slow and that as more people become aware of the service, word-of-mouth would help to raise the profile.

An Agency Co-ordinator saw her role in the implementation of services as a communicator of information, ensuring that the support team and stakeholders were kept up to date with developments. She described how this ensured that lessons learnt in the early stages of Wave 2 were applied in the implementation of Wave 3.

Recruitment was identified by a number of participants as being difficult particularly for the more specialist jobs such as Midwives and Speech Therapists. To avoid this problem in future Waves, it was suggested that more time should be allocated within the Delivery Plan timeframes for recruitment to take place.

For Parenting 2000, getting their projects up and running involved setting up the services for one of the Centres in temporary accommodation, and then moving to a newly refurbished building. Another Centre opened fairly quickly and fewer problems were encountered for that particular team as a result. The manager of the temporary Centre did feel that although the temporary accommodation was inadequate for the services they wanted to provide:

*"The experience did give the team including myself a good opportunity to gel. It also allowed us to identify the skills of individuals so by the time we moved into the building we're in now, the transition was very smooth and we did carry a lot of the families to the new centre with us."*

## **Section 7. Implementation of specific services**

The respondents were asked whether they could identify any problems that they had encountered with early implementation or the day-to-day administration of services. A couple of the partners had found that organising the new administration required by SureStart was initially slow.

It was explained that new systems had to be put in place in many agencies and a monitoring system had to be developed by the Programme Management team to record service use.

To ensure the smooth running of the services, all of the partners agreed that it was essential to maintain a high level of communication within each agency, between the different agencies involved and the management team. This was achieved through regular meetings held between the staff in which any problems that may have risen could be resolved and effective service planning, delivery and monitoring could take place.

Within the SureStart meetings, debate was encouraged through a very open and friendly atmosphere. Many also mentioned the importance of having an open culture outside of the meetings, which ensured that people felt comfortable approaching other members of staff. Furthermore, sending calendars around with the dates and times of the meetings was seen a good way to ensure high staff and parent attendance.

Another partner explained that they held regular evaluations of specific services throughout the year to amend any problems that may have emerged. Volunteers were also consulted on a bi-monthly basis to assess what support they would like from the organisation in the future.

One of the respondents commented that good communication across the agencies was vital. She explained:

*"Having it identified so you know exactly what each person does is really beneficial as you can signpost people more effectively, especially if you've been assigned a new post"*

She believed that the SureStart Directory, which identifies the different members of staff and their role, was a good idea however it still did not always translate well on a face-to-face basis which is why staff inductions are very important.

What made providing services difficult within one Centre was that they were not registered and could only hold one crèche a day. She discussed that the reason for this was that OFSTED were taking a long time to process their registration. Consequently they were very limited to the amount of courses they could offer, as they had to coincide with the crèches.

A partner also explained that a way in which they managed to cope with the introduction of new SureStart guidelines was to keep their plans very flexible:

*"There have been quite a lot of changes in the way that SureStart has been run at national level. You try and develop a Programme and then you constantly have to respond to things that are thrown at you. It didn't affect me though because I wasn't implementing the Programme but it must have been hard for the Programme Management team"*

With regards to particular projects that the respondents felt worked well, a project co-ordinator spoke about taster courses that they held in the Centres. She discussed how they gave parents the chance to try courses before committing, and also gave the staff a chance to promote other courses that were available in the Centres.

With regards to the Outreach Workers, one respondent discussed that they had coped with working in both their own and SureStart team very well. She believed that the way in which they managed this was to take it in turns to go to the different action groups and then to feed back the information to the team.

Another success story was the very positive impact that the development of an outdoor area had on the community. It was explained that this was particularly so as the tangible projects were often the greatest success and received particularly well by the community.

## **Section 8. Resources**

The partners were asked what resources they used and whether they felt that they were adequate to allow them to function effectively. The overall feeling was that they were happy with the level of resources available to them.

Many of the respondents discussed how they were able to buy specific equipment for the projects such as computers, and pay for administration and other project related costs. A comparison was made between funding from SureStart and the SRB:

*"SRB had very tight budget restrictions and we constantly had to go and find extra funding. SureStart are very flexible as long as we can clearly demonstrate that parents and children will directly benefit from extending a service or promoting an event, and if there's something that we want in particular, separate from SureStart, we do look for additional funding elsewhere."*

A partner described how they had been very lucky with the funding they received as it allowed them to furnish the building, making it comfortable and welcoming for the beneficiaries:

*"The crèche is very well equipped and the one-stop shop has been equipped in a style so that it's comfortable and very child friendly. The only downside to the Centre is that it doesn't have enough storage. But hopefully families will feel that an effort has been made to provide a decent facility and we do value them enough to make that effort"*

It was discussed by a number of the respondents that although the resources available to them were adequate, there weren't enough rooms and storage space available. Relating to this, another partner felt that as the amount of people using the service increased, this would become an even greater problem. She commented that:

*"The Aromatherapy and reflexology classes on a Friday morning are really popular but as you can see, in this room you can probably only get about twelve people in here and that's a tight squeeze. Apart from this there's only one room downstairs. We had about twenty people on the waiting list to do it and probably 12-14 places needed in the crèche. We can only take a maximum of 10 kids in the crèche and then obviously it depends on the ages of the kids and the staff ratios."*

To overcome the problem, it was expressed that they would have to expand the crèche, the facilities and the number of staff as at present they were only able to hold one crèche a day.

## **Section 9. Funding**

Many partners explained that they had received funding for a number of different projects, predominantly from SureStart but often from a range of other sources.

For example in one Centre, SureStart contributed to most of the staff salaries and the Centre's running and administrative costs, whereas they received funding from a separate agency to help run a specific activity. Some of the organisations that they had received funding from included:

- Leisure Services
- The Playing Fields Association
- South Sefton PCT

An initiative discussed by one partner involved pulling all the funding bodies together in the area so that they could pool the resources to successfully implement larger projects.

He explained that at present, a number of separate agencies were helping to develop play areas in the community; however as a group they could provide the whole community with an outdoor area that would be used for all age groups. He believed that as result it would a more sustainable project, as it would involve the whole community.

In relation to the Outreach Workers, one partner felt that they should have asked for more funding as training had taken a lot longer than expected.

Others expressed the view that although they were very happy and relieved that SureStart funding was going to carry on until 2006, they still had to spend a lot of time planning where funding would come from after 2006.

## **Section 10. Management**

The participants were asked to comment on the Programme Management team and organisational structures. The basic structure comprised of the Partnership Group, the Operational Management Group, themed Action Groups and the Programme Management team.

Each of the partners described how they worked across SureStart and their own agencies, and their roles often spanned both Waves 2 and 3.

They reported to the SureStart management team on a regular basis and there were review meetings and service planning meetings. The creation of an Operational Management Group (that brings together managers from all the SureStart funded projects), was cited by many partners as being particularly successful in enhancing management structures. This group is serviced and supported by the Programme Management team and reports to the Partnership Group.

Regular meetings are also held within and between the agencies to ensure a good flow of information. Information shared within meetings between the different agencies was also filtered back into individual organisations.

One partner discussed that she provided a report to her own agency's Board of Trustees every six weeks and had monthly management and management planning meetings. Each team in the organisation also had regular meetings as well as attending SureStart 'Away Days' and training events to make sure they worked well together and were linked in with the SureStart agenda.

The key to a lot of the agencies' success seemed to be sustaining a balance between structure and flexibility, so that there was an official framework for meetings and reporting back to SureStart on progress, yet it was adaptable to change.

Overall the majority of partners felt that the structure was very effective as well as the level of communication. Many also suggested that it would be impossible for them to attend any more meetings as they were all incredibly busy. The Programme Management team were seen by many respondents to be well organised, flexible, approachable and 'in touch' with local parents and agencies.

Partners also cited ways in which they felt the management system could be improved. It was believed that dissemination of information across all SureStart partners would benefit from a bigger investment in Information Technology and wider use of email correspondence.

Another way in which it was suggested partners could remain informed, was to become more involved in groups such as the 'Children and Young Peoples Strategic Partnership' and the 'Connexions Management Group'.

It was felt by a number of partners that SureStart had become more visible on a regional level. This was seen specifically in relation to the introduction of a larger regional team and an increase in visits to Programmes to monitor progress and carry out risk assessments.

One partner praised the introduction of the new assessment process carried out annually by the SureStart Programme Management team to provide feedback and plan for the next year's Service Level Agreement.

The flexibility of the agencies involved with SureStart has clearly contributed to successful project delivery, along with the supportive culture of the Management team. An open door culture was considered very important to ensure good communication so that any problems could be ironed out quickly, and best practice could be shared. Other than regular meetings, effective communication was achieved through a lot of contact by phone and emails, and a lot of joint working on large projects. Recognition across SureStart for the work carried out by project managers, parents and staff was also seen as a strong feature in the success of the Programme.

One of the challenges encountered by the partners was that they felt there were a lot of people in the 'organisation' of SureStart therefore making it difficult to know what people's roles and responsibilities were. The Staff Directory was seen as important in combating this along with the SureStart 'Keeping in Touch' staff meetings.

## **Section 11. Partnerships**

The respondents were asked which other organisations they do partnership work with. The partners most frequently mentioned were:

- South Sefton PCT
- Parenting 2000
- Local Residents Groups
- Leisure Services
- Local Voluntary groups
- May Logan Centre
- The Children's Fund
- Home/Health visiting teams
- The Feelgood Factory
- Sefton Play Council
- SWACA
- FAST
- The Bridge
- STEPS & Portage
- Social Services
- The SPOT team
- Teachers & Local Nurseries
- Paediatricians & GP's
- VENUS
- SING
- Early Years Development & Childcare Partnership
- Housing providers

- Employment/Training guidance organisations

The partnership work supported by SureStart was considered beneficial by many as it allowed them to broaden the services that they could offer to people in the community. One partner discussed how it enabled them to signpost people to other agencies and open them up to new opportunities.

Many attributed the success of the partnership work to the high level of communication and mutual respect between the agencies. Strategic managers, parents, Project managers and the Programme management team had worked hard to breakdown barriers and overcome natural defensiveness and suspicion. Good communication was also supported through the SureStart Staff & Services Directory of the different partners in the network so that everyone was made aware of the different services provided and how to access them.

Further ways in which communication between the partnerships was encouraged was through the themed Action Groups, the Operational Management Group and the multi-agency Partnership Group which looked at the area and the agencies delivering services to families as a whole.

Others saw the benefits of the partnership work as being able to keep abreast of any developments in the area and to aid them in the sharing of best practice. A partner discussed:

*"It's good [the Operational Management Group] because you can find out what's going on in all the other agencies and knowing who to contact if people have specific needs. Take for example, domestic violence; from being on the OMG. I know more about SWACA and the fact they have a SureStart funded worker focusing on support for the under five's affected by domestic violence"*

Overall they believed that the current management structures and the Partnership Group was a good idea and that it worked particularly well for local agencies and for fully involving parents in decision making. However one concern was the sustainability of smaller voluntary agencies once SureStart funding had finished.

One partner explained that through the partnership work done in Wave 2 they had learnt valuable lessons to transfer to Wave 3. For example:

*"We're increasingly working with a wider range of service providers and making links with them through SureStart. I'm keen to carry on developing these relationships in Wave 3 because they've opened up the way we work and in the long run it's much better for families because the services they get are far less fragmented."*

## **Section 12. Beneficiaries**

This section asked the respondents who the main beneficiaries of their services were. It appeared that the different agencies engaged a large range of people. Although many described their main beneficiaries as young mothers, particularly first time mothers, others mentioned grandparents and people of a variety of different ages - "from cradle to grave".

One partner discussed how a lot of the beneficiaries were struggling financially and had many family pressures:

*"It's hard enough when you're in a relationship but if you are struggling alone it can be very hard. What strikes me is the sheer determination of the parents involved and the optimistic outlook and energy and drive. It's quite humbling to see. The other stereotype worth expelling is that people in poor areas can't organise their time and money. Its absolute rubbish."*

Although a number of partners discussed how the people accessing the services were predominantly white (due to the predominantly white population of the area), others did a range of work with families from ethnic minorities and spoke of their plans to release publicity in a range of different languages.

A partner from the May Logan Centre also explained that they were currently looking into ways of engaging more asylum seekers, including providing a confidential phone service in which asylum seekers could speak to translators to find out what services were available to them.

Many also discussed the lack of fathers getting involved with the agencies. A way in which one agency tackled this problem was to send Dads a free publication with a list of services available to them and also promoting father and child activity days or events.

Others explained that it was part of their service aim to encourage a more diverse range of people to use services. One partner commented:

*"I think we are reasonably successful at targeting a more diverse group of people because we're very much a community based organisation and we're very open and accessible. People feel OK about coming in and not being judged."*

One partner discussed how their agency was very aware of children with special needs and did a lot of work in this area, she also stated:

*What is interesting around the disability provision in this SureStart Programme is that it doesn't have to be a child between the ages of 0-4 it can be an adult or another one of the children, or an elderly relative living with the family so it's very broad. The idea is that if there is someone in the household with a disability or special need it can affect the quality of life for the child under four also living there. I know other SureStart Programmes have interpreted special/additional needs support a lot more rigidly"*

### **Section 13. National Office**

The partners were asked whether they receive guidelines from the National SureStart Unit and whether they ever felt restricted by them. It was apparent that the partners received varying amounts of information from the Unit and through a variety of different sources.

Many of the respondents received guidelines and other SureStart information through the management team; some information was sent directly or at other times distributed through regular SureStart meetings. Others gained additional information from the national website. In relation to the amount of information they received, some were provided with all of the information available, whereas others were only passed the information relevant to their area of work.

Many of the participants believed the information to be informative, straight forward and relevant. However, a number of partners discussed how they had found having to adhere to the guidelines after they had been changed a number of times quite difficult. For example one respondent commented:

"Obviously these programmes evolve and develop and all this sort of thing, I wish the Government could have learned from some of the early regeneration initiatives, like the financial procedures and all that sort of thing, I don't know why they decided to make them up themselves from the start. I think the systems are improving, but we've been at it for a couple of years now, its frustrating."

#### **Section 14. Parental / Volunteer involvement**

With regards to parental/ and volunteer involvement, it was explained that in the initial stages, parents were contacted through home visits and from there, encouraged to join a group or course in one of the local Centres or projects. Another successful way of contacting parents was through fun days and other events, with a Parent's Forum being set up at quite an early stage of the Programme.

As their confidence grew, the parents would be approached and asked whether they would like to take part in other SureStart activities and for those interested in becoming parent representatives, a training and support programme was developed. One respondent discussed that usually as their confidence increased further, the parents/carers would become more involved at many levels from volunteering in one of the partner agencies to becoming a member of an Action Group or the Partnership Group.

Another partner discussed the support and guidance that the volunteers receive. She explained that they were offered weekly one-to-one advice in which action plans were developed outlining what they wanted to achieve. She went on to discuss that following any course that they were sent on, they would have an evaluation that was completed at a time convenient to them.

To encourage volunteers to stay on, one project rewarded volunteers with a certificate when they had completed 100 hours of work and also provided training for them in the different areas of work. Other ways in which it was made easier for the parents and carers to volunteer was by providing them with travel expenses, childcare and one-to-one support.

One partner cited that they had had difficulty trying to attract the hard to reach families. Within this particular project they had tried to combat this through the employment of someone specifically trained to work with parents and carers and raise their confidence and self-esteem. Regular trips were also organised by the Programme Management team to involve new families and support was provided to

parents with the introduction of a mentoring scheme by the Community Development Officer and Home Visiting Co-ordinator.

Another problem that one of the partners highlighted was that they had found it difficult to recruit as many parents to become involved in Wave 3. To combat this parents involved in the Wave 2 Programme have offered to help.

Parental involvement was considered invaluable in developing and providing the most useful and relevant services to the community.

## **Section 15. Marketing**

The respondents were asked whether they publicised their service and how they went about it. A number of partners discussed that they had advertised a number of their services, however in general it was quite limited as a result of restricted funds. It was explained that for a number of the agencies, any publicity that SureStart produced had their logo on it, and visa versa.

The various forms of publicity generated by the different projects included flyers, posters, newsletters, wallet-sized information cards, badges, keyrings etc. a number of events were also regularly held in the community, local press coverage was viewed as quite effective, and as much involvement in community activities by the partner agencies took place as possible. Information was regularly distributed around the community including in shops, schools, GP's, post offices, leisure centres and directly through doors.

Regarding promotional literature, it was also explained that many projects were either hoping to produce them in a range of different languages or styles so as to engage the hard-to-reach groups such as asylum seekers or those with literacy difficulties, or had already done so. Word-of-mouth was also used as a hugely effective promotional tool, especially during home visits.

One partner explained that the reason why word-of-mouth and face-to-face contact is so effective is that it instils a sense of trust and informality that helps to break down barriers and get people involved.

Other ways of raising awareness included mailshots sent to everyone on the SureStart database informing them of the services available. Many also spoke of a newsletter sent out by Programme Management team which informed people of the services available and activities that were planned, and one project was in the process of setting up a special website.

With regards to a particular Centre, it was explained that they placed great emphasis on networking with the different agencies, attending meetings held by educational groups and taking part in events held by various educational organisations (e.g. education action zone) as a way of advertising their services.

At present, the partners cited that it was difficult to measure how effective the different promotional tools were, however one project did ask any new people visiting them how they had become aware of SureStart and the services.

Overall the partners stated that more could be done to raise the profile of the projects and of SureStart in general but there did seem to be good awareness at a local level by parents and agencies which was a significant achievement as the Programme hadn't been in operation for very long.

## **Section 16. Final comments**

The partners were asked what advice they would give to anyone about to set up a SureStart Programme. Many placed great emphasis on spending as much time as possible consulting community members, and particularly parents and carers as to what is available in the community already, to avoid duplication.

Following on from this, it was recommended that people should try to avoid making quick decisions because of deadlines, and try to identify gaps in the community that need filling. As a partner commented:

*"Deadlines approach quickly and people can be forced into making quick decisions and don't always consider what is really needed. The Delivery Plan needs to allow proper time for things to be brought in but balancing this with 'early wins' for the community is difficult, I know"*

Others also cited that it is essential that the services available have to promote a very open, approachable and informal culture. Getting the management team and the home-visiting team into place as early as possible was also mentioned by many respondents as vitally important.

A lot of the advice provided by the participants involved how to deal with some of the uncertainty of working for such a 'virtual organisation'. For example many mentioned making the best of what was available, sustaining your enthusiasm and not losing the community feel and spirit which had been a positive feature of the Wave 2 programme.

A couple of respondents also mentioned the need to be realistic about what you are able to achieve and to concentrate on quality rather than quantity. Others also mentioned the need for as much advertising and publicity as possible, particularly as a way of increasing awareness of what services they do provide, and to dispel any negative perceptions. For example one partner mentioned their staff had to constantly reassure parents that SureStart is not Social Services but a partnership of services aiming to support them.

The partners were also asked what additional services they would like to provide as part of SureStart. Many stated that they would like to expand the services that they already provided as a result of SureStart and that they needed more space and resources to achieve this.

A couple of respondents also mentioned continuing to explore ways in which they could encourage a more diverse range of beneficiaries to get involved, particularly the fathers. At an early stage of the Programme it is useful to set up activities targeting Dad's.



## **Conclusions**

### **Section 1. Services**

Overall, the agencies supplied a range of services such as drop-in information points, crèches, a full Home Visiting Service, a variety of parent and child groups, education and training activities, family healthcare and nutrition and other support services. Of these services the majority of participants considered the Home Visiting Team a key feature of SureStart as they were able to go out into the community and engage those that weren't currently accessing services.

Encouragingly, in terms of developing services to meet the needs of the community, most agencies felt that they were given the freedom and flexibility to offer services and activities tailored specifically to the needs and requirements of families in the local area.

Partners reported that from the early consultation stages through to Waves 2 and 3, they had been in constant dialogue with parents/carers to ensure that they were providing the community with what they required within the general framework and priorities of the SureStart initiative.

The focus of the service was to provide help and support to parents/carers and children under the age of four years old. Interestingly, a number of partners believed that the services should be extended to include children over the age of four under the SureStart 'umbrella', as when they start school contact was usually lost with the families. Many wondered if the new Children's Fund initiative would help to keep the connection as they recognised that SureStart needed to concentrate on pre-school.

### **Recommendations**

- Maintain the balance between national SureStart guidance, and the freedom to tailor make services for local families
- Maintain the SureStart Schools Excellence Mark & continue to work in partnership with services and initiatives for children over the age of four

### **Section 2. Aims**

It was apparent that all partners had a very clear and comprehensive knowledge of the aims of SureStart.

With a focus on prevention and early intervention, respondents explained that the guiding force of SureStart was to give children under the age of four, the best start in life. More specifically, SureStart funded services were used to promote positive parenting experiences, good family health, children's educational and emotional development and increased levels of attainment later in life. Strengthening communities through building confidence and raising self esteem in parents, through the learning of new skills and having access to improved life opportunities such as

better social networks, the chance to do voluntary work and enter paid employment also underpinned much of the day-to-day work of many services.

As one partner explained, the parents/carers are treated as the 'professionals' of their children, rather than the agency taking up the 'expert' role, which for example may have been expected of statutory services in the past. The supportive role taken up by the agencies was emphasised by the open, friendly and non-judgmental culture projected by the staff who still maintain professionalism in terms of the policies and procedures they work to eg. Child Protection.

It was noted that although many of the milestones had been met; the individual projects and services had sometimes taken longer to 'get off the ground' than others. Rather than the partners being discouraged by the variance, they instead saw it as an inevitable part of the development process, which was to be expected as a result of the flexible and adaptable nature of the organisation. Overall the implementation of Wave 2 was considered a steady, incremental learning process, which was an essential ingredient in producing the services they offer today.

It also provided them with a wealth of experience that made the implementation of Wave 3 much quicker, smoother and more efficient. In particular it was explained that the consultancy stage in Wave 3 was a lot shorter and less complicated, and many found it easier to identify particular needs.

### **Recommendations**

- Provide a summary of early lessons highlighting what future programmes and similar initiatives should expect and take into account during the planning and implementation stages

### **Section 3. Services provided before SureStart**

Prior to the introduction of SureStart, a number of services were already available in the area. These included Health Visiting and other statutory services, a large number of voluntary agencies, local crèches and some Parent and Toddler Groups for example. However, they were clearly not meeting all the needs of the local community as evidenced in the consultation findings. SureStart has enabled all of the agencies to improve and expand their services, and extend partnership working based on a multi-agency approach to service provision as requested by parents. The funding also enabled some of the partners and agencies to put many of their dormant ideas into operation.

Improvements were particularly noticeable in relation to the increase in childcare facilities, the recruitment of more staff and the vast improvements made to Home Visiting through the creation of a dedicated Home Visiting team. It was explained that as a result of the extra funding, they were able to recruit more Health Visitors and outreach workers, thus enabling them to reach a greater number of people and provide a more intense and consistent service.

This was considered particularly valuable as it enabled them to:

- Build stronger relationships with the beneficiaries
- Increase trust and confidence in the service
- Sustain a high level of service provision
- Respond to the ongoing needs of families

In relation to the introduction of increased partnership work and the lines of communication between them, the agencies reported being more able to co-ordinate their services in the area, pool their ideas, and allow the sharing of best practice. This new found synergy helped to provide the area with the best and most appropriate services, and reduce overlap and duplication.

The inter-agency referral system also greatly improved, allowing staff to offer a larger and more diverse range of services, and make the referrals more relevant to the individual. There was also evidence of clear follow-up work being undertaken to monitor appointment 'take up' pf parents for referrals to other agencies.

#### **Section 4. Barriers**

Interestingly, although one of the greatest successes of the work was considered to be the partnership work, it was also perceived as the greatest barrier. As can be expected from the amalgamation of the work of several agencies under one umbrella, the differing cultures and ways of working caused a significant amount of conflict, particularly during the first year of SureStart.

Some partners recalled elements of tension during the consultancy stage and later service model agreements with some of the agency managers and considerable energy and time was given by those involved to work through these early challenges.

It was recognised that some agencies needed reassuring that they could retain their identity, whilst improving their services further, and that any changes made should not be taken as a criticism but as an opportunity to develop or reshape services.

Communication within and between the agencies was also sometimes an issue which links back to the clash of different cultures but also the complexity of the 'organisation' of SureStart. Early breakdowns in communication between the interdisciplinary departments was cited by one partner as a result of people associating asking for help with failure. Consequently the sharing of ideas and best practice was not taking place as much at the beginning but the culture has become one of learning and sharing with each other.

To make all staff aware of the roles of other members of the SureStart project team, a staff directory was available and many of the agencies provided inductions for new recruits which was complemented by the induction provided by the Programme Management team.

#### **Recommendations**

- Continue to reassure agencies that SureStart's aim is to enhance their existing service, *not* take over - further emphasis should be placed on working towards a shared goal
- Continue to ensure an open culture where information is shared freely through regular meetings and newsletters
- Build on the new inter-agency partnerships with the key focus remaining the effective and 'joined-up' delivery of services to children and families

## **Section 5. Service design**

The service design appeared to be relatively consistent amongst the agencies and partners. Research was undertaken to gauge demand and then development plans were produced and milestones put in place as part of the Delivery Plan. These have been updated in line with PSA changes during the lifetime of the Programme.

Many partners discussed the great importance placed on consulting parents/carers and community members on what they wanted from the services and investigating what services were already available in the area. This was achieved through discussion groups, open days, questionnaires and one-to-one interviews. Fun Days were found to be a very successful way of consulting whole families as opposed to just mothers, and also hard-to-reach families.

However a problem mentioned with consultation is the time taken to decide on what services to provide. It was suggested that parents/carers could be asked more structured questions. This would shorten the process as the results would be quantifiable as opposed to lengthier qualitative analysis. However, caution must be taken to not make the research too closed and structured as it would contradict the organisations objective of providing the community with what they want within the SureStart framework of services.

### **Recommendation**

- To reduce the time taken to decide on services, the consultation process could involve a smaller sample of parents involved in initial discussion groups. Ideas from them could then be used in a more structured format across the whole area, enabling quantifiable results as to what parents require and need

## **Section 6. Getting the project up and running**

Appointing the Programme Management team, finding accommodation for all the projects and recruiting the Home Visiting team were acknowledged by many as the most important tasks to achieve as early as possible. The Home Visiting Team was also considered the most effective means of promoting the services, therefore needed to be in place early on.

An issue that was repeatedly touched on within this section was the lead times provided in the Delivery Plan to achieve milestones and also the partner agencies misconceptions about the length of time activities would take to complete. The Delivery Plan has been held up as a good practice model with many strengths but as this was the first time such a multi-agency approach to delivering services had been attempted, it was difficult to plot realistic timescales. Later Delivery Plans have reflected lessons learned in Wave 2.

Examples included:

- Difficulties in the recruitment of home visitors and other specialist roles
- Length of time to appoint the Programme Management team
- People misjudging the time and resources required for training
- Length of time it took to promote the service and for local parents/carers to get involved
- Length of time it took to register crèches

### **Recommendations**

- This Programme was the first in Sefton and lessons can be carried forward on allowing realistic and achievable time scales for organising accommodation, recruiting staff, crèche registrations, capital developments and general project development
- It is also recommended that the recruitment of Home Visitors is a priority as they are essential in the promotion of services
- Partners and agencies should be aware of the length of time and work it can take to get community members involved

### **Section 7. Implementation of specific services**

As could be expected from the start up of a completely new organisation, it took a little time to establish central management systems and for each of the services to agree how they would operate. In many cases, it was felt that it was just a case of using past experiences, learning 'on the job' and making continuous changes when a problem occurred.

Once again, an efficient level of communication was seen as the only way to ensure the smooth running of the individual agencies and organisation of SureStart as a whole. Regular meetings were held within each team and across agencies to encourage open discussions and to highlight any problems or successes that may have occurred.

Some agencies had also found the continuously changing national SureStart guidelines were very disruptive. To overcome this problem many of the partners and agencies adopted a flexible approach to their plans and work so that they could adapt to new guidelines that were presented. They also worked closely with the Programme Management team to adapt service provision where necessary.

### **Recommendations**

- Agencies and staff should continue to approach their work in a flexible and adaptable way to account for any unsuspected problems or successes that may occur

### **Section 8. Resources**

Resources were considered adequate by the majority of partners although some felt that they could always benefit from more. Areas where partners felt resources were less satisfactory included the amount of space available, difficulties in recruitment, lack of wider childcare facilities and the need for more computers to improve communication.

Another issue raised was that as awareness of the services increases and more people make use of the services, there will need to be a considerable investment in the future to accommodate this.

### **Recommendations**

- As more people access the services, partners need to consider future cost implications when mainstreaming takes place

### **Section 9. Funding**

Funding was considered adequate by the majority of the partners, with SureStart either funding the entire agency or project, or at least funding a number of the posts in the agencies. Any problems that may have occurred involved people underestimating the length of time it would take to train certain members of staff, or having to go out more than once to recruit staff therefore incurring underspends at the beginning of the Programme.

Although most partners were very happy that the funding would continue to 2006, there was still a lot of concern about where funds would come from after this, and also worry that the smaller agencies would not be able to stay afloat.

### **Section 10. Management**

Management structures were often similar across the agencies although the way they were managed varied significantly. All the partners cited that they had regular meetings between the different levels of management, however the frequency and adaptability of the meetings was often left to the agencies discretion. This appeared also to be the case in relation to assessments and evaluations in which there wasn't a set policy of when they were to be carried out but rather, the timing depended on

what stage the project was at. Contact with the SureStart Programme Management team was felt to be consistent and at frequent enough intervals for all partners.

This balance of structure and flexibility was seen as complementary to the complex and fluid structure of the SureStart 'organisation'. It was expressed that as a result, an adequate level of support and guidance from SureStart allowed agencies to tailor management of their services in a way that did not dilute the individual agency or the collaborative ethos of SureStart.

This freedom and variance was also evident in the lines of communication within and between the different agencies. The open door culture ensured an efficient level of communication, however other measures to keep people informed included newsletters, regular phone calls and 'Away Days'. It was also suggested that regular emails would be extremely useful and efficient, particularly at updating all partners in the organisation.

### **Recommendations**

- The use of an email facility could help to increase the flow of information as it is a quick and efficient way of disseminating information.
- Ensure the regular reviews and support for projects from the Programme Management team continues and that Managers from individual agencies are supported in their work both within their own wider organisations and through SureStart

### **Section 11. Partnership**

The partnership work was considered one of the greatest successes of SureStart. This was again attributed to the amalgamation of agencies ideas and services so that they were working towards a shared goal and not as separate entities. This allowed the pooling of ideas, the sharing of best practice, reduction in duplication of services and better, more cohesive service delivery for families.

The co-ordination of more 'joined-up' multi-agency services ensured that the Wave 2 area was receiving the best and most relevant services possible which could be tailor made to meet the needs of families. As noted it also greatly improved inter-agency referral systems enabling them to offer a wider and more diverse range of services which were more relevant to the individual.

The Staff Directory was deemed extremely useful at informing partners of other people involved in SureStart and agencies roles and responsibilities. In addition some partners commented that inductions for all new recruits were even more positive.

The problems that people had encountered mainly focused on staff having difficulties adhering to both their own and SureStart guidelines and at times clashes between the different cultures, aims and objectives of the agencies.

## **Recommendations**

- Maintain the SureStart Staff & Services Directory
- Ensure all new project team members continue to receive inductions

## **Section 12. Beneficiaries**

The beneficiaries were predominantly young mothers with at least one child under four years old. Although a small number of partners stated that they attracted a diverse range of people, from young to old.

There appeared to be few fathers accessing the service, however this was being tackled by introducing 'Father and Child Groups', and events specifically for fathers in the area such as trips out with their children.

The amount of time spent targeting and/or catering for a more diverse range of people such as children with special needs, and asylum seekers varied greatly across the different agencies.

## **Recommendations**

- Agencies could be encouraged to spend more time and resources for targeting and catering for a more diverse range of people, for example asylum seekers or children with special needs
- The recently created Community Early Years (special/additional needs post) needs to continue to report directly to the SureStart Special Needs & Social Inclusion Group to ensure services remain appropriate and relevant for marginalized or isolated groups

## **Section 13. National SureStart Unit**

The way in which information was disseminated, and the amount of information provided by the National SureStart Unit varied across agencies. Many received information through the Programme Management team via Partnership Group meetings or Action Groups whilst others took information directly from the national website. In relation to the amount, some of the partners received all the information while others only received information relevant to their area.

Overall the partners were very satisfied with guidelines they received and considered them relevant and useful. However some of the agencies had had difficulties in adhering to their own plans and SureStart guidance but generally reported they had received a good level of assistance from the Programme Management team.

A number of partners and agencies had also found it very disruptive because of the changes made to the guidance. However they managed this by making their plans as adaptable and responsive to change as possible.

### **Recommendations**

- Continue to disseminate changes by SureStart Unit to partners as quickly as possible and support implementation of changes to take place

### **Section 14. Parental / Volunteer involvement**

Parental and volunteer involvement was considered an essential aspect of the success of the SureStart Wave 2 programme.

The way in which parents and volunteers were recruited and supported was seen as working well; the Home Visiting team, Outreach Workers or Parents Centres referred all interested parents/carers to the Community Development & Training Officer to ensure that they received a SureStart induction and support package complementary to what was offered by the individual agency.

The volunteers received support and guidance on a regular basis, with a range of training opportunities and usually had meetings with their mentor once a week. What was also considered an effective process was that in one project, they would carry out volunteer evaluations every six months which allowed them to measure their progress and create personal development plans.

Continuous dialogue with the parents was also maintained through the Parent's Forum, Action Groups and the ongoing consultation process. This was considered invaluable in allowing SureStart to monitor problems and success and make sure that the services were supportive and responsive. Where parents did not directly volunteer with a specific project or service they became Parent Representatives for the Programme and reported back to the Action Groups and Parents Forum on a regular basis.

Problems experienced with the volunteers mainly focused on the diminishing amount of people getting involved. This was a particular worry for some partners as they recognised that it is difficult to attract volunteers and they were planning to work closely with the Programme's Community Development Officer to help SureStart retain the current group of dedicated parent volunteers.

## **Recommendations**

- Continuous promotion of the voluntary opportunities could help to sustain an adequate number of volunteers, through word of mouth from other volunteers and local press etc.
- Continued encouragement of the parents and volunteer involvement could help to maintain the momentum
- The best practice of rewarding certificates to volunteers that have done 100 hours work could be used in all agencies. An extension of this could be an annual award for volunteers that have done particularly well
- This could also be used as an effective promotional tool in the local press, promoting voluntary opportunities and SureStart and its partners as a whole

## **Section 15. Marketing**

It was explained that although all of the agencies undertook at least some advertising and promotion of their services, it was quite restricted because of limited funds. Promotional tools included local press coverage, door drops around the community, posters and direct mail to parents/carers on the database.

The SureStart family events and Fun Days in the community were also found to be a very good source of promotion as well as getting involved with as many community activities as possible.

Regarding which medium was the most effective, as noted earlier; many believed it to be word of mouth though friends and the Home Visiting and Outreach teams. It was also suggested that more funds needed to be made available to employ additional Outreach Workers to promote the services further.

One problem that was pointed out with the promotional material was that some of the door drops could be mistaken for junk mail and thrown away.

The majority of partners commented that it was very difficult to measure how effective the different media is, however a practice in one agency that could be repeated throughout all the agencies is for the staff to ask how people had heard about them.

## **Recommendations**

- An increase in funding specifically for the recruitment of more Outreach Workers would greatly help to promote the service
- Further networking could be encouraged throughout the different agencies to raise the profile as much as possible
- As part of all registration forms, parents/carers could be asked where they heard about the service, which could then be inputted on a database and analysed
- Agencies could also be encouraged to produce leaflets in various languages so as to encourage a more diverse range of beneficiaries

## **4.4 Parent's consultation**

### **Introduction**

The SureStart Local Programme (Wave 2) identified five local priority areas, that encompassed the needs identified locally through consultation and which met the nationally defined SureStart objectives, targets and core service areas. The programme areas identified for action were:

- Support for Parents in the Home
- One-Stop Parents Centres
- Early Education, Childcare and Play Development
- Outdoor Play and Recreation
- Support for Families and Children with Special/ Additional Needs

In order to evaluate whether these objectives were being met local parents/ carers of children under 4 were consulted through a self-completion survey and focus groups. The profile of respondents that were consulted in the evaluation phase, and their perceptions of the local area are detailed in this section.

## **Executive summary**

### **Parent's survey**

- 204 surveys were completed by parents/ carers of children under four in the area. There are just over 600 households with children under four in the Wave 2 area.
- The great majority of respondents (97%) were female and in terms of ethnic origin 96% of respondents described themselves as 'White British'.
- Over half (53%) of the respondents were in the 26-35 years age group. Only a minority of respondents were in the older age groups, 46-55 years (2%) and 55+ (2%).
- While 57% of respondents were from two parent families, 43% were from lone parent families.
- Ahead of their involvement in the research 88% of respondents were aware that SureStart was running in the area.
- Half of respondents felt they were aware of all the services that SureStart can offer and half felt they were not fully aware.
- The area where the greatest proportion (69%) of respondents felt they required more information was about courses that are available locally.
- The most popular way of hearing about SureStart was from a home visit from a SureStart worker (69%).
- Four- fifths (80%) of respondents had lived in Sefton for over two years.
- Over one third (36%) of respondents felt that childcare had improved over the last two years.
- Around one in ten (11%) of respondents felt that there had been no improvement in the area over the last two years.

### **Parent's focus groups**

- Participant's knowledge and awareness of SureStart varied greatly from those that had little awareness of services to those that were heavily involved.
- Parents had become aware of SureStart through a variety of means including; their health visitor, leaflets, posters, children's parties and fun days.
- A number of participants felt that there were greater barriers to working parents finding out about the services that were available.
- Many participants suggested that the most effective way to raise awareness of SureStart was via Health Visitors and word of mouth.
- Most parents acknowledged the introduction of more childcare facilities in the area and better services for children under four and their families.
- Most parents felt that a positive thing about the area was that they had good access to local shops, schools and transport into Liverpool.
- Overall participants expressed negatives views of the area of South Sefton, with many parents commenting that they felt the area had deteriorated over several years, particularly housing and external environments
- The main focus of discontent was the lack of open spaces and poorly maintained council owned spaces. Most suggestions for improving the area concerned maintaining outdoor spaces and tackling anti-social behaviour.

#### **4.4.1 Profile of respondents**

In terms of the method used the majority of surveys (183) were self-completions; completed by residents and returned in a FREEPOST envelope, while 21 surveys were conducted face to face with residents by trained parent interviewers.

The majority of respondents were female (97%). In terms of ethnic origin, 96% of respondents would describe themselves as 'White British', with the remaining respondents coming from a range of ethnic origins 'White Irish', 'White (Other)', 'Mixed White and Black Caribbean', 'Mixed White and African', 'Indian' and 'Black African' (1% respectively).

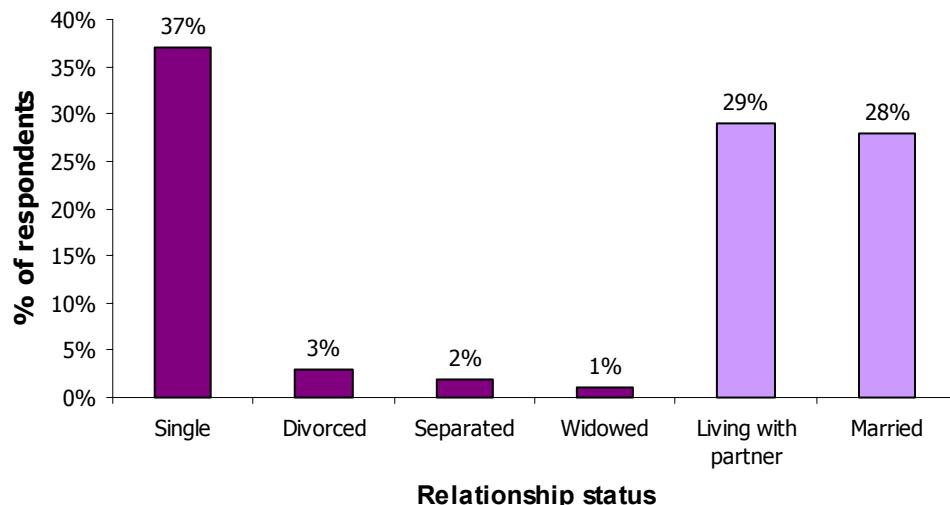
The table below indicates that the majority of parents / carers were in the 26-35 years age group (53%), 28% were 16-25 years and 16% were 36-45 years. Only a small number of respondents were in the older age groups 46-55 (2%) and 55+ (2%).

**Table 4.4.1.1 – Gender and age of respondents**

<b>Gender / Age</b>	<b>Number</b>	<b>%</b>
<b>Male</b>	7	3
<b>Female</b>	197	97
<b>16-25</b>	56	28
<b>26-35</b>	108	53
<b>36-45</b>	33	16
<b>46-55</b>	3	2
<b>55+</b>	3	2
<b>Total</b>	<b>204</b>	<b>100.0</b>

The survey also sought to establish the relationship status of respondents. As can be seen in the chart below responses in dark purple represent lone parent families while responses in light purple are two parent families, in total 57% of respondents were in two parent families while, 43% were in lone parent families.

**Figure 4.4.1.1 – Relationship status of respondents**

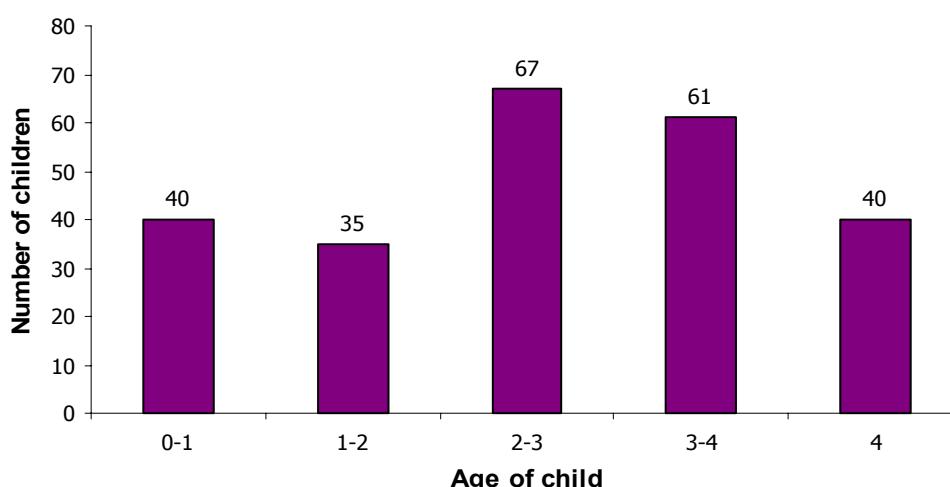


**Base: 204**

Respondents were asked their relationship to the children they were caring for, 198 were the child/ children's parent or guardian, while 5 were the child's carer, and one respondent was a parent completing the questionnaire with carer's help.

In terms of the numbers of children, 204 respondents had 379 children aged 0-16, and 250 aged 0-4 which come under the remit of SureStart. Figure 4.4.1.2 below shows the number of children by age.

**Figure 4.4.1.2 – Age of children**



**Base: 250**

#### 4.4.2 Awareness of services

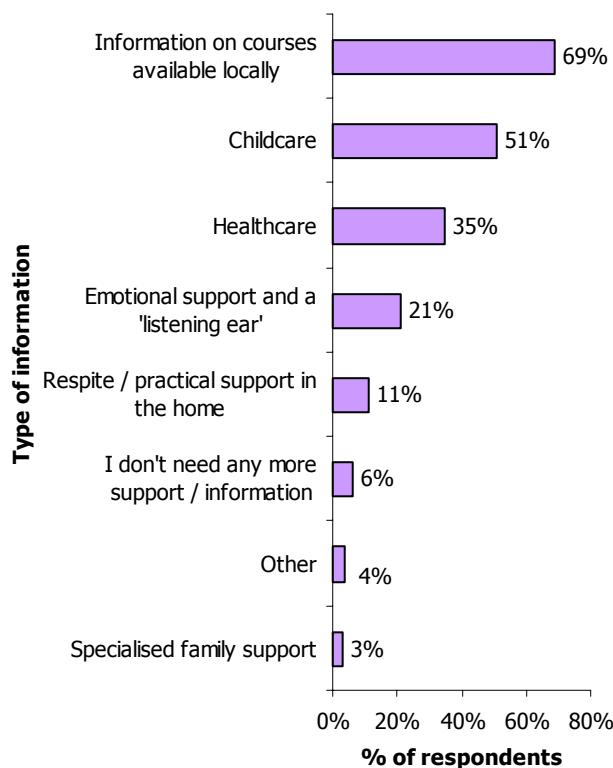
##### Survey Findings

Respondents were asked if they were aware of facilities and services that are available for families in the Sefton area. Interestingly, half (50%) of respondents felt they were aware of services and half felt they didn't have a wide knowledge. When this question was analysed by working status there was little difference in the awareness of those parents that were working (48%) and those parents that were not working (50%), although a concern raised in the focus groups was that working parents couldn't access the same range of services that those at home during the day could.

Parents that had indicated that they were not fully aware of services available were asked which areas they required information on. As can be seen in the chart below information about courses that are available locally was the most popular request (69%), 51% wanted more information on childcare, 35% of respondents wanted information on healthcare, one in five respondents (21%) wanted more information about emotional support and "a listening ear" and one in ten respondents wanted information about respite and practical support in the home.

When this question is analysed by working status of respondent it is evident that parents that are working (63%) are more likely to want information about childcare than those that are not working (37%).

**Figure 4.4.1.3 – Areas in which respondents require more information**

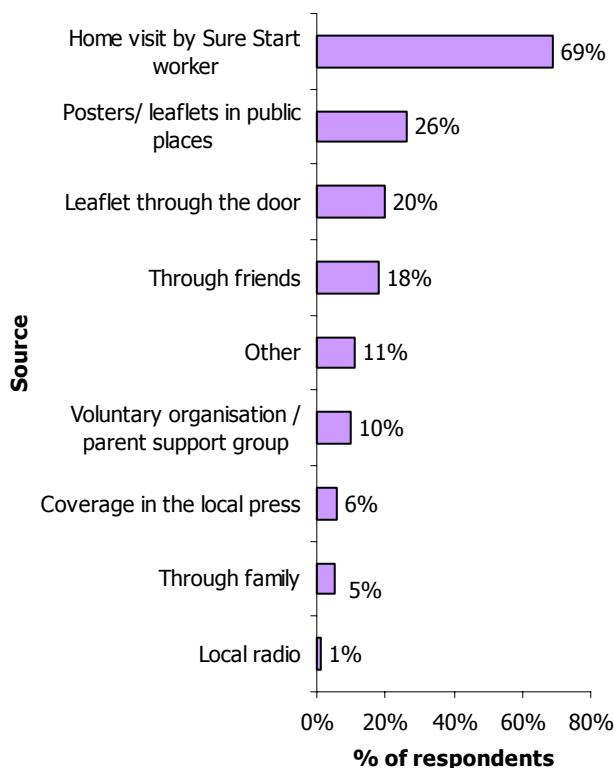


**Base: 101**

Encouragingly, before receiving the questionnaire 88% of respondents were aware that SureStart was running in the area. As Figure 4.4.1.4 details, the most popular way of hearing about SureStart was by a home visit from a SureStart worker (69%). Other popular ways of hearing about SureStart are via posters/ leaflets in public places (26%), leaflets through the door (20%) and through friends (18%).

The least popular ways of hearing about SureStart were through local radio (1%), family (5%) and the local press (6%).

**Figure 4.4.1.4 – How respondents heard about SureStart**



**Base: 179**

The survey also asked respondents whether they had been consulted by SureStart about what they felt needed improving in the area, 29% of respondents said they had been directly consulted, 40% said they hadn't and 30% were unsure. Positively however 62% of respondents were aware of the SureStart Parent's Forum.

## **Focus Group findings**

Parents were asked whether they used or were aware of SureStart services in the area. It was apparent that people's knowledge and use of the services varied greatly, from having little awareness of the services, to being heavily involved.

However, the majority of people were aware of at least one of the services, and many had made use of one of them. It was apparent that the adult courses were the most popular and most well known, as well as the SureStart supported Parent and Toddler Groups.

It was apparent that the parents had become aware of SureStart through a variety of different ways, including children's parties (Christmas, Halloween), leaflets, organised trips, posters, the Newsletter, Fun Days and through their Health Visitors.

An issue that came up a number of times was that it had been difficult for working mothers to find out about the range of services. This was considered the result of limited contact they had had with their Health Visitors, as well as the Centres being open mainly during the day. As one parent explained:

*"I never go to any of the Centres like the May Logan Centre because I work in the day so I never get to see any of the posters or leaflets. I'm quite isolated where I live and I don't know anyone who has kids my child's age that would use the services so I have no idea what's on offer."*

To tackle this problem it was recommended that leaflets could be distributed in their places of work, and more SureStart supported services and other family support services could be made available during the evenings. As one participant commented:

*"Employers could hand them out because most of them have a family friendly policy. Actually they say they do but they don't. But they could have leaflets in the work place."*

A number of participants also cited that people who do not use other facilities such as the local Parent & Toddler and Playgroups, may not know as much about SureStart. This was believed to be because a lot of the services were advertised in nurseries, Schools and Parents Centres therefore they would not reach the more socially isolated parents. As discussed below:

*"I think you have to be the kind of person who goes to playgroups and stuff to find out about things... I think you miss a large wedge of the community who don't know about it. The likes of us who bring our kids to everything in SureStart, we don't need telling because we find out what's going on, but there's probably a lot of people who could do with the drop in centres, but don't know about it. I think you need to do more postings in the area and things like that".*

When asked how they thought this problem could be addressed, it was believed that there could be more SureStart Workers to inform people of the services as well as providing support so as to encourage them to access the services. As one parent discussed:

*"A lot of it is word of mouth. I bring toys home and people come to me and say that's good and I say its from the toy library ... I've recruited a woman from work because she'd never heard of it – she thought it was a good idea."*

Many felt that word of mouth was particularly effective as they could access a greater amount of information about the benefits of the service, and many considered it a lot more reassuring because of the personal contact. One participant stated:

*"My Health Visitor told me about all the different services on offer so it started off with the FAST service when someone comes round to your house and reads with your child, and then from there I started going to a Start Right Group with other children. I've also been using the Toy Library and going to the Playgroup on Friday's."*

A number of participants suggested that SureStart should distribute leaflets and posters to a greater number of businesses, organisations and homes in the area. What was interesting was that a number of the establishments they mentioned, already distributed SureStart leaflets e.g. nurseries/local shops/Doctors surgeries.

This could suggest that the leaflets and posters are not making enough impact, and/or are not placed in the most visible place, or quite simply the area suffers from leaflet/poster saturation and other methods need to continue to be explored.

It was mentioned by a couple of the parents that they had been handed leaflets about SureStart services in their children's nursery, or by their Health Visitor and were also provided with information packs. They cited that it had been a very effective way of raising the profile of the services and made them aware of what was available to them in the local area.

One of the major barriers for parents who wanted to make use of the SureStart services was their lack of self-confidence and self esteem. Similarly, it was mentioned that although the image of Health Visitors had greatly improved over the past couple of years, many parents still perceived asking for help as being a failure. It was felt that to overcome this problem, SureStart Workers could provide parents with further support by encouraging them to visit a Centre. As was discussed:

*"They should try and encourage people to go and feel welcome because it's really hard to break into it and have the courage to visit a Centre."*

One of the parents also suggested that local mothers could volunteer to go door to door to inform other parents of the services, and to offer to take them to one of the groups as SureStart Workers do. The parent further explained that this works well already but the staff can only reach so many and sometimes it's a lot better coming from another parent.

What was also mentioned by a number of parents was that some of the Centres, particularly Orrell Mount, were not very visible from the road. If the Centres were better signposted, making it clear what services they provide and for whom, it would attract more parents off the street that may not have seen other advertising.

However, it was also discussed by a number of staff that they did have a sign outside Orrell Mount Centre but it had been repeatedly vandalised.

Finally, one of the mothers suggested that SureStart could send parents in the area a time table each month informing them of the groups and courses available. This was considered particularly useful for working parents as they could then plan which service they would use and book time off work. Several staff had commented during the partner interviews that quarterly calendars of courses and activities were produced by the Centres and often distributed by the Health Visitors and Community Early Years Workers. This could be enhanced in an effort to reach more parents, particularly those that are isolated or have literacy difficulties and wouldn't necessarily get the information from the SureStart Newsletter.

One of the parents added that although she received the SureStart Newsletter, sometimes things were out of date and many of the groups and courses had already started and were full. She believed that receiving information before courses started, would have led to her using more of the services.

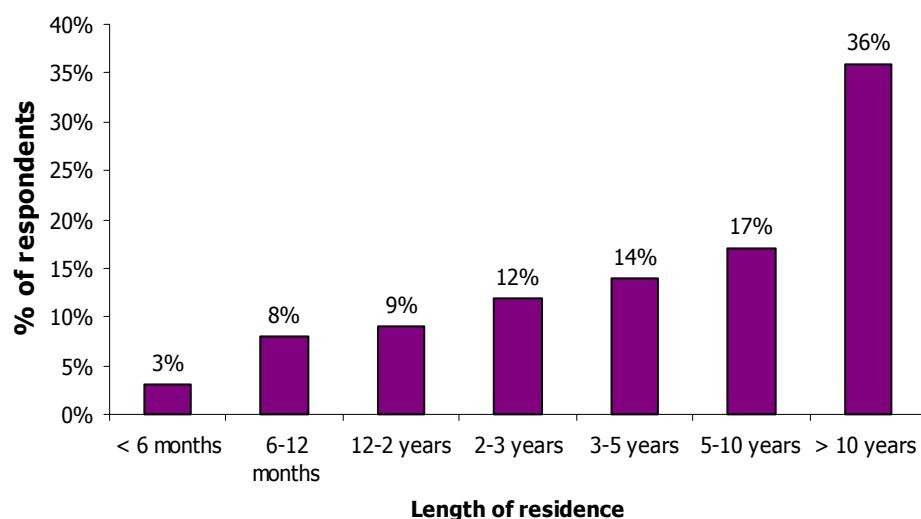
Some parents remembered being consulted about the services that they wanted providing in the area. Of those that were consulted, they had been approached during a fun day or asked to comment on plans or drawings for Centres or Parks. Parents had enjoyed being involved in the whole process and have continued to use services they helped design. However, a couple of the mothers had mentioned their disappointment at not being sent any further information about SureStart after leaving their details during the very early consultation almost three years ago.

#### **4.4.3 The local area**

##### **Survey Findings**

The length of time that respondents had lived in the Sefton area varies quite considerably, although as can be seen in Figure 4.4.2.1 the highest proportion (36%) of respondents had lived in Sefton over 10 years. In relation to SureStart 80% of respondents had been resident in Sefton for over two years and thus should be able to comment on its impact on the area.

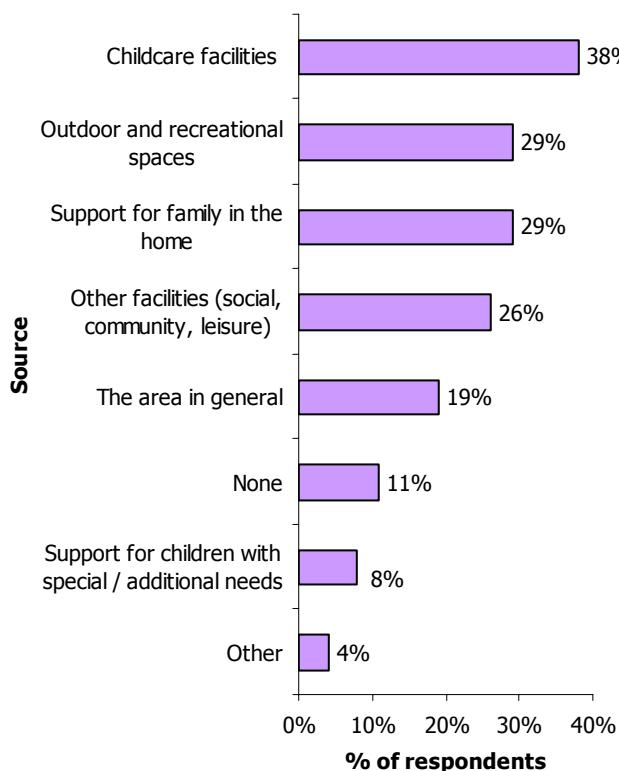
**Figure 4.4.2.1 – Length of time respondents have lived in the area**



**Base: 204**

Those participants that had been residents in Sefton more than two years were asked which aspects of the area they felt had improved, Figure 4.4.2.2 details this. Positively, over one in three (38%) respondents felt that childcare had improved in the Sefton area, and 29% respectively felt outdoor facilities and recreational spaces and support for family within the home had improved. Just over one quarter (26%) of respondents felt that other facilities (social, community, leisure) had improved while just under one in five (19%) felt there had been an improvement to the area in general, 11% of respondents felt there had been no improvement to the area.

**Figure 4.4.2.2 – Proportion of respondents that feel the following have improved**



**Base: 160**

## **Focus group Findings**

The general view of the area of South Sefton was quite negative, with many of the parents believing that it had worsened during the last ten years. Many particularly mentioned the vandalism, crime and anti social behaviour they believed was committed by teenagers in the area.

When asked whether they had seen any improvements in the area, the responses were varied and many people mentioned that there had been improvements in specific areas, particularly for services aimed at very young children. However, for many this was blighted by other issues that they felt had been neglected. One parent commented:

*"I don't think that it's fair that we had no financial help because we take pride in our houses whilst the council tenants had all the home improvements paid for. And if you go back to the estates that were done up, they look absolutely terrible again. It's like going into Beirut, it's a disgrace and it was a complete waste of money."*

The parents were asked what they liked about the area. The majority of people mentioned that the area had good access to local shops, schools, and transport into Liverpool.

Encouragingly, an improvement that many of the participants had acknowledged in the area over the last couple of years was the introduction of more childcare and other facilities through SureStart.

It was explained that prior to the introduction of SureStart there had been very few facilities in the area, and the ones that did exist were too expensive or not accessible. However, there were also a number of parents that were not as aware of the range of facilities available in the area, which could highlight the need for increased promotion of SureStart and the Children's Information Service.

When asked what they disliked the most in the area, the vast majority mentioned that gangs of young people hang around on the street and this was seen to be a result of the lack of facilities available to them in the area.

Many participants brought up the parks and outdoor facilities in the area and cited that because the Council did not have the funding to maintain them, most of them were vandalised and run down.

It was explained that almost all of them were covered in glass and syringes, therefore stopping them from taking their children there. The two parks developed under SureStart were used frequently for younger children as they were still new and well maintained but there were concerns that the upkeep would not be as good in the future if the Council is responsible for their maintenance.

Within a couple of the focus groups, parents discussed the increased problems of antisocial behaviour during the school holidays, once again as a result of the lack of facilities available for the older children in the area. A comment that highlighted this problem was:

*"People at work were saying that I was really lucky because I was going to have 6 weeks off, but I would rather go to work than spend that time alone at home with what's going on in the area. It's really, really stressful. It's more like a six week sentence."*

When asked what they thought could be done to improve the area, many discussed an injection of money and time to prevent vandalism, maintain the public areas and introduce more activities for older children and teenagers such as after school clubs and social events. Some of the comments were as follows:

*"There should be more buildings for older kids to go to; different activities . . . more stuff in the parks for them to do."*

*"Evening entertainment like at caravan parks, with a disco on and a game of bingo for the mothers, that's open at the weekend."*

## **Conclusions and recommendations**

Encouragingly, to various degrees the overwhelming majority of respondents were aware of SureStart and had accessed the services. Results from the parental survey revealed that 88% of parents were aware that SureStart was running in the area and 50% were aware of most services SureStart could offer.

An important issue raised in focus groups, is that working parents may be less aware of the services SureStart offers because they cannot go to activities during the day and they are often not in when they get visits from outreach workers and Health Visitors. Interestingly, when the question about awareness of SureStart services in the parent's survey was analysed by working status, there was little difference in the awareness of those parents that were working and those parents that were not working.

In terms of improving information about SureStart, many respondents indicated they wanted more information about the courses and activities that are available locally. Focus group participants suggested that the most effective way of doing this was through word of mouth and Health Visitors.

Four fifths of survey respondents had lived in Sefton for more than two years and were thus able to comment on the improvements they had noticed in the area since the implementation of SureStart. Positively, over one third (36%) of respondents felt that childcare had improved over the last two years whilst only 11% felt there had been no improvement.

Contrastingly, in the focus groups although most parents acknowledged the introduction of improved facilities for younger children and their parents, many felt that there had been general deterioration in the area in recent years particularly with regards to the level of anti-social behaviour from older children.

## **4.5 Support for parents in the home**

### **Introduction**

The aim of this priority is to enhance current provision and pilot new and innovative ways of working to provide appropriate home visiting support to all families in the SureStart area with children under 4.

The enhanced service includes:

- Establishing a multi-disciplinary home visiting team
- Improved links with midwives, GPs and local hospitals
- A more intensive and co-ordinated home visiting package
- Improved linkages and interagency working

The success of this enhanced service was evaluated by undertaking interviews with the home and health visitors (including the Peer Support Programme) and assessing parent's views through the survey and parents focus groups.

## **Executive summary**

### **Home and Health Visitors interviews**

#### Aims of SureStart

- The specific aims of the Home Visiting Team were seen as making contact with families in the area, providing cohesive primary health care and family support services, getting parents involved in SureStart and hopefully increasing their confidence and self-esteem.

#### Services

- The Home Visiting Team service was described by respondents as the provision of health and children's development and emotional and practical support to parents and carers
- It was felt that SureStart had helped to provide a more intense and consistent Home Visiting Service as well as a greater range of services
- The Peer Support Programme (Venus & Health Visitors Model) was highlighted as a great success, by the majority of health visitors and other SureStart staff, as were the Parents Centres. However, the most powerful success was seen to be the shared approach of all the different agencies and services to providing more cohesive and responsive services to families

#### Partnerships

- Partnership working was considered by respondents as a great success in enhancing the services already available. Success was also attributed to continual improvements in communication through the work of the Home Visiting Co-coordinator and Health Visitors, the Programme Management team, Venus, FAST, the Community Midwives and Community Early Years Workers.
- One difficulty encountered by respondents was the clash between the different monitoring and recording systems held by agencies and a considerable amount of work had been undertaken in this area

#### Management

- Respondents expressed that they were happy with the structure and running of the Programme Management team and their own teams. However, they expected a shortage of resources if the number of beneficiaries accessing the services was to increase

#### Parents/beneficiaries

- Respondents identified mothers with children under the age of four as the main beneficiaries
- Word of mouth was considered the most effective way to raise the profile of SureStart, whilst Fun Days, family activity days and targeted events were viewed as a good way of engaging hard to reach groups and whole families

- Lack of confidence and trust (as a result of past experiences with agencies) were the main reasons respondents gave when discussing families or groups that were difficult to engage

#### Parental/volunteer involvement

- Respondents felt that parental/volunteer involvement was essential to SureStart and this was in terms of gaining feedback on services, awareness raising, the consultation and development process and directly helping to extend services, eg. The Peer Support Programme
- The majority of respondents felt there needed to be more parental/volunteer involvement and that this could be encouraged through further promotion of voluntary opportunities, more SureStart staff willing to be Mentors, an increase in childcare provision and further involvement in the Parent's Forum.

#### Barriers

- Respondents felt that the over-riding barrier to service implementation had been initial communication difficulties and the fact that different agencies have different aims, objectives, guidelines, policies and monitoring systems
- Various other barriers included insufficient space in Parents Centres and crèche facilities, difficulties in recruitment of Health Visitors and difficulties in the ongoing recruitment and management of volunteers

#### Overall success

- Successes were viewed by respondents in terms of being able to provide a more intense and consistent Home Visiting Service and a more appropriate and robust inter-agency referral system
- Enhanced communication and better working relationships across many agencies that had not necessarily worked together (or worked well together) before had been a clear outcome
- The multi-agency philosophy and 'joint-working' models promoted by SureStart has been successfully rolled out by the Wave 2 Programme
- Many respondents identified a need to develop further services for children over the age of four years

#### Resources

- Respondents felt that increased space and childcare provision within Parents Centres would enable them to offer more courses and services to parents, which in turn would bring about increased parental/carer involvement
- The availability of more computers was suggested by respondents as a way of encouraging the flow and dissemination of information, as well as increasing the sharing of best practice and generally improving the efficiency of SureStart as a whole

#### Bureaucracy

- The majority of respondents felt that there was a lot of paperwork involved in their job, however all considered this to be necessary and essential

- A minority of respondents felt restrained by the National SureStart guidance, however the majority saw the aims and objectives as realistic and achievable

### Communication

- Respondents cited regular meetings, induction's for new members of staff, a Staff & Services Directory, a Families Newsletter and a Staff Newsletter, frequent evaluations of specific services and a strong management team, complemented by excellent team leaders, as the effective communication mechanisms, which ensured the open, friendly culture of the organisation
- However, some respondents felt that more synergy between the different agencies (particularly with regard to differing policies and procedures) and more computers would improve communication further and encourage even more sharing of best practice

### Safety

- Safety procedures varied across different agencies and in general respondents felt that these were adequate
- Suggested improvements to safety procedures included the issuing of mobile phones to all home visitors and compulsory signing in and out procedures.
- The recent introduction of compulsory 'lone working training' should make a difference and all agencies involved with SureStart have to confirm staff and volunteers are Criminal Record Bureau (CRB) checked at the appropriate levels.

### **Parents Survey**

- The majority of respondents (81%) stated that the visit they received from their SureStart Health Visitor following the birth of their youngest child was 'good' or 'very good'
- Most aspects of help and advice received from Health Visitors were rated as 'very good' or 'good' by the majority of respondents
- Help and advice relating to labour and post-natal depression were rated least well by respondents
- 35% of respondents felt that the service provided by the Health Visitors had improved over the past two years
- The Peer Support Programme was well rated by respondents that had used it
- Just under one in three (30%) respondents had received a home visit from another agency supported by SureStart
- The majority of respondents that received a visit rated the service as 'very good' or 'good'

### **Parent's Focus groups**

- A number of the parents with older children discussed how since the introduction of SureStart support had greatly improved as they could compare experiences between having their older children and their under four's now
- Many of the parents had been extremely happy with the service they had received from their Midwives and Health Visitors during and after their pregnancy

- There were a small number of mothers that reported very little contact from any Midwives or Health Visitors
- An issue that was touched upon was that some parents felt that they would have liked contact with their Health Visitor and Midwife for an even longer length of time after giving birth
- Although many mothers had received support and guidance, they were sometimes visited by different Midwives and Health Visitors, although this had noticeably improved over the last few years
- Unfortunately, a number of mothers had described how they had received very little support after they had miscarried, and felt that more could be done to improve this
- When asked how they felt the service could be improved many felt that they could have had more regular contact with Midwives during and after their pregnancies, and that they would have benefited from having access to support for a longer period of time
- Many parents also felt that being made more aware of where to get support and advice from would be beneficial
- Many of the parents discussed the need for more support and diagnosis of post natal depression

#### **4.5.1 Health Visitors & Home Visitors - focus groups**

##### **Aim of SureStart**

The Health Visitors were asked what their understanding of the aims of SureStart was. The overall response was that SureStart was a government funded initiative which focused predominantly on health and education. Many discussed how through multi-agency work, vulnerable families with young children were able to access support, advice and courses to improve their quality of life. One respondent stated:

*"Basically the objective is to help children under the age of 4 and their families to achieve optimum health and well being by providing access to services in the area".*

Whilst another Health Visitor commented:

*"Its amazing how much poverty is still here in the area and there's quite a stark contrast between this area, and an area five minutes down the road. Having said that, the families in this area survive tremendously despite all the odds against them and the housing difficulties. Before there was a lack of resources but now they are available through SureStart, it's about building up their confidence to use the resources."*

More specifically, with regard to the Home Visiting Service, a number of the respondents cited that their role within SureStart was to make contact with families in the SureStart area so as to raise awareness of services and enable people to access them. They could then provide advice and support, from antenatal care, up to when the child reached four.

An example of one Home Visitor's role:

*"We work with the child from birth - being involved in pre-school education to raise attainment in numeracy and literacy. This is provided initially through home visits and later, as the families become more confident, through Start Right groups in local community venues. Parents are encouraged to learn with the children, so that when the time comes for the child to go to school, they are at the right level and the parents will be confident enough to get even more involved with their child's education".*

##### **Services**

Respondents were asked about the services they provided. In addition to health care, child development, and emotional and practical help, many discussed that raising the confidence and self-belief of parents was an important part of their role. Many reported how they had seen the new found confidence filtering through to their children and raising aspirations for their futures.

It was noted by many Health Visitors that the implementation of SureStart had also allowed them to provide a more intense and consistent visiting service:

*"There's a lot of relationship building between ourselves and the Mothers, when they get to know us they stay in the room when we do a check up. The Dads stay a bit longer now and there seems to be more Dads in the Centres as well. SureStart offered a Dads day out in Blackpool recently which was good and have been setting up a Dad's Support Group. We really do get more of a chance to get to know a family and I think the quality of service is better now... we can spot problems earlier and link in to all the other SureStart services to get a range of help"*

The majority of Health Visitors also mentioned the success of the Peer Support Programme, which involved training parents to support families in the SureStart area that may be experiencing difficulties. One respondent commented:

*"The Peer Support Programme was probably a success because it was an amalgamation of ideas from families in the community and local agencies and it's managed to fit in really well with all the other home-visiting services and provide a service that wasn't there before. There was a gap that needed to be filled and we achieved that. The partnership between Venus and the Health Visitors is excellent and a lot of people have worked hard to make that happen not least the co-ordinators of the services and the volunteers themselves"*

When asked whether there were any other services that had stood out as being particularly beneficial or successful, the overall feeling was that they could not identify a particular one. Many instead discussed that it was the amalgamation of all the agencies and services that proved the greatest success, as one respondent stated "all the services complement each other, it really is difficult to pick just one out".

Others felt that it depended on the families' needs and experiences as to which service was the greatest success. However, other than the Home Visiting model a couple of individual successes were highlighted. One of these was the Parents Centres, which were considered very beneficial as they served as a stepping stone for parents that wanted to build their confidence and perhaps go back into education or employment. Equally important was the fact that the Centres offered a range of services that didn't put any pressure on families but supported good parenting and the chance to network with other local families or access services under 'one roof'.

## **Partnerships**

The Health Visitors were asked about the partnership work they undertook and whether they had experienced any problems. On the whole, partnership work was considered hard work but worth the effort as it was proving to be a great success, helping to enhance the services already provided. One respondent explained:

*"I am just getting to know all the different agencies involved and getting on well with the partners. It's a bit like a recipe, we have all the ingredients and now we're just mixing them together to try and get the right outcome for families."*

The Health Visitors explained the partnership work in relation to inter-agency referral systems, in which, if a Health/Home Visitor or parent identifies a particular need or concern, they can then be referred to the appropriate agency under the SureStart umbrella, it was felt that this should reduce the number of children that could 'fall through the net'. What was also discussed as a way of ensuring an

effective referral system was the use of an information and referral pack. As one respondent explained:

*"Because it's inter-agency, we wanted to get all the policies and procedures standardized and agreed in one place, it's a referral pack basically, so that particularly the Health Visitors can refer people who need support, it gives them all the information so they can feel happy to make a referral and the paperwork is there to ensure follow-up takes place."*

The success of the work was seen to be as a result of constantly striving to improve communication between the different agencies. This served to break down barriers and allowed them to successfully refer parents to other agencies.

One of the only problems that was mentioned in relation to the partnerships was the different monitoring systems between agencies but this is being gradually standardized as the SureStart systems have become more established.

## **Management**

Within this section, the Health Visitors were asked about the structure of their team and whether they felt that it was effective. Overall, the respondents were very happy with the structure and felt it ran smoothly, with excellent support and direction from the Home Visiting Co-coordinator.

The basic structure involved the Co-ordinator working with the Programme Management team and the Primary Care Trust management to deliver enhanced Health Visiting services, including increased contact with families during the first year of a child's life. Co-coordinating the Home Visiting team also involved bringing together work delivered through the Peer Support Programme, Community Midwives, FAST Outreach Workers and the Community Early Years Worker (Home Visiting).

When asked about whether they felt they had the resources to run services effectively, a number of Home Visitors/ Health Visitors mentioned that if the number of beneficiaries increased, they would need a larger number of staff and larger premises.

A number of changes within their organisations were discussed by some of the respondents. A reorganisation of the Primary Care Trust had been taking place as SureStart came in and this had been very difficult at the time. Additionally, an agency involved in the original Peer Support Programme had not been able to deliver and this had put pressure on the Health Visitors and Venus, although the Programme has been very successful and is a key success of the Wave 2 programme.

## **Parents / beneficiaries**

The Health Visitors were asked who the main beneficiaries of their services were and how they could encourage more people to access them. The overall consensus was that the majority of beneficiaries were young mothers with young children under four. Many of the respondents discussed how they were continuously looking for new ways to increase a more diverse range of people. However one respondent stated:

*"I think we are reasonably successful at targeting a more diverse group of people because we're very community based and we're very open and accessible. People feel OK about coming in and not being judged."*

In relation to how they tried to encourage more people to gain access to the services, many relied heavily on word-of-mouth, which was said to be a very effective means of communicating with local families. Others discussed the Fun Days and the family activity days as successful ways of encouraging the whole family to get involved. Specific work was also taking place through SureStart to target support, for example; the Vulnerable Families Project (managed by Venus), stronger links with support services for Asylum Seekers and a specialist SureStart CEY Worker for special/additional needs.

A key problem discussed was that many of the potential beneficiaries experienced complex family lifestyles compounded by poor housing, isolation, poor health and poverty. Quite often this could lead to some parents not turning up to their appointments or being at home for visits. The main way to combat this problem has been through strengthening relationships between agencies and families and building trust through the SureStart 'brand' of multi-agency working.

The respondents were also asked how well they think the local community understands the aims of SureStart. A number of the Health Visitors described how quite a lot of people have heard about SureStart and used the services but their understanding of its aims may be limited. One respondent commented:

*"A lot of families that we have visited have heard of SureStart but many won't know its aims and objectives and to be honest it's not the most important thing – giving better services to children and families is the main focus anyway and that's what they're interested in too. I don't think there's much more that could be done to raise awareness than what has already been done. I think the fact SureStart is viewed positively by most people is the main thing."*

One Health Visitor suggested that increased national and regional advertising to raise the profile of SureStart would be good. A number of other respondents, including parents, also commented throughout the research period on the apparent lack of profile SureStart seems to have nationally.

A final comment from a SureStart Home Visitor summarized the ethos of the Home Visiting team;

*"The ethos is very much about making sure families get an equal chance to access good quality, reliable services in non-judgmental environments. I'm always amazed by the passion and dedication of the team because everyone involved really feels we are (slowly, but surely!) making a difference. We tend to respond to individual needs, rather than plan to focus on particular groups as such. We also refer Peer Support volunteers to specific cases where we feel their life skills or experiences may make them more suitable to provide guidance and support. It really isn't about the 'professional' being the expert and that's not tokenism".*

## **Parental / volunteer involvement**

The respondents were asked whether they sought help from parents and members of the local community to assist in the delivery of their services. The majority of respondents discussed that there was at least *some* parental involvement within their projects.

It was explained that volunteers were an essential part of SureStart as a whole and that they actively encouraged people to get involved. A volunteer support programme was offered by the Programme Management team and complemented by the Mentoring Scheme that many SureStart staff took part in. Others also stressed that parental contribution was vital because it enabled them to gain feedback from the people who were receiving the service and ensure input into continuous improvements.

Another described the importance of getting volunteers fully involved, as they played a key role in raising awareness of SureStart and partner agencies. They commented:

*"We support a lot of services, which are primarily organised and run by the parents. This is the way it should be because at the end of the day, we are planning and implementing for the benefit of the community, so they need to be at the heart of service planning and implementation".*

A community midwife explained that the services they provided were relatively new therefore they hadn't involved many parents or volunteers so far in planning services. However there were plans to get parents involved. She discussed:

*"We have begun asking some of the more experienced parents to help out with sessions so that they could talk to young or first time mothers, about their experiences and also get them involved in the Peer Support Programme."*

Over twenty parents were involved with the SureStart Peer Support Programme in which volunteers offered emotional or practical support to other parents.

Another respondent discussed that volunteers across the SureStart Programme received specific training around the service they were working in as well as broader training on issues such as Child Protection, Domestic Violence and First Aid organized by the Programme Management team.

Some Outreach Workers believed that more could be done to involve parents and encourage more volunteers. A number of suggestions of how they could achieve this included, once again, word-of-mouth, more advertising and an increase in the number of Workers able to "spread the word."

Emphasising the importance of Health Visitors, many respondents cited that face-to-face communication between the Health Visitors and other SureStart staff and parents was a lot more effective than leaflets alone.

The SureStart Parents Forum was highlighted as an effective way of encouraging community involvement as it allowed community members from the different action

groups to feedback on what was happening across the SureStart projects, voice their opinions and meet each other socially.

Health Visitors and Home/Outreach Workers were also asked what they thought made it easier for parents to participate. A significant point made was that childcare has been critical in enabling good attendance at community meetings and this needed to continue. What was also discussed was that the organisations should always aim to be as flexible and adaptable as possible to accommodate parents.

A member of staff gave the example that when a parent expressed interest in volunteering they worked together to identify the best times for the parent to volunteer.... This meant looking at childcare and other commitments, ensuring travel expenses could be covered and that the volunteer would be properly supported in the type of work they wanted to do.

### **Barriers**

The main barriers to implementing the services were discussed. Although, communication was deemed to be generally very good across the SureStart teams, there were barriers identified by the Home Visiting team. This was seen to be true of the communication between themselves on occasions, the beneficiaries and between the partners, particularly at the beginning of the Programme.

What was highlighted as pivotal to this problem in the early days of SureStart was lack of confidence, trust and awareness of SureStart and the Home Visiting Service. However, over time this has been largely overcome through "*sheer hard work and perseverance*" on behalf of those involved in setting up and delivering Surestart.

Also with regards to referrals, a couple of the Health Visitors voiced their initial concerns with the issue of confidentiality and sharing information:

*"Now we're working in a greater partnership with voluntary agencies and statutory organizations we've had to really look at issues around information sharing and confidentiality. We've had to work through these problems and ensure parents, agencies and the law are satisfied with what we are doing. We haven't got it exactly right yet, but we're a long way towards it now"*

As well as the introduction of new policies described above, another respondent felt that they had to build up more communication and trust between the agencies encouraging information to flow more freely within agreed boundaries of confidentiality and data protection.

Many Workers described difficulties they had come up against as part of the early partnership work. This was particularly so with regards to finding synergy between the different agencies and having to abide by both their own and SureStart aims, objectives and guidance.

Following on from this, a couple of the respondents discussed a lack of flexibility as a result of the numerous policies they had to abide by and also the amount of paper work that had to be filled in for both organisations. However, many more observed that although there was a fair amount of 'paperwork' it was necessary and they had

often had input into its design with a view to streamlining as much information gathering tools as possible.

Also, in relation to the involvement of many different agencies, it was felt by some respondents that it took a lot of time for the Action Groups to achieve their goals because of the amount of people involved in the decision making process. Although again, many respondents cited this as a real area of successful partnership working and an area where parents were truly involved in service design and reviews on an equal footing to agencies.

A recurring topic concerned the need for more space within the Centres and also more crèche/childcare facilities. This was cited as a way to encourage more parents to get involved with SureStart through voluntary or paid work and would also enable the Centres to set up more groups and courses.

Another barrier cited by one respondent in relation to the recruitment and management of volunteers was that some people had lost interest in the work after they had completed the training. As was discussed:

*"There was a danger of some of the volunteers doing the training and then losing interest as they weren't allocated work quickly enough. Having said that we do have a lot of very committed volunteers that help so we don't struggle with it, we always seem to have enough volunteers to do the work. Some are very committed because a lot of them have had similar experiences."*

A final barrier mentioned was the amount of qualified Health Visitors available. As was noted earlier, many of the respondents concerns focused on the difficulty in recruiting enough Health Visitors. Many felt that this would become an even bigger issue in a couple of years when some of the older Health Visitors retired.

## **Overall success**

When asked what they felt the main success had been to date, many of the Workers explained that they felt being able to offer a more intense Home Visiting Service to a dedicated area of Sefton had been a great success. Following this, they felt that as a result, they had been able to gain access to a greater number of hard-to-reach families and built stronger relationships with them. Many expressed hope that in the long-term, their early intervention work will have given families a better chance to enjoy good quality of life and aspire to this for their children.

Although a number of respondents had experienced initial problems with partnership working, they expected this process to have been difficult and believed SureStart is a great success story, especially as it enabled the sharing of best practice and the development of new services.

A number of the Health Visitors also discussed ways in which the service could be improved further. These included an increase in the number of action groups and more play areas. However, they explained that they were aware that this was not always economically feasible.

What was also mentioned a number of times was the need to incorporate older children into service provision as at present they were only able to focus on young children. As one Health Visitor noted:

*"The number of children playing on the street during school time is phenomenal, especially with the amount of traffic. There's a lack of play areas for the older ones. Also it can be difficult for parents to take them to the play grounds so maybe it should be about introducing more summer play schemes for older children which would allow the parents time away from the kids. Many also don't have holidays either."*

Suggested ways to combat this included encouraging further links with the new Children's Fund initiative, doing more joint projects with services aimed at older children and building on the SureStart School's Excellence Mark.

## **Resources**

Although overall the Health Visitors and other Home Visitors felt that they had adequate resources to carry out their service effectively, there were a couple of reoccurring requests. Not surprisingly, all of the Health Visitors mentioned the need for extra funding in the future, particularly so that they could develop their services further if the amount of beneficiaries increased. However, they were very aware that this wasn't always possible.

One of the most significant needs was for more space in the Centres and at some of the team offices, both with regards to room sizes and storage space. This would allow them to introduce more services, courses, activities and childcare facilities in the future.

More computers were highlighted by a number of respondents as something that would help them implement their services more efficiently. This was seen as particularly important in improving communication and the sharing of information and best practice.

## **Bureaucracy**

Respondents had already commented about paper work and whether they felt it was at the right level. Many respondents also described the monthly SureStart monitoring system that was in place that collated information on families and their contact with services. Several felt that the introduction of the SureStart database had been very beneficial.

It was believed by some that as the amount of beneficiaries increased, so would the paper work. However, many also commented that this would be made easier with the introduction of more computers and, as many of the management systems were now well established, additional information should be easier to integrate.

The respondents were also asked whether they ever felt restricted by the national SureStart guidance. The majority felt that they were not and that the aims and objectives were realistic and achievable. However in relation to funding, one respondent explained:

*"If you apply for more funding it's got to go under a certain objective and its has to come through the right funding stream. Sometimes what you want to do doesn't fit under a certain objective and you have to be needs led to be considered by the SureStart Management team as obviously they need to follow the national guidance properly."*

Staff explained that they usually had meetings with their Managers/Co-ordinators around every month and then a meeting with a member of the Programme Management team on a fairly regular basis. The Keeping in Touch meetings were mentioned on many occasions and staff did not generally feel that meetings were too frequent or not useful in supporting their day-to-day work.

## **Communication**

Communication across the organisations was reported as being very effective. A high level of communication amongst the staff was attributed to regular meetings, 'Away Days' and KIT (Keeping in Touch) meetings involving staff from different projects and agencies. The Home Visiting Co-ordinator was noted by many as playing a critical role in promoting good communication and partnership working.

Others explained that although the meetings were very useful, sometimes it was difficult to attend all of them. Regarding the SureStart meetings, they were seen as essential as they enabled the Health Visitors and other home visitors to meet newcomers, keep in touch with each other and were also used as an on-going review of the services provided. In one project, evaluations of specific services were continually carried out to amend any problems that emerged and volunteers were consulted on a 6 monthly basis as part of the new services planning programme.

The Action Groups were considered very useful by many respondents as they included an induction for every new member and then a sharing of their experiences within the group. The culture of the organisation of SureStart was described as very friendly, open and informal so that everyone felt comfortable asking for help and support from the Management team.

Developments in communication included the introduction of a quarterly staff newsletter and also the production of a Staff & Services Directory so that everyone in the organisation was aware of everyone else's roles and responsibilities. A final exercise, which was described by several respondent as helping to encourage communication, was regular visits to the other projects to acquire new ideas and to draw on their successes.

## **Safety**

Safety procedures appeared to vary across the different teams and it has taken time to support standardised good practice being put in place. The concern for some of the Health Visitors was that an incident may have to occur before anything is done, instead of their employer working to prevent incidents.

The majority of Health Visitors and Outreach Workers relied on informing a colleague when they were doing a home visit or filling in a diary. Many also described doing joint visits with other Health Visitors, taking mobile phones and going on 'Lone Working' training courses provided by SureStart.

Suggestions on how to improve safety included making all of the below safety measures obligatory:

- Issuing all Outreach Workers with mobile phones
- Ensuring that they sign in and out (which would be made more efficient on a computer system)
- Alerting colleagues as to when they will be back
- Compulsory 'Lone Worker' training

### **Final comments**

The Health Visitors and Home Visiting Outreach Workers were asked whether they had any advice to anyone starting work in a SureStart Programme. Some of the comments included:

*"You need to enjoy what you do and be aware that although there is a lot of hard work involved, it is also a very rewarding and worthwhile job".*

*"You need to be open to change, be clearly focused on the aims and objectives and have a desire to really help and support people."*

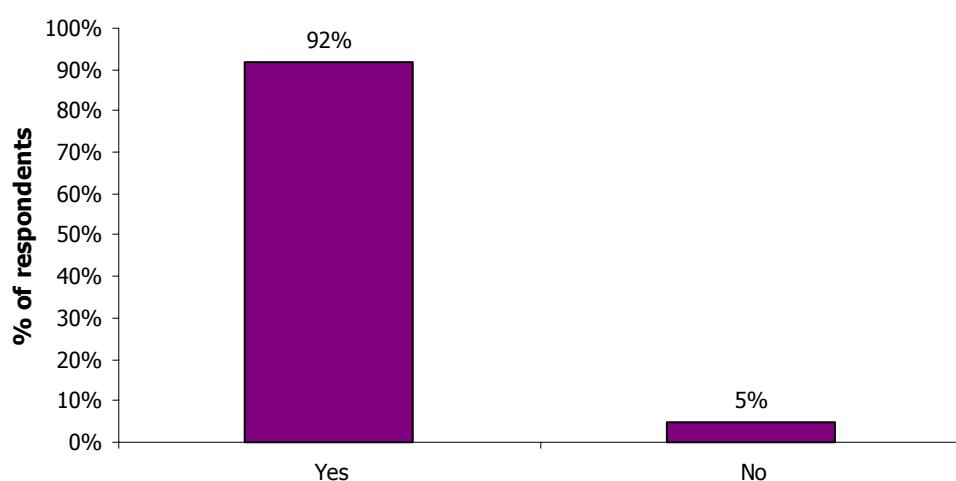
*"The most important thing is to take your time getting to know the services that are available in the area. Also, never refuse help or advice from others".*

*"They should make sure that they network and communicate with the whole of the SureStart team that's been the key to success in this Programme."*

## **4.5.2 Parents survey**

The survey sought to establish the help and advice that parents received within the home from external agencies. Positively, as can be seen in the chart below, 92% of respondents had received a visit from a locally-based Health Visitor following the birth of their youngest child.

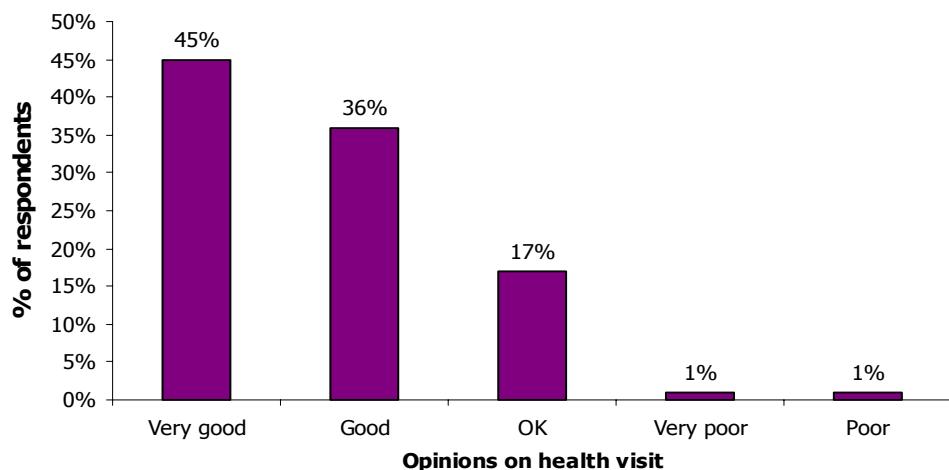
**Figure 4.5.2.1 - Percentage of parents visited by a local Health Visitor following the birth of their youngest child**



**Base: 204**

Those parents that had received a visit from a Health Visitor were asked to rate how they had found the visit. The majority of respondents (45%) suggested they had found the visit 'very good', while just over one in three respondents (36%) found the visit 'good' and 17% found it 'OK'. Only 1% (n1) of respondents found the visit from the Health Visitor 'poor' and only 1% had found it 'very poor'.

**Figure 4.5.2.2 – Opinion on visit by Health Visitor following birth of youngest**

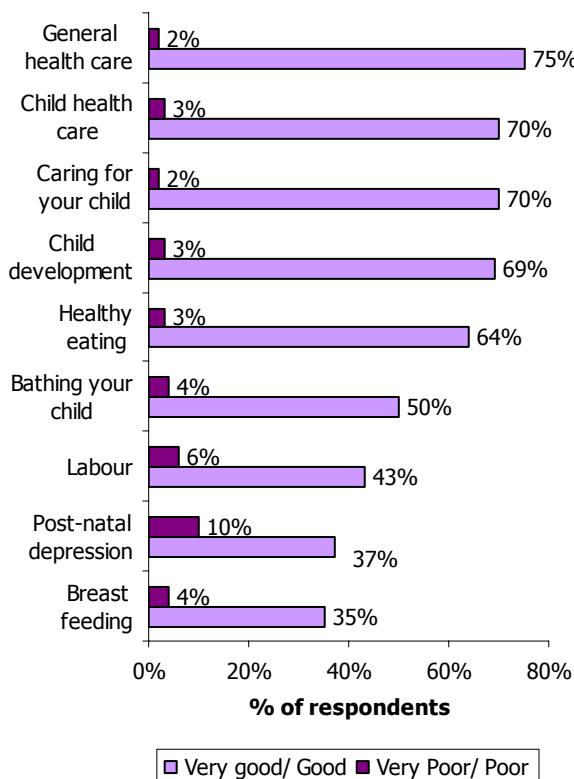


**Base: 189**

The parents were asked to rate the various aspects of help and advice that their Health Visitor had offered them about pregnancy and bringing up a child. Encouragingly, as can be seen in the chart below, most aspects of help and advice were rated 'very good' or 'good' by the majority of respondents. In particular advice about general health care (75%), child health care (70%), caring for your child (70%) were rated 'very good' or 'good' by almost two-thirds of respondents.

Conversely, help and advice relating to labour and post-natal depression were rated least well by respondents, 6% of respondents rated advice relating to labour 'poor' or 'very poor' and one in ten respondents rated advice relating to post-natal depression 'poor' or 'very poor'.

**Figure 4.5.2.3 Opinion on the help and advice provided by the health visitors in relation to pregnancy and bringing up a child.**



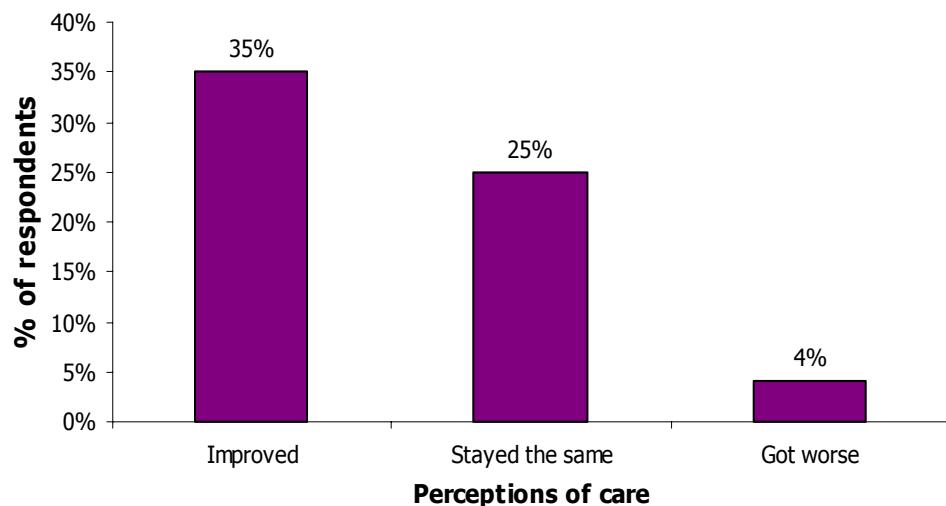
**Base: 189**

The parents were asked if they had any comments relating to the help and advice they had received from their Health Visitor. Examples of some verbatim comments given by respondents are:

- *My Health Visitor was very supportive in helping me with breastfeeding*
- *I do think my Health Visitor goes over the same things*
- *I still suffer from post-natal depression and feel I have no help*
- *The ongoing support with my youngest was excellent*

The survey went on to establish whether parents felt that the service provided by Health Visitors had changed over the last 2 years, (the length of time this Wave of SureStart has been running in Sefton). Positively, the greatest proportion of respondents felt that the service had improved (35%), while one in four respondents felt it had stayed the same and only 4% of respondents felt it had got worse.

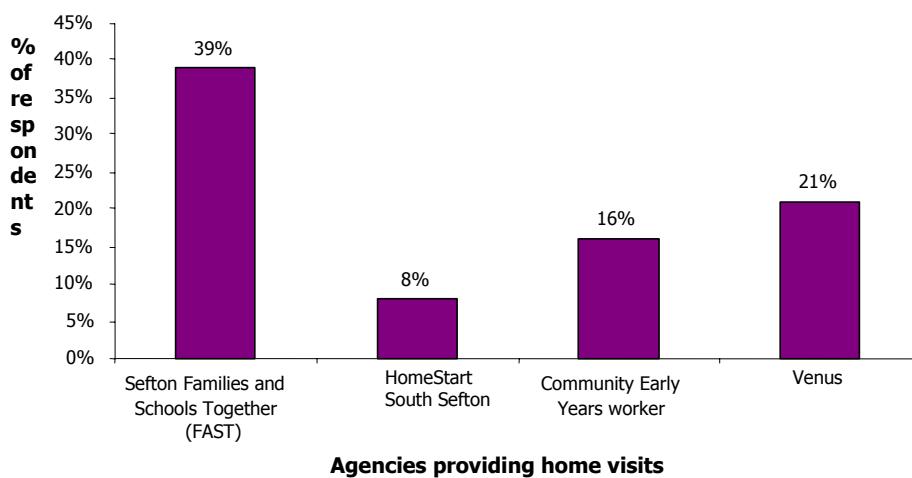
**Figure 4.5.2.4 - Opinion on Health Visitor service over the past two years.**



**Base: 191**

In addition, respondents were asked whether, over the last 2 years, they had received a home visit from other agencies supported by SureStart and just under one in three (30%) said they had. As can be seen in the chart below, of those respondents that had been visited by an agency, 39% had been visited by FAST, 21% by Venus, 16% by a Community Early Years Worker and 8% had been visited by Home Start South Sefton, no respondents had been visited by Portage.

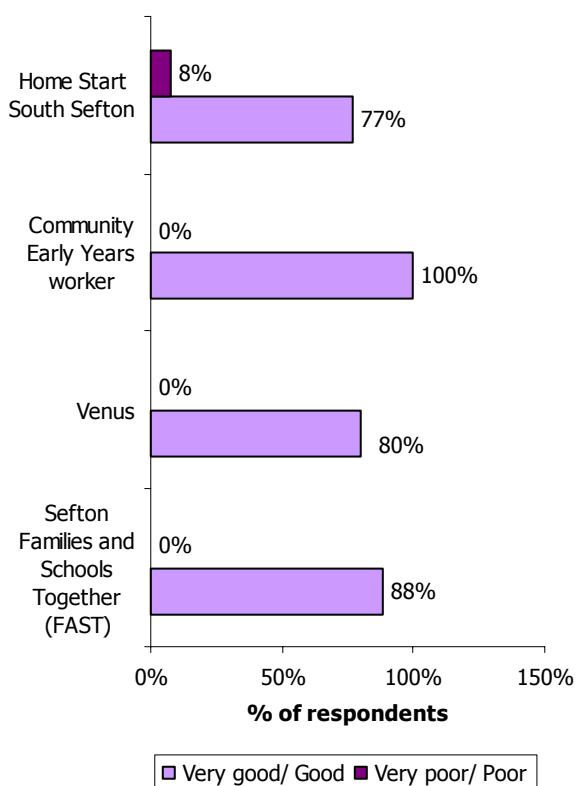
**Figure 4.5.2.5 – Other agencies parents had received home visits from**



**Base: 62**

Those parents that had had home visits were asked to rate the service provided. The chart below indicates that all agencies were rated 'very good' or 'good' by over three-quarter of respondents. The only agency which was given a rating of 'very poor' or 'poor' was Home Start South Sefton which was rated 'very poor' or 'poor' by 8% of respondents, it should be noted however because of small base figures 8% is only one respondent.

**Figure 4.5.2.6 – Opinions of other agencies providing home visits**



**Base: 5-24 dependent on agency**

### **4.5.3 Parents focus groups**

The participants were asked about the support and advice they had received during and after their pregnancies, and whether they felt the support was adequate. The responses were very varied and appeared to fall into one of three categories. These were:

1. They had received a very satisfactory service during and after their pregnancy,
2. They had little contact with Health Visitors/Midwives however they felt if they needed the help, it was available
3. They had little to no support with many feeling like they were 'left to their own devices.'

A number of the parents with older children discussed how they had received very little support and guidance during and after their first pregnancy. However, since the introduction of SureStart, the support had greatly improved.

It was discussed by many of the parents that they had been extremely happy with the service they had received from their Midwives and Health Visitors during and after their pregnancy.

However, there were also mothers that had very little contact from any Midwives or Health Visitors. For example, one group member who was 9 months pregnant had only been visited by a Midwife for the first time two weeks prior to the focus group. She stated:

*"Now I've found out that they do relaxation classes and aromatherapy and I feel like I've missed out, which is all due to lack of information and communication."*

What was also highlighted as a problem by some mothers was that it was particularly difficult for them if they did not have any family or friends in the area that could offer them support. As one respondent discussed:

*"I think there could have been more support because I was terrified. I needed a lot more support especially before my baby was born but I know SureStart have got special Midwives now so that should make it better"*

Another mother commented:

*"I had no one living in the area that I knew and I felt really isolated so for me the Health Visitor was really helpful. It was just nice to have someone that told me I was doing really well and things like that."*

Some expressed that they had been socially isolated and if they were not visited by a Health Visitor, then they were completely in the dark as to what support services were available in the area. Health Visitors were seen as key links to other services.

An issue that was also touched upon was that some of the parents felt that they could have had contact with their Health Visitor for a longer length of time after giving birth. Many participants with older children discussed feeling that they had

been 'left to their own devices' when their children were a couple of months old. One participant that would have liked to receive more support from her Health Visitor discussed:

*"The Health Visitor explained to me that no one had contacted me before then because there hadn't been any problems. They thought I was doing ok so they left me alone but I don't think that that's what should happen. Even though I'm not there during the day, just a quick visit or phone call to check I'm ok would be good."*

This was considered to be particularly so of participants that were having second or third children. It was discussed by a large proportion of the groups that they were expected to remember exactly what to do from their first child. As illustrated in the comment below:

*"I had a nine year age gap and I was as scared then as when I had the first one"*

It was explained by some of the mothers that although they had received support and guidance, they were sometimes visited by different Midwives and Health Visitors.

Those that had had children during the past two years felt they had benefited greatly from seeing the same people during and after their pregnancy as they have been able to build up a better relationship with them. As commented by one participant:

*"It's nice when you can see the whole thing through with them ... it makes you a lot more comfortable then when the time comes ... I know people that have done that, had the same midwife and Health Visitor, and it's been a lot nicer experience for them"*

Another participant commented that she would have liked to have got to know her Health Visitor better before she gave birth. She explained that this was because she had suffered from postnatal depression and had found it difficult to communicate and get to know the Health Visitor at this time.

Unfortunately, a number of mothers had described how they had received very little support after they had miscarried, and felt that more could be done to improve this. One of the mothers explained:

*"I had two miscarriages in the middle, and I would have liked a lot more support then ... You know when you lose a baby – you're sort of just forgotten about because one minute you're pregnant and everybody's running round looking after you, really worried, and then all of a sudden, you're not pregnant anymore and you're just forgotten. I've mentioned that to the new SureStart Midwives that there should be some sort of follow up and they've taken that on board so hopefully it will be better in the future".*

All of the participants felt that the support provided by Health Visitors and Midwives was essential during and after their pregnancy as they could provide them with practical advice about caring for children and inform them of the services available to them whilst providing parents with much-needed emotional support. As was stated:

*"The Health Visitors don't just help with your children; they give you emotional support as well. If you've got depression they can pick up on it. It happened to my*

*friend; she had postnatal depression and she didn't tell anyone, not even her husband, but her Health Visitor spotted it and she was able to get support for it."*

When asked how they felt the service could be improved, many felt that they would like even more regular contact with the Health Visitors and Midwives during and after their pregnancy and that they had benefited from having access to support for a longer period of time.

Many also felt that being made more aware of where to get support and advice from has been beneficial to them, although many discussed the need for more support and diagnosis of postnatal depression. As one parent stated:

*"It's such an overwhelming thing to happen and its there 24 hours a day. Its awful because if someone like your Health Visitor asks you if your depressed, you automatically say no because you don't want to admit it."*

She went on to explain that it was particularly difficult as people do not often talk about it and it is not widely understood. Another participant stated that it was hard to ask for help from family members as they would feel like a failure.

Some parents felt that support groups were a good place to broach the subject of postnatal depression, as it is a less confrontational and intimidating environment as opposed to a one-to-one situation.

When asked how they felt the services could be further improved, another participant highlighted the Peer Support Programme:

*"Someone is there for you to talk to if you need it, because you don't want to admit it to your family and friends because they'll think you can't cope. The volunteers don't judge you and you know they really understand. It's brilliant and should be made even wider"*

It was also suggested that if Health Visitors had the time to talk to parents before they have their baby about the chance of getting postnatal depression and the support they could access, it could make a difference. Interestingly, many parents commented that they knew their Health Visitors were very busy and it wasn't always practical.

## **Conclusions and recommendations**

### **Health / Home Visitors**

#### Aims

All of the Health Visitors and Home Visiting Outreach Workers had a sound understanding of the aims and objectives of SureStart.

#### Services

The implementation of SureStart has allowed the Health Visitors and Home Visitors to provide a more intense, wide-ranging and consistent visiting service. The Peer Support Programme was also seen as a great success.

### Recommendations

- Consider increasing the number of volunteers particularly as part of the Peer Support programme as this could encourage more parents/carers to access services and become more involved with the organisation as a whole
- Monitor the impact of the new Community Midwives on satisfaction levels at ante-natal & post-natal stages and the enhanced relationship being developed between Health Visitors & Midwives in SureStart

### Partnerships

Inter-agency partnership work was considered one of the most successful aspects of the organisation of SureStart.

Challenges encountered involved the clash of organisational cultures, different policies, procedures, and monitoring systems of the various agencies and the role SureStart has in agreeing good practice. Many commented that this would be greatly helped by the introduction of more computers.

### Recommendations

- The introduction of more computers could help to further enhance communication

### Management

Outreach Workers/Health Visitors are very happy with the management and structure of SureStart and generally, their own agencies. Meetings between themselves, managers and co-ordinators were seen as useful, important and at the right frequency but some felt there was little understanding of the work involved in making SureStart a success by their wider organisation.

It was expressed by many that although at present the resources made available to them were adequate, if the amount of beneficiaries increased, they would need more. This was cited as particularly so for the amount of space for staff and also the number of Outreach Workers and Health Visitors.

### Recommendations

- A monitoring system could be put in place to measure the need for any more resources in the agencies, particularly in light of any extended or new initiatives

### Parents/beneficiaries

The majority of beneficiaries appeared to be young mothers with children under the age of four years old. It was cited that word-of mouth was the most effective way of encouraging people to use the services. Another effective way of engaging hard-to-reach groups was through fun days, family activity days and specific targeted activities such as Young Parents Groups or trips just for Dad's and their children.

Some respondents explained that their agency had specific groups/ individuals, who were employed to target support for people from key groups and many believed that SureStart's Equal Opportunities and Inclusion Strategy enabled them to approach their work in an inclusive way. All organisations reported having equal opportunity policies and felt these were effective to varying degrees.

### Recommendations

- An increase in the amount of planned activities through the new SureStart Community Activities Fund could help to increase the number of beneficiaries and could be particularly driven to encourage groups of people that are underrepresented
- Continue developing services and support in a way that enables marginalized or socially isolated families and groups to access them
- An increase in national and regional advertising could raise the profile further and could focus specifically on what SureStart offers and how people can benefit
- A review of the need to target and provide tailored support for children with special needs (including asylum seekers) could be undertaken with the recent appointment of a specialist SureStart Worker in this field

### Parent/volunteer involvement

Parental/volunteer involvement was considered essential to the service and featured heavily during the consultation process, during the evaluation of services and within the action groups and Parents Forum and in several areas of service delivery.

Many of the respondents believed that parental involvement in the delivery of services was invaluable as they helped to break down communication barriers between the organisation and other community members. Therefore there was evidence to suggest that the SureStart objective of 'strengthening families and communities<sup>10</sup>' was being achieved. This was particularly apparent as many of the respondents discussed the parental/volunteer involvement as providing the community with a voice, and empowering them by helping them to help themselves in a real way.

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<sup>10</sup> Sure Start objective

What was found to be a problem in relation to parental involvement was that a small number of the volunteers had lost interest in the work after the training. It was suggested that more could be done to keep up the momentum and sustain people's interest but this would take energy from all the staff involved in SureStart, not just the usual few.

It was believed that the way to encourage increased voluntary work was to provide more childcare facilities and also try to be as flexible and adaptable to the needs of parents as possible.

#### **Recommendations**

- More could be done by agencies to promote the benefits of voluntary work through advertising and promotion.
- Volunteer retention could be assisted through:
  - Continuous reminders of the benefits of voluntary work
  - Promotion of their work as making a difference in the community thus making them proud to be volunteers
  - There could be award ceremonies for volunteers who have done a lot of work for the organisation

#### **Barriers**

Many of the Health Visitors and Outreach Workers saw the main barrier as building up the trust of the beneficiaries, particularly as many of the parents/carers had quite negative perceptions of services from the past.

To tackle this problem it was said to be a case of perseverance and hard work to build up the relationship, made possible through the funding and multi-agency cohesion provided by SureStart. It was also felt that they needed to raise the profile of SureStart further and place considerable emphasis on promoting its aims and objectives, thus dispelling any negative preconceptions.

Confidentiality amongst the different agencies was also considered to have been a major issue in partnership work. Whilst much has been achieved in this area in a short space of time, further work is needed to establish more wide-reaching protocols on information sharing. The foundations are already in place for this to be extended.

Other barriers discussed were the lack of people training to become Health Visitors, which many thought could be addressed by promoting the career more in schools and trying to improve its image generally. Training programmes had been scaled down in the past and this is really beginning to have an impact on numbers of qualified Health Visitors coming through for employment now.

Future objectives could also involve research to discover the areas in which recruitment had been particularly difficult and then increasing government funding to specifically encourage Health Visitor training in these areas.

#### Recommendations

- An increase in advertising on a regional and national level could help to promote SureStart aims and what it offers
- Further improve inter-agency tracking systems
- Increasing the trust between the different agencies through further 'Away Days' and regular communication could help increase the sharing of information

#### Overall success

The greatest success of the service was cited as being able to offer a more intense and consistent Home Visiting Service which enabled them to break down barriers between themselves and community members and build strong trusting relationships with them.

What was also cited was that prior to SureStart, many of the Health Visitors had felt quite isolated in their work, however because of the partnership work, they now felt there was a whole network of support available to them.

Many also mentioned that they found the flexible nature of SureStart as a great success as it allowed them to continuously improve and make changes so as to provide the best and most relevant services to the community.

This was perceived to be working particularly well as a result of the willingness of everyone in SureStart to reflect on what they have done, learn from their mistakes and be adaptable to change.

The partnership work was also considered a great benefit to their service as it allowed them to find synergy within the services and to prevent the duplication of services in the area. It was also explained that they could now feel confident that when referring someone, the services and organisation was appropriate to them as the multi-agency networks were much stronger as a result of SureStart.

Other than that, the partnership work enabled the synchronization of services and the sharing of best practice which was considered a great achievement.

When considering how the services could be improved further, it was felt that they could be extended to involve children over the age of four. It was suggested that this could be achieved through:

- Further involving local schools by building on SureStart Excellence Mark
- Continuing to work with other agencies such as the Children's Fund, Connexions and local EYDCP
- Better national integration of all the funding bodies that target children so that they work together to achieve larger shared goals

## Resources

Overall the amount of resources available were seen as adequate. However, as the amount of people accessing the services increases, so will the need for more resources. Other resources needed included more storage and office space and the recruitment of more Health Visitors and volunteers.

It was also discussed that as the Programme was now well established, further resources could be identified for supporting more parents/carers to go into employment or education. The Parents Centres were recognised as a vital resource for the Health Visitors and Outreach Workers as they often marked the first step towards building parent's confidence towards education and job seeking.

## **Parent's survey**

Respondents generally seem happy with the service that the Health Visitors provide with 81% stating that the visit they received following the birth of their youngest child was 'good' or 'very good' and just over a third stating that the service provided has improved since the introduction of SureStart.

Although the majority of parents stated they were happy with the service provided, the focus groups gave some respondents the opportunity to raise some concerns they had. The focus groups revealed that provision tended to vary with some parents stating the support they received was excellent whilst others stated they had had very little support, particularly those with older children.

Some parents stated that they had had little contact or support prior to and after giving birth whilst other mentioned that there was little continuity in terms of seeing the same health professional. Although some parents were happy with minimal contact it was felt that the model offered through SureStart with the opportunity to see a Health Visitor more frequently (particularly during first 12 months of baby's life) was one that parents appreciated.

When asked about specific aspects of the service provided by the Health Visitors results were generally very positive. Areas where support and advice could be improved included post-natal depression, labour and the support received after having a miscarriage.

Respondents that had used other agencies supported by SureStart that provide home support were also very positive about the services provided, with both FAST and Venus being highlighted several times.

## Recommendations

- across the whole SureStart area so that all parents receive the excellent service that SureStart health visitors provide
- receive from health professionals both prior to and after giving birth
- pregnancy and after giving birth
- relation to post-natal depression, labour and miscarriage

## **4.6 One Stop Parents Centres**

### **Introduction**

The aim of this priority area is to form a network of neighbourhood one stop parents centres providing a range of support, information and opportunities for parents and their children. Accordingly, the May Logan Healthy Living Centre, the Orrell Mount Centre and the Alexandra Mount Centre have been developed to provide the following:

- A one stop information point for parents on relevant statutory, voluntary and private sector services
- A space for parent support groups to meet
- A base for specialist services
- Café/ drop-in with quality play areas for children
- Access to information communications technology (ICT), training and resources and a range of other courses and development opportunities
- Good Quality Crèche provision

The success of the Parents Centres was evaluated by assessing parent's views through focus groups, the parent's survey and observational research.

## **Executive summary**

### **Parents Survey**

- The majority of respondents (87%) had heard of one of the three Parents Centres e.g. May Logan, Orrell Mount and Alexandra Mount.
- Of the respondents that had heard of the Centres almost three-quarters (70%) had visited one of them.
- The May Logan was the most used Centre visited by over half of the respondents (56%).
- Parents used the Centres for a range of activities, although the most common use was for the play area for children or Crèche (48%).
- The least common use of the Centres was for support groups
- Encouragingly, all three Centres were rated 'good' or 'very good' by over 80% of respondents.
- Although the majority of parents felt the Centres did not need improving, suggestions for improvement included the provision of activities in the evening for working parents and increased advertising and marketing
- Of the respondents that had attended training courses at the Centres, 85% rated the courses 'very good' or 'good'.

### **Parent's focus groups**

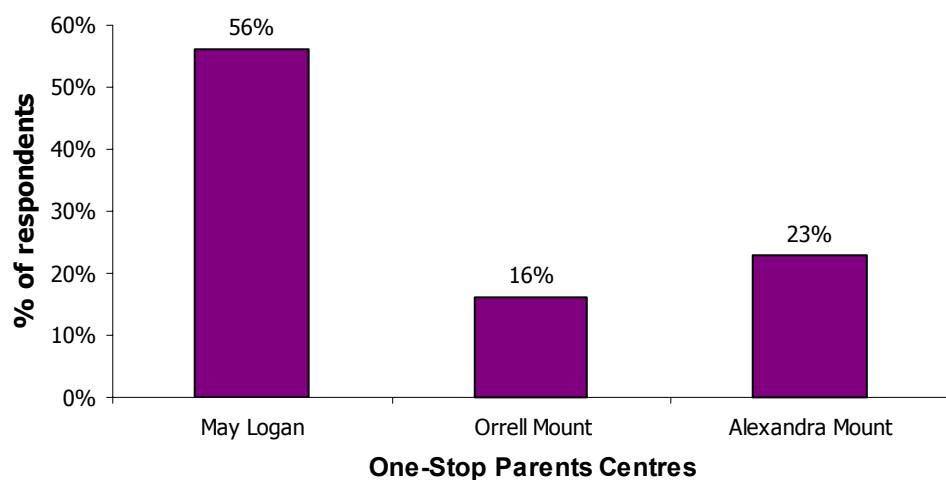
- Almost all parents were aware of at least one of the Centres.
- The majority of parents that had used one of the Centres had accessed the Crèche or families together activities
- A popular concern expressed about the crèches was that some were not available during the school holidays. Some participants expressed the view that this was disruptive for their children. Although the alternative Playschemes offered were welcomed
- Participant's responses to the courses they had attended were very positive and many felt that they had benefited in a variety of different ways.
- Encouragingly, one of the main benefits cited was that courses increased participants' confidence and self esteem, as well as encouraging and motivating them to go on to further education.
- A suggestion for improving the courses & activities was that more could be done to reach and encourage people to join up.
- Some participants expressed the view that SureStart should introduce more services for fathers in the area.

#### **4.6.1 Parents survey**

The survey sought to establish respondent's awareness and use of the SureStart One-Stop Parents Centres. As stated, it is encouraging that 87% (n178) of respondents had heard of one of the three Centres.

Those 178 respondents that were aware of the Centres were asked whether they had visited them and 70% (n124) had. As Figure 4.6.1.1 indicates May Logan was the most frequently mentioned, visited by 56% of parents that had heard of Centres, almost one in four respondents (23%) had visited the Alexandra Mount and 16% had visited Orrell Mount.

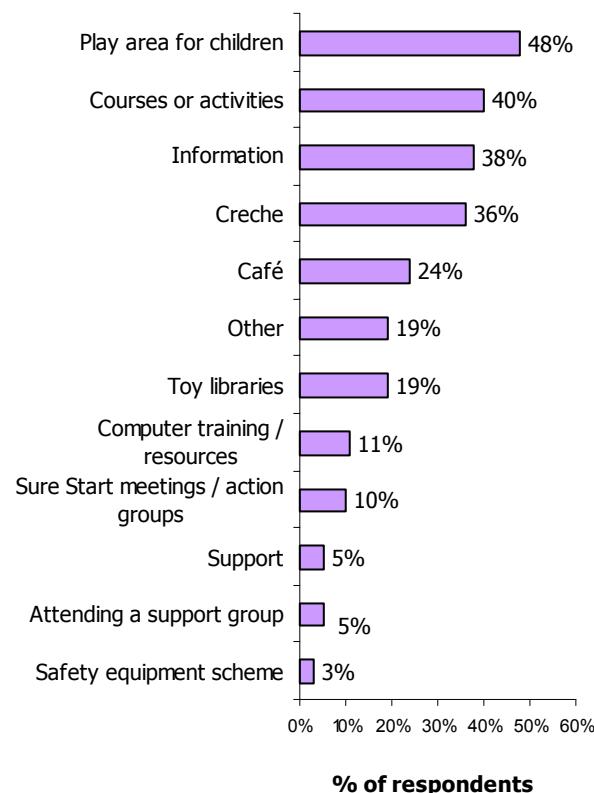
**Figure 4.6.1.1- One-Stop Parents Centres that respondents have visited**



**Base: 178**

Positively, those respondents that used the Centres had used them for a range of activities. The most common use was for the play area/spaces for children (48%) this had been used by almost half of respondents. Courses or activities (40%), information (38%) and crèche facilities (36%) at the Centres had been accessed by over a third of respondents. Just under a quarter (24%) of respondents had used the café or kitchen at one of the Centre's while 19% respectively had used the Centre for the toy library or 'other'.

**Figure 4.6.1.2- Respondents use of the One-Stop Parents Centres**



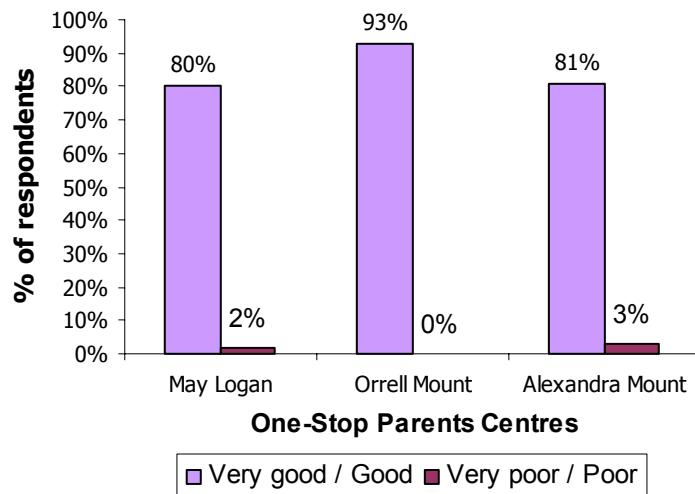
**Base: 124**

'Other' (19%) uses of the Centres were mostly related to medical support available and support groups, for example:

- '*Medical Advice*'
- '*Minor injuries centre*'
- '*Speech and language therapy*'
- '*Medical and to buy baby milk*'
- '*Health check on baby*'
- '*Counselling*'

Parent's opinions of the Centres they had used were very positive. As can be seen in Figure 4.6.1.3, overall Orrell Mount was regarded most highly, rated 'very good' or 'good' by 93% of participants and not rated very poor or poor by any participants. Just over four in five (81%) participants rated the Alexandra Mount 'very good' or 'good' and similarly 80% rated May Logan 'very good' or 'good'. Alexandra Mount was only rated 'very poor' or 'poor' by 3% (n1) of respondents and May Logan was only given this rating by 2% (n2).

**Figure 4.6.1.3: Respondent's opinions of One-Stop Parents Centres**



**Base: 29-99 dependent on centre**

Respondents were asked for their comments on how the Centres could be improved. While 44% of respondents felt the Centres did not need to be improved in any way, suggestions for improvement fell into three main themes, which are illustrated below with some examples of verbatim comments:

### **Working Parents**

- '*More activities should be available in the evenings and/ or weekends to appeal to working parents.*'
- '*A lot of courses/ activities are focused on parents, carers who do not work or single parents. I would welcome courses after work/ weekends'*'
- '*More publicity and different opening times, weekends and school holidays perhaps'*'
- '*Due to part-time working I can't always attend, so another day in the week would be great'*'

### **Improve advertising and marketing to encourage greater use.**

- '*By regularly sending local parents/ carers information regarding what the Centres do, e.g. courses and crèche'*'
- '*Get more people to try and come'*'
- '*More advertising as not enough people know about it'*'
- '*More information about what is on offer in these places please'*'

### **Those parents that praised the Centres and felt they did not need improving**

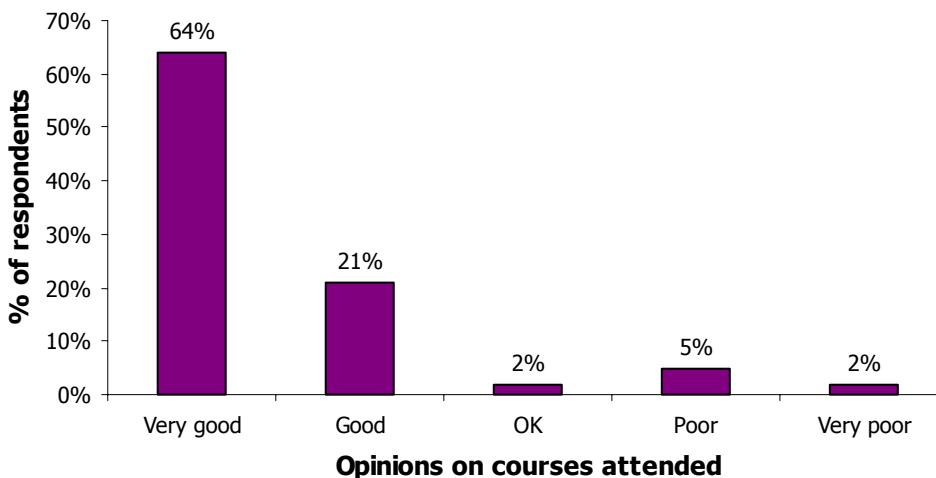
- '*Honestly don't feel there is room for improvement at the Orrell Mount, the staff are fantastic'*
- '*I don't think they could it really doesn't need to be improved'*
- '*I feel it is good enough the staff are very helpful and supportive'*
- '*I have only visited the May Logan on a few occasions – the service provided was excellent, it does not need improving'*
- '*Personally I think all three are fine, they are all different but it works really well'*
- '*They are all very good and everyone is friendly and helpful'*

Just over one in three (34%) parents that had accessed the Centres had attended courses there. Respondents had attended a range of courses and the most popular appear to be:

- '*Computer training'*
- '*DIY Skills'*
- '*Taster Sessions' (local college provider)*
- '*Baby massage'*
- '*Positive Parenting'*
- '*Art and Craft'*
- '*Aromatherapy'*

As can be seen in Figure 4.6.1.4, parent's opinions of the courses they had attended were very positive. The majority of respondents rated the courses 'very good' or 'good' (85%) while only 7% rated them 'very poor' or 'poor'.

**Figure 4.6.1.4 – Respondent's opinions of courses attended**



#### 4.6.2 Parents focus groups

The parents were asked about their awareness and use of the One-Stop Parents Centres in the area. The level of awareness and involvement varied considerably amongst the parents. Almost all of the participants were at least aware of one of the services. Some of the services that the parents were aware of or used included:

- Crèche
- The Toy Library
- Baby Massage
- Adult courses
- Groups
- Children's Play area
- Information

The majority of parents that did use one of the Centres had used the crèche or one of the groups. However, an issue that was highlighted was availability during the school holidays. It was believed by some respondents, that reducing activities during the holidays could be disruptive to their children's behaviour and may undo what they had achieved during their time there. As one parent cited:

*"It can be really difficult because they've been going for a couple of weeks and they get used to it, and then they have to stop because its half term. Then in that week or two they forget what they've learnt, like sharing, and they go back to their own way. I think there are Playschemes planned for this summer though, so that should be good"*

All of the parents that had made use of the Crèches considered them to be very beneficial for both their children and themselves, citing educational development and the improvement of social skills as the main gain.

A topic that came up a number of times during the focus groups was that many parents considered making use of the Centres, a major step, particularly if they did not know anyone else there.

It was felt that some parents in the area may not use the services because they do not have the confidence to go in on their own. Another concern highlighted was that if they joined a group late, such as baby massage, all of the other parents would know each other and would not talk to them.

To allow the parents/carers to get to know each other more, it was suggested by a couple of the respondents that it would be beneficial for the parents to meet up for a chat after one of the groups or courses. As some of the participants suggested:

*"After baby massage, we always say it would be nice if we could sit and have a cuppa and all talk to each other."*

*"To be able to sit with the other mums and have a chat afterwards because for some of us it's the only time we get adult conversation all week."*

This would also be a good time for new members to get to know the rest of the group.

Many also believed that having the option of being accompanied by a Health Visitor or volunteer during their first visit to a Centre had encouraged them to go (Although this service was already available some participants were not aware of it).

In regards to the courses, one of the participants discussed:

*"What's particularly good about the courses is that they are what we want, not what people think we want. It's great because courses like Positive Parenting is about what you need to be a better parent and enjoy it more, it's very useful."*

Overall their response to the courses was very positive and many felt that they had benefited in a variety of different ways. One of the main benefits cited was that it increased their confidence and self esteem, as well as encouraging and motivating them to go onto further education and employment.

However, a major concern for the parents regarding local college courses was that when they had tried to enrol, there weren't enough places on their desired course, or in the crèche. As one participant explained:

*"You seem to be stuck in the middle because you've just completed a course at the Centre, and then you can't always continue your education because there aren't enough places in the colleges."*

The participants also discussed that the courses and activities in the Centres had enabled them to meet other people with children the same age as their own and therefore become more involved with the community.

Many of the parents believed that Midwives and Doctors should inform more people about the services and the benefits of joining up.

When asked how they felt the course could be improved, the suggestions included:

- Increase the length of the courses by a couple of months

- Make them more accessible to working parents
- Increase the number of places on the course
- Make the same courses available on a number of different dates and times
- Ensure that there is a good mix of academic and non-academic courses
- Make the courses more accessible to working parents by having more available in the evenings.

A final recurring issue was that few fathers were perceived to access the Centres. One of the male participants in the focus groups, had discussed that although himself and other fathers in the area were aware of the courses and service that SureStart provides, many were discouraged from getting involved as children are seen as a female 'area'.

Many of the participants felt that increasing the number of male beneficiaries was very important because if they are continuously left out of the childcare, they don't know what to do with their children when they are on their own.

One of the parents summed up her experiences of a SureStart/Parenting 2000 Centre:

*"They're nice and relaxed, because you're learning but it's not like a school atmosphere, you know when you sit behind a desk, it's not like that. The courses that I've done in Orrell, the room you go in, it's lovely. It's like being in a living room ... lovely, 'couchey'. It's just decorated like you're sitting in your own living room really. So it's nice and relaxed, you can have a cup of tea and biscuit, you know that sort of thing and the staff are really helpful".*

### **4.6.3 Observational research**

As part of the evaluation of the Centres two observations were undertaken. The aim of this was to identify and highlight best practice.

The first observation was of a children's Christmas party at the May Logan Centre, whilst the second was an observation of a Babes 'R' Us session, again at the May Logan Centre.

Each of the observations lasted for thirty minutes and involved the researcher writing a narrative account.

Names of the members of staff have been changed for confidentiality.

#### **Observation 1**

**Narrative observation – Observing a target member of staff**

**Observation no 1:** Children's Christmas Party

**Date:** 17<sup>th</sup> December 2002

**Number of adults:** 21 (includes Parents, QA and SureStart staff)

**Number of children:** 22 (4 staff)

**Name of staff member:** Sarah

**Roles and responsibilities:** Sarah manages the activity, she supervises staff and works with parents on facilitating groups and deals with the general day-to-day running.

**Setting:** May Logan Parents Centre, Wave 2, SureStart.

**Aim:** To identify working examples of best practice in everyday service delivery

**Objectives:** To observe one member of staff during the Christmas Party. To pay particular attention to the way in which they are interacting with the children and their parents. Spoken language, body language, facial expressions and outcome of interactions with others are key areas.

## **Record of observation ~ Children's Christmas Party**

At the start of the observation period the children had just finished eating, and the puppet show was about to start in the next room.

Sarah is ensuring that the children and parents / carers are coming through from the other room for the entertainment. She applauds the parent that has been entertaining the children (who are mostly sat on the floor in front of the puppet stand as the parents sit at the sides of the room) whilst she has been gathering people into the room. The parent has been singing songs with the children that involved them doing actions. As Sarah is applauding the parent she also starts to join in the singing and doing the actions.

As everyone else is singing, Sarah then starts talking to one of the parents who is sat to the side who has just finished feeding her young baby. This parent talks to Sarah.

Sarah then moves to stand in front of the puppet stand and asks the children if they're ready, she then puts her finger over her mouth, looks at the children and says "*sshhh*", she then encourages the children who are still standing to sit-down, and then says "*well done*" when they do so.

The entertainment then starts; a man is using a teddy puppet to entertain the children. Sarah stands at the side and waves to the teddy. Some of the children stand up and she whispers at them to sit down. She looks at a boy next to her who is sitting on his mum's knee and smiles. The puppeteer then asks Sarah if she is Britney Spears.

About eight children are standing up at the front, Sarah continues to whisper at them to sit down, she bends her knees to show them what she wants them to do. As some music comes on Sarah starts dancing and clapping and the children begin to dance as a new puppet is shown. She then asks a colleague for a camera.

Sarah continually watches the children as opposed to the puppet show. She takes a photograph of some of the children. Two of the children fall over but don't hurt themselves, Sarah mouths at them "*oh dear*".

As the children move closer to the front, so does Sarah (the speakers are just in front of them). The music stops and Sarah asks everyone to sit-down. As the next song comes on, Sarah begins to dance and she takes a photograph of the children who are now also dancing. A monkey puppet is now introduced to the children, she says to the children "*monkey*". Sarah focuses her attention on the children that are dancing at the front, but she also looks around the room at the other children. One girl is dancing at the back of the room and Sarah looks at her parent / carer and dances to emphasise the fact that her child is dancing and having a good time.

Two boys have their arms around each other and Sarah takes a photograph of them. When the boys sit down on an adults knee Sarah takes another photograph of them.

The puppeteer asks people to shout out "*piggy*", Sarah does, she then tells the children to sit down again and as she does so she bends down, she then also sits on the floor herself. She waves at the pig puppet and looks at the children, giving an example of what they should be doing. Sarah then looks at the parent at the side

with her young baby, she points to the baby and smiles to the parent. She then turns to a parent to the left of her and says something, she smiles and tickles the toes of the child which is sat on the parents knee.

A child then sits on her knee whilst watching the show. Sarah then starts to ask the children questions "*did you see his nose?*" as the wolf puppet is now being introduced. Sarah cheers when the wolf is beaten, and she encourages the children to say hello to the pig as he reappears.

## **Observation 2**

**Narrative observation –** Observing a target member of staff

**Observation no 2:** Babes 'R' Us session

**Date:** 17<sup>th</sup> December 2002

**Time Commenced :** 1.35pm

**Time completed :** 1.55pm

**Number of adults:** 13

**Number of children:** 7

**Name of staff member:** Mary

**Roles and responsibilities:** She runs the group (a parent volunteer)

**Setting:** May Logan Parents Centre, Wave 2, SureStart.

**Aim:** To identify working examples of best practice in everyday service delivery

**Objectives:** To observe one member of staff/volunteer, during the Babes 'R' Us session. To pay particular attention to the way in which they are interacting with the children and their parents. Spoken language, body language, facial expressions and outcome of interactions with others are key areas.

## **Record of observation ~ Babes 'R' Us Session**

The parents and children are sat in various places in the room. At the start of the observation the volunteers (wearing yellow T-shirts) and Mary are all sat at the right hand-side of the room with some of the parents / carers. Some parents are sat on the floor with the toys, some are sat to the left of the room.

At the start of the observation Mary is going around the group to ask if people mind having photographs of them and their child being taken (she has a clipboard to note down responses). She touches the back of one parent as she asks this question (perhaps a grandparent). As Mary is crouched down filling in the form she looks up, smiles, and says something to one of the children that has just had their photo taken.

One of the volunteers who had been sat down moves to talk to one of the parents who is sat on the floor, she kneels on the floor to talk as the mother / carer plays with her child.

Another volunteer is taking the photographs, she shows the camera to a child and as she does so has a happy expression on her face and says "*what's that?*", the child doesn't respond but starts heading towards the toys, the volunteer moves the activity mobile out of the child's way to let them have better access.

When Mary has finished filling in the form, she looks at one of the children and asks "*are you dancing?*", she then crouches down next to the child. Whilst the other volunteers unwrap the sandwiches, Mary sits down on a chair next to two parents / carers (one may be a grandparent). Mary leans forward as she talks and listens to the parents. She shouts for people to help themselves to the sandwiches and then gets up to open the drinks for people.

The volunteer that is sitting on the floor is now holding the child as the parent holds out a rattle to the child, the child grabs the rattle and the volunteer talks to the child. The parent and the volunteer are then immersed in conversation.

Mary asks each parent if they want a drink. Mary hands a drink to a parent so they can hold it as they give it to their child. When she has given everyone a drink who wants one Mary sits back down. One child sat near Mary is eating a biscuit, she asks "*is that nice?*" and then says "*mffff*". Mary is constantly standing up and then sitting down again.

Some of the parents are sat chatting at the opposite side of the room to Mary, as one of the parents starts patting her child's back Mary stands up and walks over to them and asks if she's alright, she has a concerned look on her face. She remains standing, observing the children playing for a few moments then sits back down.

## **Conclusions and recommendations**

Encouragingly, most respondents were aware of the one or more One-Stop Parents Centres with 70% saying they had visited. In addition respondents used the Centres for a range of support, information and development opportunities. The most popular use of the Centres appeared to be for the play area/family space which was used by 48% of parents that had accessed the Centres.

A concern raised by some parents was that not enough activities/services were run in the holidays or in the evenings, which made it difficult for working parent to access them.

Both the survey and the focus groups revealed positive responses to the courses and other activities run by all the Centres. The majority of survey respondents rated the courses they had attended 'very good' or 'good' and the focus groups revealed that the courses had encouraged many to either go, or consider going on to further education while also building their confidence and self esteem. It was suggested by focus group respondents that as more parents attend the Centres the stronger families will become. The range of activities that parents and their children had got involved in through the Centres was broad. A significant number of parents stated that they had higher expectations of themselves and their children as a result of getting involved in the Centres and through SureStart in general.

### Recommendations

- Consider increasing the opening times of the Centres to appeal to working parents
- Enhance the advertising and marketing of the Centres particularly so it appeals to fathers and families that may feel socially isolated.
- An increase in the number of male employees/volunteers could help to encourage more fathers to access the services
- The opportunities for SureStart staff or volunteers to accompany people to a Centre as part of a 'first visit' could be extended

## **4.7 Early education, childcare & play development**

### **Introduction**

The aim of this priority area is to develop the quality and quantity of early education, childcare and play provision that is available to families and children in partnership with Sefton Early Years Development and Childcare Partnership (EYDCP) and other partners. To meet this priority SureStart are providing:

- Development Workers to work with existing pre-school groups to develop activities and improve the quality of play and learning experiences
- Funding to build up toy libraries, based within the one-stop Parents Centres.
- Parent & Toddler and Playgroup start-up grants to develop the community's capacity for good quality play and learning experiences
- Crèche facilities in each of the Parents Centres which will be designed for full day care and registered to cater for children aged 0-8 years.

The success of this enhanced service was evaluated through the parent's survey and parents focus groups.

## **Executive summary**

### **Parent's Survey**

- Over half (53%) of the respondents thought there were adequate childcare facilities in the area. Conversely, 36% of respondents thought there weren't.
- Positively the greatest proportion of respondents (39%) felt that childcare facilities had improved, over the past two years.
- Almost two-thirds (61%) of respondents were aware that Parents Centres provide a crèche.
- Of the respondents that had used the crèche, 96% found the quality 'very good' or 'good'.
- In addition, 86% of toy library users rated the facility was 'very good' or 'good'.

### **Parent's Focus Groups**

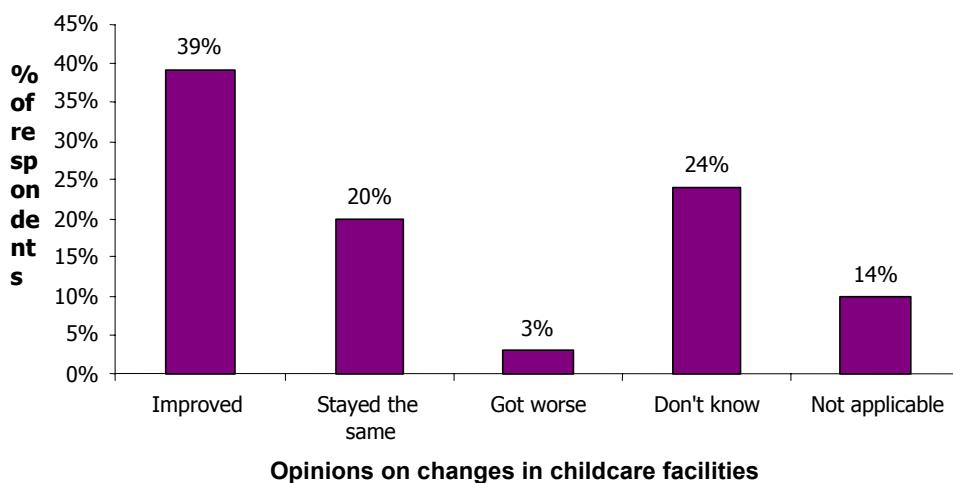
- Most focus group participants had used a crèche or a play session at one of the Parents Centres.
- Parents that had used the crèches and play sessions thought the main benefits were that they offered opportunities for respite, encouraged the children's learning through the use of toys and facilities, and generally improved the children's behaviour on their own and with other children
- A further benefit of the crèches was believed to be that it helps to prepare both the children and parents for when the children start school
- A suggestion for improving these facilities was that they could give parents more of an opportunity to talk to each other.
- All the parents that had used the toy library were very happy with the service that it provides.
- Suggestions by participants for improving the toy library included increasing the size of it and advertising it more.
- It was apparent that some of the parents had not used the toy library as they believed the toys could be unclean

### **4.7.1 Parents survey**

Parents were asked for their opinions about childcare and play development. Just over half (53%) of all respondents felt that there were adequate childcare facilities in the area, while 36% thought there weren't and 11% did not respond to this question.

The survey then sought to establish whether respondents that had lived in the area for more than two years had seen an improvement over this time; Figure 4.7.1.1 details the responses to this question. Positively the majority of respondents (39%) felt that childcare facilities had improved, one in five respondents (20%) thought they had stayed the same and only 3% (n7) thought they had got worse.

**Figure 4.7.1.1: Respondent's opinions of changes to childcare facilities over the past two years**

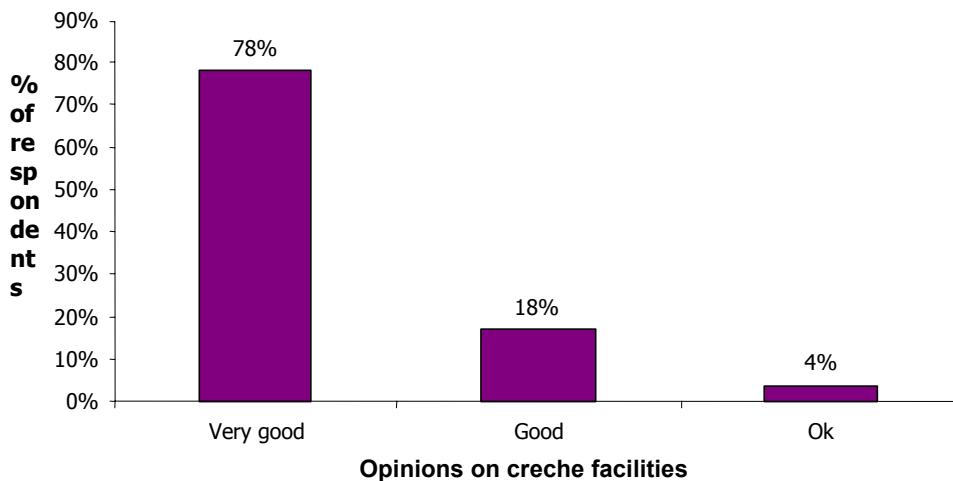


**Base: 204**

Just over three-fifths (61%) of respondents were aware that Parents Centres provide a crèche, and of these 37% had used this facility.

Parents that had used the crèche for their child/ children were then asked for their opinion of the quality of the service. As can be seen in Figure 4.7.1.2 crèche facilities were rated very highly.

**Figure 4.7.1.2: Respondent's opinions of the quality of crèche facilities at the One-Stop Centres**



**Base:46**

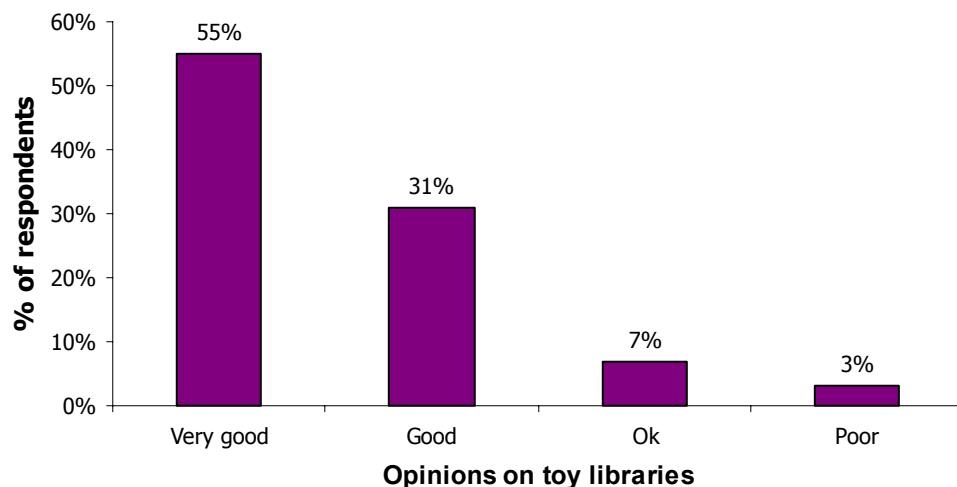
In addition respondents that had used the crèche facilities were asked for their suggestions for improving the service. While 28 respondents felt the service did not need improving, verbatim comments included:

- '*They are not used enough – more publicity'*
- '*Larger and more flexible regarding respite'*
- '*Hard to find places for all 3 children due to popularity of Centre'*
- '*External opening times on the front of each Centre'*
- '*Could provide more help with potty training*

Respondents were also asked about their awareness of toy libraries and 59% of parents were aware of these. Of the 120 parents that were aware of the toy libraries just under a quarter (24%) had used them.

Parents that had used toy libraries were then asked their opinions of the service. Figure 4.7.1.3 details the responses to this question. Of the toy library users 55% thought that the service was 'very good', 31% thought it was 'good' and only 3% (n1) thought it was 'poor'.

**Figure 4.7.1.3: Respondent's opinions of the toy libraries at One-Stop Centres**



**Base: 29**

Toy library users were asked for their suggestions for improving this facility. While 14 respondents commented that the service does not need to be improved the verbatim comments included:

- '*Get more toys for younger babies'*
- '*Longer opening hours'*
- '*More access, more space'*
- '*More variety - it's mostly books or large toys- more computers and interactive toys'*
- '*More volunteers'*
- '*Open more'*
- '*Open later than 4pm perhaps 5pm'*
- '*Our local one needs more space'*

#### **4.7.2 Parents focus groups**

The groups were asked about which toddler groups and childcare facilities they made use of in the area, and how satisfied they were with them. The majority of parents had used a crèche at one of the Centres or a Parent & Toddler Group supported by SureStart.

It was felt by many of the parents that there should be more childcare facilities in the area. As one of the participants cited:

*"I wish that there was somewhere I could just leave my kid for a bit because I think you really need some time on your own each week because you're with your baby 24 hours a day and it feels that she's a part of me. I just need someone to take them off me for a little bit."*

Another participant stated:

*"There's such lack of affordable childcare and it's so hard for people. My friend had to give up work because she couldn't find any childcare. It's so expensive and it's just not worth going to work. I know plenty of mothers who would love to go to work but because childcare is so expensive, there's just no point."*

A final comment:

*"I have two in Nursery part-time and it is expensive but I do get help through the Childcare Tax credit. The way I look at it, is that I'm developing my career whilst they are little and I don't bring in much at the moment but once they go to School I will be better off"*

The main benefits of Parent & Toddler groups and childcare facilities were believed to be:

- Improvements in children's behaviour through interaction with other children
- Preparing the children and parents for when the children start Nursery or school
- Allowed the parents time on their own to do a course
- Allowed parents to meet other parents

Another benefit cited by one parent was that because there are increased childcare facilities there is more opportunity for learning and development. *'It encourages them to use their imagination and to be more creative than when they are at home. They got more choice and stimulation from the staff'.*

It is apparent from the list above that the Crèches and Parent & Toddler Groups available were helping to achieve at least two of the SureStart objectives, Objective 1- improving social and emotional development, and objective 2- improving children's ability to learn.

It was felt that more could be done to publicise the Parent & Toddler Groups, however a concern was that too much interest could have an adverse impact upon the already limited resources as most of the groups were supported by SureStart but

run by volunteers. Many of the participants also felt that childcare facilities in the area were too expensive.

The focus groups were also asked what they felt about the Toy Library. All of the parents that had used it were very happy with the service and felt that the only improvements that needed to be made was to make it bigger and to advertise it more. Two of the comments made about the Toy Library included:

*"I think it's brill, and it's good for the bigger items isn't it? The ones you don't want to buy and have stuck in your house, that only gets played with for the first week you buy it and then not touched again."*

*"I like it because it extends his play ... he invariably plays with it and gets a lot out of it because he knows he's only got it for a fortnight, he appreciates it a lot more and he looks after it"*

When asked how they felt the childcare facilities could be improved, several respondents stated that the majority of Parent & Toddler Groups were only available in the morning, and that they should make them available in the afternoons and evenings.

Respondents also felt that getting more information on access to childcare and help with costs would be beneficial. Several parents mentioned receiving advice and support from the SureStart JET Worker (Jobs, Education & Training) and subsequently starting training courses or getting jobs with help towards childcare costs that made it worthwhile to come off benefits.

## **Conclusions and recommendations**

Positively, the majority of parents feel that childcare has improved in the area over the past two years, with the majority of parents stating that they feel there are adequate facilities available. Although the majority were happy with facilities available, there was still a significant minority that felt there were not enough affordable facilities or that they were not open at convenient times.

The majority of parents were aware of the childcare and play development opportunities that SureStart can offer and those that have used these facilities are very happy with the service that is provided.

Just under two thirds of respondents were aware of the Toy Libraries, but only about a quarter had used them. Overall, parents that had accessed the toy libraries seemed to be very satisfied with the services. Suggestions made for improving the toy libraries included making them bigger and also advertising more widely.

### Recommendations

- Consider increasing the size of the toy library and also improving the advertising and marketing of the service.
- Work with partners to further develop and promote more informal & formal childcare facilities in the afternoons and evenings for parents.
- Consider extending the advertising and marketing of all the early education, childcare and play development opportunities that are available.

## **4.8 Outdoor play and recreation**

### **Introduction**

The aim of this priority area is to develop two major play and recreational spaces in the area and to provide funding for the development of additional smaller neighbourhood green spaces as identified through consultation with local communities.

SureStart Local Programme (wave 2) aimed to undertake a detailed and comprehensive consultation with all sections of the local community regarding these spaces. They also aim to support the work being undertaken within the Linacre Renewal Area in developing Safer Routes to School. A key objective was to undertake a survey with children and parents to identify accident 'hotspots' whilst highlighting the need for improved road safety campaigns.

The success of the play and recreational spaces was evaluated by assessing parent's views through focus groups and the parent's survey.

## **Executive summary**

### **Parents Survey**

- 29% of respondents felt there were enough outdoor play and recreation spaces for children in Sefton, 53% felt there were not.
- Opinions of the play and recreation spaces in Sefton were not great, with only a combined 18% of respondents rating them as either 'good' or 'very good'. A majority of respondents rated them as 'OK' (32%).
- A majority of respondents that had lived in the area for more than two years felt that the outdoor and recreation spaces had improved (36%) with many naming 'The Backy' and Menai Road as parks SureStart had improved, 27% thought they had stayed the same and 14% felt they had become worse.
- Just over one in ten respondents had been consulted or involved with SureStart in the development of two new outdoor facilities and recreational spaces in the area.

### **Parent's focus groups**

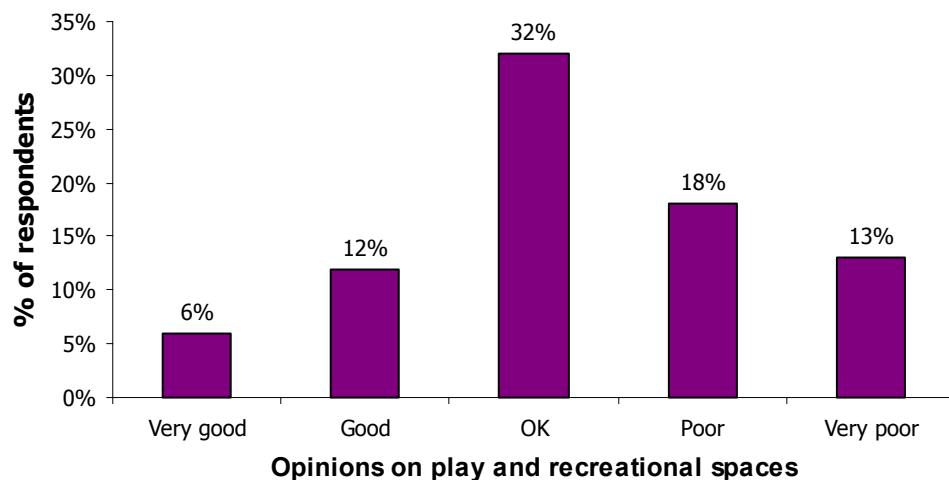
- Very few of the parents used the outdoor play facilities in South Sefton because they said they were covered in graffiti and litter.
- About three quarters of the houses in the area do not have gardens. As a result, many of the parents felt trapped in their own houses.
- Parents felt that a lack of facilities for older children and teenagers was to blame for them vandalising the playgrounds and outdoor spaces.
- There was concern expressed that the parks are covered in glass and syringes, and dog foul.
- Many of the participants suggested the introduction of park wardens or locked parks to keep the older children out at night.

#### **4.8.1 Parents survey**

The survey sought to establish parent's feelings towards outdoor play and recreational spaces in the Sefton area. While 29% of respondents felt there were enough outdoor play and recreation spaces for children in the area, over half of respondents (53%) felt there were not.

In addition parents were asked for their opinions of the play and recreational spaces, these opinions are detailed in the chart below. The greatest proportion (32%) of respondents rated them as 'OK', 31% of responses rated them as 'poor' and 'very poor' combined and only 18% rated them as 'good' and 'very good' combined.

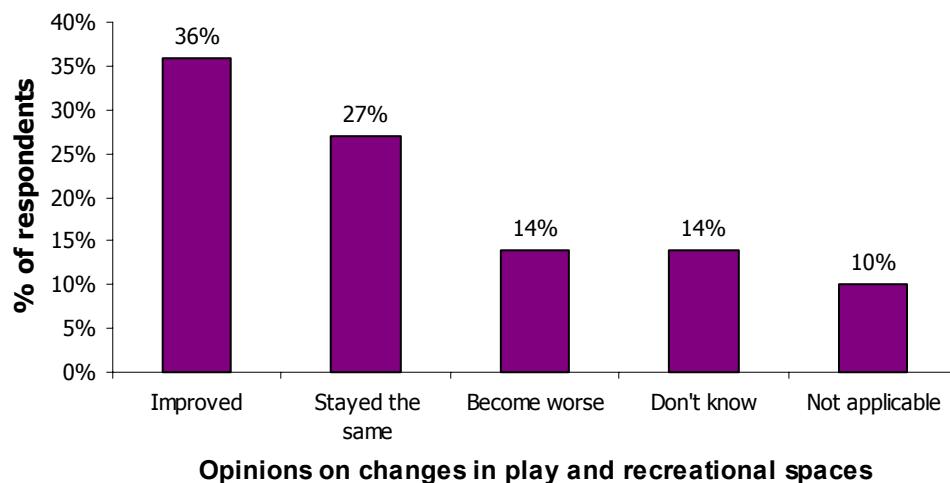
**Figure 4.8.1.1 – Respondent's opinions of the quality of play and recreational space in the area**



**Base: 114**

Respondents that had lived in the area for more than two years were asked whether they felt play and recreational spaces had improved. Positively, as Figure 4.8.1.2 indicates, the highest proportion of respondents (36%) felt they had improved, while 27% thought they had stayed the same and 14% of respondents felt they had become worse.

**Figure 4.8.1.2: Respondent's opinions of changes in play and recreational spaces over the last 2 years**



**Base: 204**

Just over one in ten respondents had been consulted or involved in the development of new outdoor facilities and recreational spaces in the area. Below are some examples of ways in which respondents stated they had been involved with the consultation:

- "*Gave Views*"
- "*I am on the outdoor play action group*"
- "*I am the secretary of a local residents group*"
- "*I attend SureStart Parent's Forum meetings*"
- "*Informed about what's going on through SureStart meetings and gave my comments on the plans*"
- "*Invited to meeting*"
- "*Local residents committee asking opinion*"
- "*Questionnaire*"
- "*Read leaflets and Newsletter*"
- "*Was consulted about it/ took part in open day*"

#### **4.8.2 Parents focus groups**

The groups were asked what they felt the outdoor play areas were like in the area, and whether they made use of them. The general response was that very few of the parents used the outdoor play facilities in the area because they were covered in graffiti and litter (including discarded syringes).

This was considered particularly difficult for families, as about three quarters of the houses in the area do not have gardens.

Most people were aware that SureStart had improved Menai Road Park and developed a play area on the Bark & Daley estate known locally as 'The Backy'.

*"The Backy is brilliant now, it took ten years to get anything done there but SureStart and Children's Fund have made a great little space there for the younger kids and the older kids".*

It was explained that because of the lack of facilities for the older children and teenagers in the area; many of them use the children's playgrounds and often vandalised them. As discussed:

*"I think the main mistake is that everything is targeted at a certain age group and then it stops. There's nothing specifically for older kids so they end up using the parks and ruining them, they're just bored."*

One of the parents went on to discuss that they couldn't take their children into the parks because they were covered in glass and syringes, as well as people using them to walk their dogs. It was felt by many in the focus group that the parks were unhygienic for children to play in.

One of the main problems highlighted by the participants was that the council didn't seem to have the money to maintain the parks and keep them clean. Many of the participants suggested the introduction of park wardens or locked parks (Key Parks) to keep people out at night.

Another suggestion was that they should introduce more activities for the young people so that they don't get bored. This was seen as particularly important during the holidays.

*"I think there should be more for children to do in the holidays, loads of money would be saved because the council wouldn't have to keep repairing things. At the end of the day they're bored and they ruin the park for the little ones"*

Many taking part in the focus groups had joined the Children's Traffic Club through SureStart and had taken part in road safety awareness activities associated with this membership or put on by Parents Centres. Parents felt this was an important activity as roads are so busy, a few parents had taken part in walking bus schemes and thought these were also a good idea.

Some parents had applied for a SureStart Green Spaces Grant or knew someone who had and thought this was a good idea. This led to a further discussion by participants

about the importance of local people developing and looking after recreational spaces themselves.

## **Conclusions and recommendations**

It is clear that although there are signs of improvement over the past two years with regards to outdoor and recreation spaces; there is a lot of work that still needs to be done.

Many parents are not currently visiting the parks and outdoor spaces with their young children because they feel that they are unhygienic and are 'ruined by older children vandalising them'.

The focus groups revealed that rather than pinning the blame on these older children per se, parents felt that more needed to be done to give these children something to do in the area, to keep them out of trouble. By doing this, by investing more money in creating activities for older children to enjoy, this should reduce the amount of damage to outdoor play areas, and more parents of younger children would then access them.

Efforts to raise road safety awareness for children under four and their families did seem to be making an impact with many parents making positive comments about the Children's Traffic Club.

### Recommendations

- Encourage other organisations and the council to spend money on facilities and activities for older children to reduce vandalism to toddler play areas caused by boredom and frustration
- Consider introducing park wardens (or encouraging the council to introduce these), to protect the parks from any vandalism, and also to step up security with regards to dog foul
- Continue to explore long-term sustainability for any spaces developed through SureStart funding or joint funded developments in the future

## **4.9 Support for families and children with special / additional needs**

### **Introduction**

The aim of this priority area is to improve the dissemination of information on specialist services to families, particularly through the Home Visiting team and one-stop Parents Centres. Another aim is to provide funding through a Special / Additional Needs Action Fund to meet the specific needs of families that cannot be met by universal services.

Also, through the Peer Support initiative the Home Visiting team aims to encourage parents of older children with special / additional needs to volunteer as 'community parents' or to receive this additional service themselves if there is a child under four in the home.

Through this priority area, SureStart (Wave 2) aims to support the development of groups around specific issues to offer group support for parents and carers.

The success of the support offered for families and children with special / additional needs was evaluated by assessing parent's views through focus groups and the parent's survey.

## **Executive summary**

### **Parents Survey**

- Ten respondents (5%) had children with special/ additional needs.
- Of those that commented, six parents felt that they are given enough support whilst 2 felt they are not.
- 5 respondents felt the services had improved over the last 2 years and 2 felt that they had stayed the same. None of the parents felt the services had become worse.

### **Parent's focus groups**

- A recurring issue that was raised by many of the parents was the lack support for children with behavioural problems such as ADHD.
- It was discussed how children should be diagnosed and offered support for ADHD as early as possible so that they are not negatively labelled
- There was demand for a support group for parents of children with ADHD, (despite the fact that there had been one but it was cancelled due to lack of interest).
- Many of the parents considered Health Visitors the best way to access support and help if needed.
- Several parents had found support & advice through the SureStart Home Visiting team or One-Stop Parents Centres
- Some parents had been involved in the creation of a Special Needs Worker post funded through the SureStart Special Needs Action Fund

#### **4.9.1 Parents survey**

Some examples of respondent's comments around support for special/additional needs:

- '*An appointment has been made for speech therapy still waiting to hear'*
- '*I regularly get contacted to visit the asthma nurse once a month, the clinic is really good – my Health Visitor referred me'*
- '*I use the May Logan crèche, they understand my little boy's needs and I trust them'*
- '*We see that many consultants and if I have any problems we speak to the Physiotherapist because she has been involved from the beginning '*
- '*The school gave my daughter, 10, a lot of help, but when she moves on she will still be on special needs. I do worry as I've got two little ones but I can take them to Bootle Strand for a break, SureStart pay for that and it takes the pressure off a bit'*

Parents were then asked whether they felt that the support and advice available to parents of children with special/ additional needs had changed over the past 2 years. The responses varied, 5 respondents felt the services had improved and 2 felt they had stayed the same, 2 didn't know and 1 respondent didn't think this question applied to them. Encouragingly no respondents thought that the support and advice had got worse.

#### **4.9.2 Parents focus groups**

The parents were asked whether their children had any special/additional needs, and whether they felt there was enough support and advice available for them. A recurring issue that was raised by many of the parents was the lack support for children with behavioural problems. One of the parents discussed this:

*"My nephew has behavioural problems and my sister didn't access any support or any playgroups for him for about two years because it was such a big step for her to ask for help. I tried to persuade her to go along but she needed someone to go with her for support. She recently started taking my nephew to speech therapy and she has seen a massive difference. She said that she wished that she'd known more about the services on offer to her earlier on."*

Another participant described how she had rang the health services a number of times requesting support and help for her child who had ADHD, but no one had rang her back. The severity of the problem and the need for help for the children and parents was highlighted:

*"He has me up 3 or 4 times a night ... he hardly sleeps. I'm exhausted. I've had to pack my job in and everything ... my marriage is a wreck and everything because we're fighting over it all the time. It's a lot of stress on you".*

The main issues that arose in relation to behavioural difficulties were:

- People did not feel well-informed about ADHD or other behavioral conditions
- Parents felt that sometimes children were not diagnosed and support was not then provided
- Parents with children with behavioural difficulties were sometimes afraid of accessing support as they believed people would see it as being a failure
- The demand for support was high however people did not feel very aware of what is available

Relating to the final issue listed above, a couple of parents had started up an ADHD support group with help from a SureStart Community Early Years Worker. However it had been cancelled after very poor turnouts over several weeks as it was believed that there wasn't enough demand. Participants suggested it may be worth trying this again as there is definitely a need for parents to have such a group.

In a number of cases, parents had spoken of not recognising and diagnosing that their children had specific behavioural problems for many years. This could suggest that more information could be provided so that parents could identify the problem earlier and seek diagnosis and help. However, several parents mentioned that taking part in 'Positive Parenting' courses at the One-Stop Centres had really helped them with their child's behaviour and sometimes people were too quick to label children with ADHD etc.

It was also felt by one of the participants that the amount of help they received depended on their relationship with their Health Visitor. They went on to explain that they hadn't got on very well with their first Health Visitor therefore found it difficult

to ask for advice but their SureStart Health Visitor had been really supportive and linked them in to services.

Many of the parents considered Health Visitors the best way to access support and help if needed, and other than that or through the Parent's Centres they felt that it would be quite difficult to access help.

A number of parents in the focus group had received support through the Peer Support project, particularly emotional support and this had helped when pressures were building up. All acknowledged that having a child with special needs put a lot of strain on family life and many saw their Peer Support volunteer as a safety valve where they could 'let off steam'.

## **Conclusions and recommendations**

Encouragingly, most of the respondents that had children with special / additional needs felt well supported. In terms of whether support had improved responses were mixed but the majority felt it had.

The focus groups revealed that more could be done however, in terms of giving parents the information they may need at an early stage, and also in terms of bringing parents together in support groups so that they can share their experiences with each other. These focus groups also revealed that there could be more specific support offered to parents that thought their children had ADHD.

Conversely, several parents felt that Positive Parenting courses and using other support around them helped them with their child's development and behaviour and sometimes it was out of desperation that parents said their children 'had ADHD'.

The creation of a Special/Additional Needs Worker in SureStart was welcomed by all participants as one stated;

*"It's good that there's now someone we can go to for information and support because you get passed from pillar to post and it's so stressful trying to get the right help for your child. You're their Mother and you know better than anyone that something's wrong"*

### Recommendations

- Consider revisiting the demand for a support group for parents of children with ADHD
- Retain the post of Community Early Years Worker (Special/Additional Needs)
- Information on special / additional needs, and the support that is available for these needs to be disseminated more widely so parents are more aware of what help is available.

## **4.10 Evaluation of the Toy Library**

### **Introduction**

This section presents an in-depth evaluation of the Toy Library, SureStart local Programme (Wave 2) for Bootle, Litherland, Orrell and Seaforth. A brief outline of the Toy Library is followed by an overview of the relevant findings, drawn from the partner interviews, the parental survey and the parent focus groups (for full details see pages 38, 73 and 78 respectively).

In addition, a telephone survey was conducted with current members of the library and current opinions of the toy library are captured in the evaluation and details of what they liked about the library and ways it could be enhanced in the future are presented here.

The executive summary provides an overview of the key findings:

## **Executive summary**

- The partner interviews highlighted that lack of storage space made it difficult to comfortable house the toy library.
- Of the parents who took part in the survey evaluating all of the SureStart services, 24% had used the toy library. Of these 86% rated the toy library as good (31%) or very good (55%).
- Just over half (52%) of the parents that used the library highlighted areas where enhancements could be made. Most commonly, later opening hours for working people, more space and more toys, were suggested.
- The parent focus groups allowed us to speak to parents who had not used the toy library as well as those that had. The majority of parents were aware of the library, even when they had never accessed the facility.
- Reasons for not accessing the library often focused on lack of awareness regarding how the library operated, the condition of the toys and what happened if they were lost or damaged. Inappropriate for the age of their children was another major reason why parents had not accessed the facility.
- Word of mouth was highlighted as the best way to encourage parents to join the library, but better advertising was also highly recommended.
- The membership satisfaction survey was completed by 61% (n36) of members, all of whom were female. Over half (53%) were aged between 26 and 35 years.
- From the category of toys available, the imaginative play category was the most popular category and the story sacks were the least. Out of all the members who took part in the survey, 81% had accessed toys from the imaginative play category whilst only 36% had used the story sacks.
- The most likely reason members had not accessed a particular category was their child had not selected them.
- Category specific reasons also occurred including; story sacks had not been used because some parents didn't know what they were or how to use them, whilst large construction toys were difficult to transport to and from their homes.
- The toy library was rated very highly, 100% of the parents we interviewed said that the friendliness of the staff was very good, 97% stated that the costs were very reasonable and 94% rated the overall quality of the facility as very good. The opening hours of the library received the lowest ratings, although 72% still rated these as good or very good
- As with the general parents survey, the most common enhancements to consider were extended opening hours, more room and better access; and better publicity were suggested by the members who completed the survey.

#### **4.10.1 An outline of the Toy Library**

The aim of the Library is to provide a range of stimulating activities for children aged 0-4 years. The Library is managed by Parenting 2000 and membership is offered to all families, childminders, crèches, playgroups etc in the SureStart Bootle, Litherland, Orrell and Seaforth area.

A yearly membership fee of £1.50 for families and £5.00 for groups was in operation during the time of this study. This was in place to ensure protection against loss or damage and proof of ID was required when wishing to join. Weekly loan fees ranged from 50p to £1.50, depending on the item being loaned and a charge of 10p per item per week was chargeable for the late return of toys.

The toys available were separated into various categories, which included:

- Books, games and puzzles
- Imaginative play
- Story Sacks
- Large Play & Construction

The library was based at the Alexandra Mount Centre in Litherland, but further sessions were provided at the May Logan Centre and the Orrell Mount Centre in Bootle and Orrell respectively.

Details of current sessions were as presented below:

<b>Location</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Alexandra Mount</b>	1.30am – 3.30pm	11.30am – 12.30pm		9.30am – 12.30pm
<b>May Logan</b>			1.30pm – 4.00pm	
<b>Orrell Mount</b>			10.00am – 12.00 noon	

The library was operated by one full time co-ordinator and a varying number of volunteers who assisted in the day to day running of the facility.

#### **4.10.2 The Toy Library – Findings from the parent survey, the parent focus groups, and the partnership interviews**

Throughout the evaluation of the Wave 2 programme, a number of different research methods were employed to establish how effective the local programme had been and from these, information pertaining to the Toy Library was provided. Areas where the toy library was highlighted included:

- The in-depth partnership interviews
- The parents survey
- The parent focus groups

All findings were drawn together and these have been presented here. Later, within this section, a comparison between the findings here and those of the library membership satisfaction survey was conducted and this was to strengthen the reliability and the validity of the toy library evaluation.

### **The partner interviews**

Findings from the partner interviews revealed details about the length of time taken to get the library 'up and running'. One respondent discussed how each stage of development had taken much longer than had been initially anticipated and how this had created subsequent problems. For example, the respondent explained:

*"The health visitors were given initial information on when the toy library would be available but due to delays finding suitable accommodation, the opening of the service had to be delayed. As a result some people complained that they had been promised services that SureStart could not deliver as they were still being developed."*

Other partnership interviews revealed that within the one stop Parents Centres there was a real lack of storage space, making it difficult to comfortably house the toy library, whilst another interview revealed that SureStart/Parenting 2000 were currently in the process of purchasing a van, to provide a mobile toy library.

### **The parent's survey**

Findings drawn from the parent survey revealed that, of those who participated, 59% (120 parents) had been aware of the toy library. Of those 59%, 24% (29 parents) had personally used the toy library. General opinion regarding the service was viewed in an extremely positive way with 86% of those that had used the service rating it as good or very good (31% and 55%, respectively).

Almost half of parents who had used the library (48%, n14) commented that the service did not need to be improved; however, the remaining 52% were able to make a number of suggestions as to how the facility could be improved:

- '*Get more toys for younger babies'*
- '*Longer opening hours'*
- '*More access, more space'*
- '*More variety -it's mostly books or large toys- more computer and interactive toys'*
- '*More volunteers'*
- '*Open later than 4pm perhaps 5pm'*
- '*Our local one needs more space'*

### **Parent focus groups**

In many of the parent focus groups we conducted, the majority of parents had not used the toy library, although most were aware of the facility, especially if they had accessed the one-stop Parents Centres.

Those that were aware of the facility but had not used it, often thought the toys available may not be age appropriate for their own child/children, for example comments made by respondents included:

*"We've been in, but she's a bit young yet to take advantage of it."*

*"Their a bit old for the toys now, if I had known about it when they were younger, I would have definitely used it"*

However, those parents that had used the toy library provided a wealth of information regarding the service offered, for example, some respondents explained how they had first become aware of the library and the parent quotes presented below included the following ways in which they first became aware of the library:

- Assessing other SureStart services
- Attendance at a local parent & toddler group/playgroup
- Word of mouth

*"My Health Visitor told me about all the different services on offer so it started off with the FAST service when someone comes round to your house and reads with your child, and then from there I started going to a Start Right Group with other children. I've also been using the toy library and the playgroup on Friday."*

*"We were approached by SureStart because we run a playgroup and obviously all the information is passed on, and we heard about the toy library and we passed the information on to our mums."*

*"A lot of it is word of mouth. I bring toys home and people come to me and say that's good and I say I used the toy library ... I've recruited a woman from work because she'd never heard of it – she thought it was a good idea."*

Another respondent discussed the member of staff responsible for the co-ordination of the library and how helpful and friendly they had been. The respondent had stated:

*"She's always getting new things in, when we first started, the toy library was really new and Adam was really young. Every week I went in and she was like, I've got this, this, this and this ... it was really good."*

Other respondents highlighted the benefits of accessing the library, from both the parent's and the children's perspectives. Benefits that were evident in the following quotes included the increased variety of toys parents were able to offer their children, the way in which it engendered a sense of respect for the toys and the particular appreciation of their educational value:

*"My son just has the toys that he needs at home, not that many because he only plays with toys for a little bit and then he forgets about them so the toy library's good because it has everything and when he gets bored I can hand the toy back."*

*"I think it's brill, and it's good for the bigger items isn't it? That you don't want to buy and have stuck in your house, that only gets played with for the first week you buy it and then not touched again."*

*"I like it because it extends his play ... he invariably plays with it and gets a lot out of it because he knows he's only got it for a fortnight, he appreciates it a lot more and he looks after it"*

*"It's an excellent idea, you know, just to get a bit of variety of toys because I mean children get fed up of their own don't they?"*

Finally, the parent focus groups highlighted that many parents were unsure of how the library operated. Wanting to know how the toys were maintained ie. if they were cleaned regularly and what would happen if they were damaged or lost? Some explained that this had prevented them from accessing the facility. However, comments by some parents, who had used the library, on such issues, included:

*"They're always clean."*

*"She washes everything before you take them."*

The main area of improvement highlighted from all aspects of the above was that the service should be more widely advertised, including how the toys are clean and hygienic, and there could be more space for children to play.

#### **4.10.3            Membership satisfaction survey**

##### **Introduction**

In order to establish the current levels of satisfaction amongst members of the SureStart Local programmes (Wave 2) toy library, a telephone survey was designed by Questions Answered.

At the time, the library had a total of 66 members. Prior to conducting the telephone survey, individual library members received a letter, distributed by SureStart (in order to ensure personal details were not disclosed to Questions Answered) which provided an overview of the intended survey.

In addition, members were given the opportunity to decline participation and of the 66 members, there were 7 who contacted SureStart to state they did not want to participate in the survey.

Having followed the appropriate guidelines, which ensured the confidentiality of members, SureStart was able to provide QA with a database, which contained the details of the remaining 59 members.

The survey was then conducted by a fully trained telephone researcher from within our designated call centre. All 59 members were contacted by a trained telephone researcher and asked if they would complete the survey. There were 36 members who were happy to participate.

This gave a response rate of 61%, which was much higher than expected (normal response rates for a survey of this kind are approx 25%). QA's standard quality procedures were used and a random 5% quality back-check of interviews was completed and 100% of surveys were checked for data inputting quality and consistency.

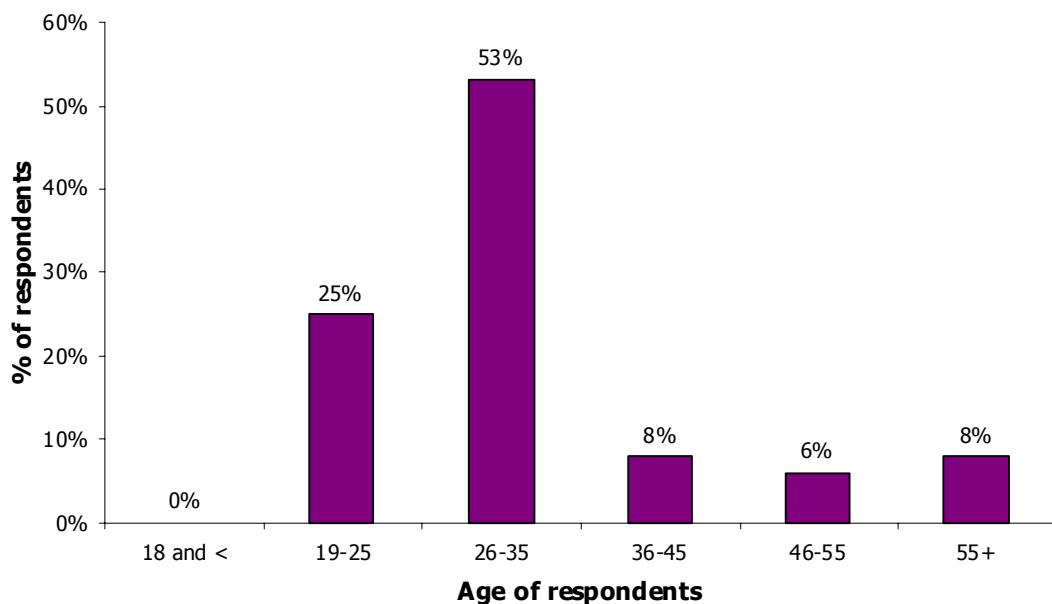
All data was input into SPSS and statistical analysis was conducted in house. All of the findings from the survey are presented, as below

### **Main findings from the membership satisfaction survey**

#### **Classification**

All of the respondent's (n36) were female. The age of respondents was recorded using age ranges and findings are presented in figure 1, below:

**Figure 4.10.1 – Age of respondents**



**Base = 36**

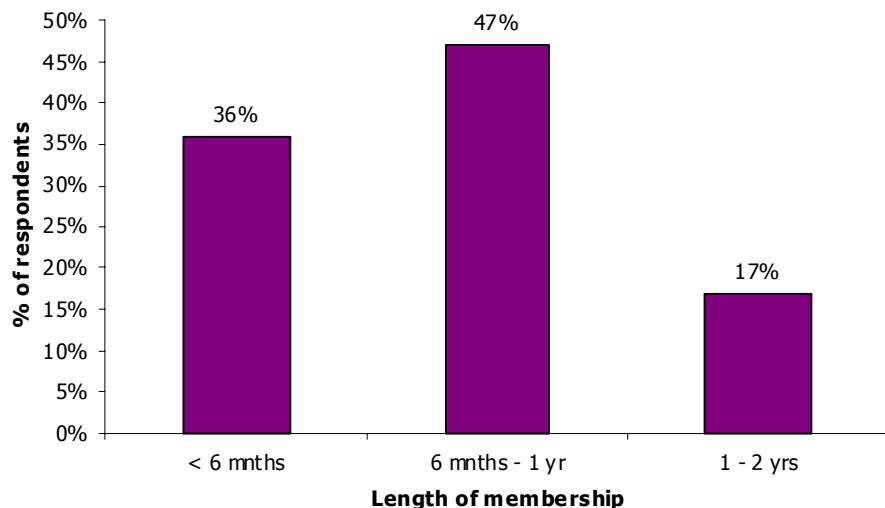
None of the respondents were aged 18 or under, however 25% (n9) were aged between 19-25 years. Furthermore 53% (19) were aged 26-35 years old and 8% (n3) were aged between 36-45 years old. A further 6% (n2) were between 46-55 years of age whilst 8% (n3) were aged over 55 years.

This meant that over three-quarters (78%) of all respondents were 35 years old or younger.

## **Membership and Access**

The length of time respondents had been a member of the toy library varied between those that had joined less than six months ago to those that had been members for at least a year. Figure 2, presents a breakdown of this information.

**Figure 4.10.2 – Length of time respondents had been members of the Toy library**



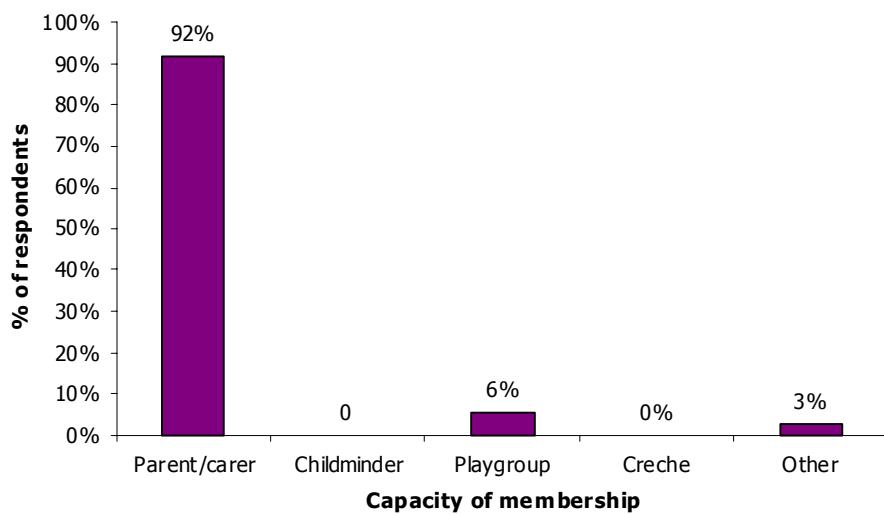
**Base = 36**

As can be seen in the above chart, only 17% of members had joined the Toy Library over 1 year ago. There was then a sharp increase in membership when 47% of members joined between 6 months and 1 year ago. The number of local parents joining the library has decreased in the last six months with 36% of members joining during this period. Hence, the majority of members (83%) had been members of the toy library for less than 1 year.

We then asked respondents in what capacity they had joined the toy library. Was it as a parent, providing access to the toys for just their own children, or was it that they provided some form of childcare and were accessing toys for varying numbers of children?

The findings were as presented below:

**Figure 4.10.3 – Capacity in which respondents were members of the toy library**



**Base = 36**

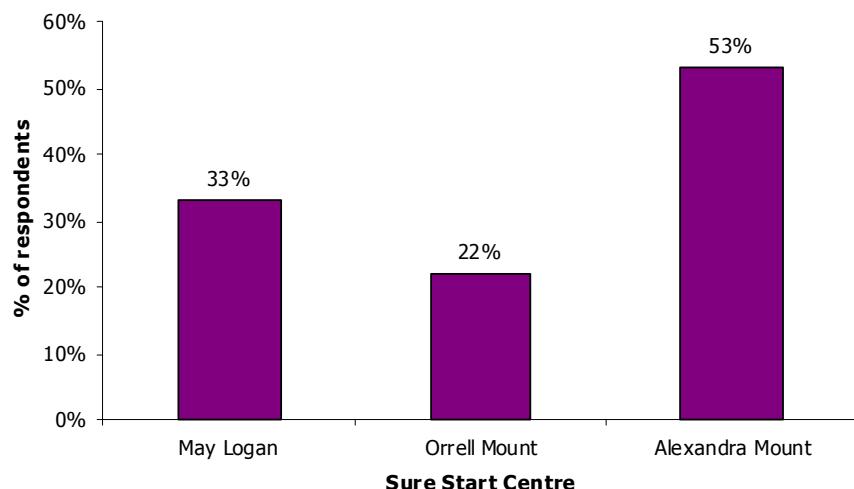
There were no childminders, among the respondents, or any crèche workers currently accessing the toy library, whilst 6% (n2) of respondents were members on behalf of a playgroup and 3% (n1) were members on behalf of a toddler group (response on survey classified as 'other'). However, the overwhelming majority of respondents (92%, n33) stated that they were members of the toy library on behalf of their own child/children.

Of the 92% who were parents/carers, the majority (58%) accessed the toy library for only one child. However, the number of children having direct access to the toys, for those who had not responded 'as a parent only', varied between one child, up to thirty children.

#### Which Parents Centre was 'usually' used the most

We asked respondents which Parents Centre they usually used to access the toy library. The Centres we listed were the May Logan Healthy Living Centre, the Orrell Mount and Alexandra Mount Parenting 2000 Centres.

**Figure 4.10.4 – Respondent by centre usually used most**



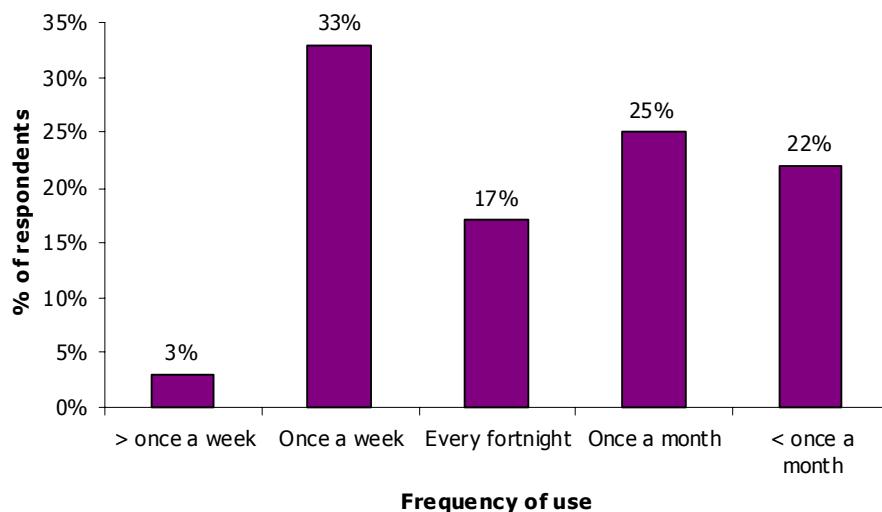
**Base variable as categories are not mutually exclusive**

The toy library operates out of the Alexandra Mount Parents Centre, which is the most likely reason as to why the majority of members (53%) access the service at this particular Centre. However, this information will be re-examined later when we consider the ratings given by respondents to the range of service delivery factors included in the survey

**How often do members access the service**

We asked respondents to indicate how often they usually accessed the toy library. Time ranges were used to collate the responses and the findings are presented below:

**Figure 4.10.5 – How often respondents access the Toy Library**



**Base = 36**

Approximately one in every three respondents (33) accessed the toy library on a weekly basis, whilst 64% accessed the facility less often.

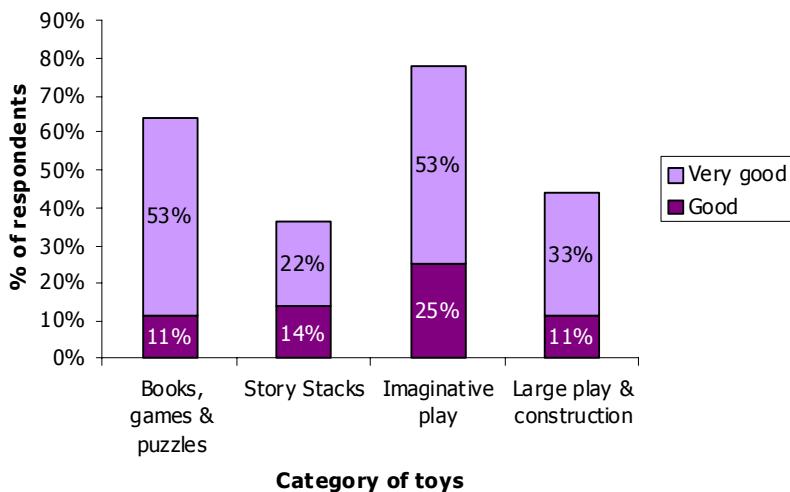
**Which category of toys were accessed the most**

Of the members who took part in the survey, Eight out of ten parents (81%) had used the imaginative play category, making it the leading category, in terms of usage. Almost 2 out of three (64%) had used the books, games and puzzles available. Less than half (44%) had used the large play and construction toys and the least used category of toys were the story sacks with approx one in three parents (36%) have used them.

We asked members to rate the various category of toys they had used. However, if they had not used a particular category we asked if there was a particular reason for not doing so.

The ratings, given by members who had loaned toys from particular categories were as presented in Figure 4.10.6:

**Figure 4.10.6 - Categories of toys used by respondents and how they were rated**



\* Categories are not mutually exclusive

Base = 36

#### Books, games & Puzzles

Of those who took part in the survey, 64% had at some time loaned items from the books, games and puzzles category. Of those 64%, no-one gave this category a negative rating or a rating of average. In fact, 100% of ratings were found to be positive, with 17% rating the books, games and puzzles on offer as good and 83% rated them as very good.

#### Story Sacks

Almost two out of every three respondents (64%) that had used the toy library had not used the Story Sacks available through the toy library, at any time. However, as with other categories of toys, the 36% that had used Story Sacks rated them highly and there were no negative ratings recorded at all. A rating of good was given by 38% and 62%, of all those that had used the story sacks rated them as very good.

#### Imaginative play

81% of the toy library members who participated in the survey stated that they had loaned items from the imaginative play category of toys. Ratings were again found to be high overall however, 3% (n1) of those that had loaned from this category did give a rating of poor. In fact, across all the categories of toys available, this was the only negative rating given. In contrast, 31% of those that had used them, rated the imaginative play category as good and 66% rated them as very good.

#### Large play and construction

Less than half (44%) of those that had used the toy library had loaned items from the large play and construction category, furthermore, of those 44%, 25% rated them as good and 75% rated them as very good. This meant that although this was

the second smallest category in terms of the number of members that have accessed it, it was also found to be the most highly rated category of all.

### **Reasons why members did not loan toys from a certain category**

Regardless of the category of toys used by respondents, there were common reasons why they had not been used. For example, one of the reasons given was that their child already had access to this particular category of toys. This was stated by 5 respondents in the instances of books, games and puzzles; by 2 respondents with regard to story stacks, by 3 in relation to imaginative play and for large play and construction by 3 respondents.

Other examples of reasons, again across the categories, included:

- '*Child has not selected yet'*
- '*Child is too young'*
- '*I am a new member and have not had time yet'*

### **Toy library ratings**

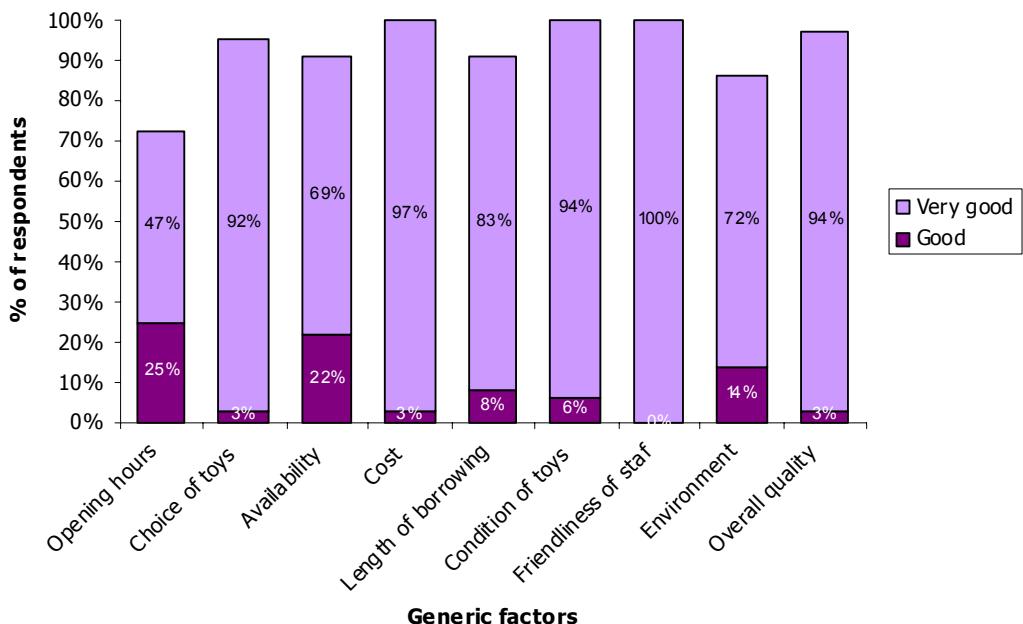
We asked respondents to rate the toy library on a variety of generic factors. Nine factors were considered, these were:

- The opening hours
- The range of toys to choose from
- The availability of the toys
- The cost of lending toys
- The length of time toys can be borrowed for
- The condition of the toys
- The friendliness of the staff
- The environment within which the toy library operates from
- The overall quality of service

### **Overall ratings given by respondents**

The ratings given by members of the toy library, who participated in the survey were as presented in Figure 4.10.7:

**Figure 4.10.7 – Respondents ratings of toy library on a number of generic factors**



\*Categories are not mutually exclusive

Base = 36

As illustrated in Figure 4.10.7, all of the factors we examined received highly positive ratings from the respondents. Everyone (100%) rated the friendliness of staff as very good and again everyone was happy with the costs of lending (97% very good, 3% good). No factor received negative ratings, but there were a couple of factors that were only considered ok. These included the opening hours, the length of time items could be borrowed for, the availability of toys and the range of toys that were available.

Rating given by members by the centre they most often used

Of those members that were most likely to use the May Logan Centre the following ratings were given:

<b>May Logan Centre</b>			
Base = n12			
	<b>Ok</b>	<b>Good</b>	<b>Very Good</b>
<b>Opening hours</b>	17%	33%	50%
<b>Range of toys</b>	8%		92%
<b>Availability</b>	8%	33%	58%
<b>Cost</b>			<b>100%</b>
<b>Length of loans</b>	17%	8%	75%
<b>Condition of toys</b>		85	92%
<b>Staff friendliness</b>			<b>100%</b>
<b>Environment</b>		25%	75%
<b>Overall quality</b>	8%		92%

<b>Orrell Mount Centre</b>			
Base = n8			
	<b>Ok</b>	<b>Good</b>	<b>Very Good</b>
<b>Opening hours</b>	12%	38%	50%
<b>Range of toys</b>	13%		87%
<b>Availability</b>	12%	38%	60%
<b>Cost</b>		13%	87%
<b>Length of loans</b>	13%		87%
<b>Condition of toys</b>			<b>100%</b>
<b>Staff friendliness</b>			<b>100%</b>
<b>Environment</b>		12%	88%
<b>Overall quality</b>			<b>100%</b>

<b>Alexandra Mount Centre</b>			
Base = n19			
	<b>Ok</b>	<b>Good</b>	<b>Very Good</b>
<b>Opening hours</b>	37%	17%	47%
<b>Range of toys</b>		5%	95%
<b>Availability</b>	5%	5%	95%
<b>Cost</b>			<b>100%</b>
<b>Length of loans</b>	5%	11%	84%
<b>Condition of toys</b>		5%	95%
<b>Staff friendliness</b>			<b>100%</b>
<b>Environment</b>	26%	5%	68%
<b>Overall quality</b>		5%	95%

### **Involvement in the running of the toy library**

None of the respondents had been involved in the operation of the toy library, but when asked if they would be interested in doing so, 22% of all respondents stated that they would be interested in being involved in the running of the toy library.

### **Suggested Improvements**

A number of suggestions were made, by respondents, on how the toy library could be improved. In rank order, the suggestions made included:

- '*Extended opening hours*'
- '*A greater selection of toys*'
- '*A bigger room to display toys in*'
- '*Longer loans*'
- '*Better pram access*'
- '*Better publicity*'

## **Conclusions and recommendations**

The overview of findings drawn from other sections of the full report ensured the evaluation of the toy library was robust. The overall findings provide clear information on the current opinions, of those who have had access as well as the opportunity to speak to those parents who had not yet accessed the facility.

The most significant findings were drawn from the parent focus groups. These groups highlighted a number of barriers which are currently preventing parents from accessing the library. Many parents asked how it worked. They wanted information on how the library operated. Informing them of how all the toys were cleaned and checked upon return, that their yearly membership fee would protect them against loss and damages appeared to be the most vital pieces of information they wanted to receive.

Many parents who had used the library were likely to have been attending a short course at one of the Parents Centres and had tended to access the library before or after their course. However, completing the course often meant they no longer used the library, thus figures available on the number of people using the library are probably positively correlated to the times when courses are compatible to the opening hours of the library.

The parent's survey provided information that validates and adds to the survey conducted on members of the library and again findings usefully highlight areas where enhancements would be welcomed.

Word of mouth was the strongest way of getting other parents to make that initial step required to become a member of the library and all those that had done so, gave extremely positive ratings. The general parents survey found 86% of those that had used the library, rated it as good and very good, whilst from the members survey, ratings of good/very good were given by a staggering proportion of users, (when asked to rate a whole range of generic factors, relating to the library, the friendliness of staff was rated as good/very good by 100% of respondents)

Suggestions on how to enhance the facility included more toys for the youngest and oldest of children (within the 0-4 age limit) and greater variety, especially in terms of interactive toys. Caution however, would be advised here as a major reason most users valued the toy library was because of the high level of educational value found in the toys that were available. Thus, any introduction of electronic toys should be moderate so as not to lose this perception.

Other recurring benefits of using the library were the sense of appreciation it helped parents to teach their offspring and the economical advantage of not having to buy every toy that their children wanted. Helping to prevent boredom and the opportunity to try out different toys were also highly acclaimed reasons for using the toy library.

Many interesting findings were revealed in the evaluation of the toy library, for example, only 9% of members were members on behalf of a group. Recruiting playgroups, childminders, crèches and other organised groups as members would dramatically increase the number of children who would benefit from the facility. In light of the plans to develop a mobile library, it would seem appropriate to develop

relationships with other groups and perhaps arrange for them to be a satellite venue. Offering a type of 'agents commission', perhaps 5% of all funds derived from loans at their group venue, would encourage them to volunteer as a satellite venue. Drop-in sessions could then be arranged at the most appropriate time for each of the groups who participated.

The need for volunteers is essential to ensuring the on-going provision of the library and a number of parents (n22) expressed an interest in becoming involved. QA would be happy to contact these particular members and seek their consent to their name been forwarded to SureStart so that further information regarding parental involvement in the library could be provided.

Awareness and use of story sacks was not as high as some of the other category of toys provided. Attention paid to promoting the use of these would be especially beneficial. Information on what story sacks are and how they are used would be the most useful information to convey. In addition, weekly reading sessions could be introduced. This would involve a member of the SureStart team using the story sacks to entertain a group of children. Demonstrating their use in this way would not only provide an additional opportunity to engage children in SureStart activities but would also increase the confidence of parents to have a go themselves. A Children's Library Worker is currently being recruited and can fulfil this role once in post.

Finally, important areas to consider, if planning to enhance this facility would be:

- Extending the opening hours and increasing the number of sessions available
- Increasing the amount of space given to the library within the host Parents Centre
- Improved access
- Increased selection and introduction of interactive toys
- Greater levels of publicity

## Recommendations

- Increase the level of publicity to encourage more parents to use the facility. The publicity would be most effective, if it included details about how the library operated, how the toys were looked after and how the yearly membership fee protected parents against loss or damage.
- Introduce more toys that are appropriate for children who are under 1 years of age and those that are over 3 years. Categories of toys should also indicate the range of appropriate toys per age group.
- There were 22 members of the library that expressed they were interested in becoming involved with the running of the facility. As added value QA would be delighted to seek consent from these parents and if granted contact details of these members could be forwarded to you.
- Try to contact working parents and encourage them to volunteer as helpers. Tell them you are aware they are unable to currently access the facility and if they became involved, they could help provide the 'out of hours' sessions that many would like to see.
- Increasing the space available to store the toys could be achieved if more than one Parents Centre was used to store the bulk of library stock. Clearly this would need to be implemented in conjunction with the mobile library if it is to be an effective solution to the problems associated with storage space.

## **4.11 Employment & Training**

### **Introduction**

Parents were asked about their employment status as part of the self-completion survey. Through the focus groups we aimed to gather more in-depth data, we asked parents whether they would like to be able to change their employment status, and whether they had participated in any training.

## **Executive summary**

### **Parents Survey**

- The majority of respondents (56%) stayed at home/ looking after family
- Just under one in four respondents worked part-time
- 12% worked full-time
- 1% of respondents were studying full-time
- 9% were studying part-time

### **Parent's focus groups**

- About a quarter of the people asked were in part time employment
- Many participants had been on one of the SureStart courses or courses run by partners eg. May Logan Centre, Parenting 2000, Feelgood Factory
- The benefits of these courses included that they could speak to other adults, raise their confidence and self esteem and undertake personal development. The courses also gave them something to add to their CVs
- A number of people mentioned that they would have liked the courses to have gone on for longer
- Some parents felt that it would be beneficial to have a wider variety of courses, including more academic subjects as recent FE 'Taster' courses had proved very popular
- Many parents discussed the difficulties in attending courses and training outside of SureStart, due to childcare responsibilities
- Childcare responsibilities were also cited as a reason for not being able to work, or not work full-time
- Parents discussed the expense of childcare as a significant barrier
- A lack of confidence was cited as a reason for not taking up SureStart courses by some
- Participants felt that volunteer parents and Health Visitors were key to providing support and encouragement for people to make use of the courses
- Many parents had not received any careers or training advice or guidance in the past 12 months, although a number mentioned the SureStart JET (Jobs, Education & Training) Officer and Lone Parent Advisers based at the Parents Centres
- Parents that had received advice found it very useful and in many cases a motivating factor to go back to education or into training or employment

#### **4.11.1 Parent's survey**

Respondents were asked about their working status, detailed in Table 4.11.1. The majority of respondents (56%) were at home/ looking after family, just under one in four respondents work part-time and 12% work full-time. In terms of studying only 1% of respondents were studying full-time and 9% were studying part-time. No respondents were undertaking government training or were new deal participants.

**Table 4.11.1 – Economic activity of respondents**

<b>Status</b>	<b>Number</b>	<b>%</b>
<b>Working part-time</b>	48	24
<b>Working full-time</b>	25	12
<b>Job seeking</b>	7	3
<b>At home / looking after family</b>	114	56
<b>Studying full-time</b>	2	1
<b>Studying part-time</b>	18	9
<b>Retired</b>	1	1
<b>Unable to work due to ill health</b>	7	3
<b>Working on a voluntary basis</b>	9	4
<b>Other</b>	10	5

#### **4.11.2 Parent's focus groups**

The parents were asked about their current employment status and whether they wanted to change their situation. In general about a quarter of the people asked were currently in part time employment.

Quite a few of the participants had also, or were currently undertaking, one of the SureStart courses or courses provided by partners funded by SureStart such as Parenting 2000, which were highly praised by everyone. All of the people that had been on one of the courses felt that they were an effective stepping stone onto further education or employment.

Other benefits cited was that that they gave the parents chance to spend time on their own and speak to other adults, which was said to raise their confidence and self esteem. It was also discussed that it was experience and personal development that they could add to their CVs. As was stated by one participant:

*"It's doing me good and it's doing the kids good because before they were just getting to me all the time. I've got things to look forward to in my life and that makes me better with them"*

One group member discussed how she felt that the courses were particularly good because they offered

*"What we want, not what people think we want. We have actually been part of planning what the Centres will offer to parents and kids and if you're involved in SureStart you can do anything from Child Protection training to First Aid and meeting skills training – it's really good for your confidence ."*

When asked how they felt the courses could be improved further, a number of people mentioned that they would have liked the courses to have gone on for longer. A couple of the parents also felt that it would be beneficial to have a wider variety of courses, including more academic subjects but many did see the Centres as a stepping stone to adult or further education.

Other parents also suggested that SureStart could hold more of the courses in the evening so that working parents could attend them.

Many of the parents discussed the difficulties in attending courses and training outside of SureStart, because of childcare responsibilities. This was also found to be the case when the groups discussed going into part time or full time employment.

When asked about childcare restrictions with regards to full and part time employment, a couple of parents mentioned the introduction of breakfast clubs and after-school clubs which allowed them to work different shifts. Participants felt this would be beneficial to extend and make available at all local schools.

Regarding courses in educational environments, many had found that they had to arrange childcare before they knew whether they had secured a place on a course. Others explained that when they had got onto a course they had found out that

there weren't enough places in the college crèche; therefore they had to drop out. A couple of the parents explained:

*"Getting on the course was no problem once I'd completed the basic one at Alexandra Mount; it was just finding crèche places at the college that was the difficult part."*

When asked what particular difficulties people had come up against when arranging childcare, many discussed the lack of places available in local college crèches, and also the expense of nurseries. It was also explained by one participant that a number of childcare providers in the area only took children for a fixed number of days; therefore she wasn't able to put her child in there for an afternoon or two using the Nursery Grant.

However, a fair number of the group members discussed the benefits of the Nursery Grant and Childcare Tax Credit that they received. It was felt that this was a great help in contributing to childcare expenses. As was discussed:

*"The success of the working childcare tax credit is that people are getting nursery places because they have so much put towards them. It took ages to come though because they were having problems in the beginning but it's a great help now we are getting it"*

One participant had spoken about the problem of arranging childcare for children of different ages. She went on to explain that often she could only get childcare for either her toddler or newborn and not both because different providers had different age restrictions.

Because of childcare restrictions, many of the parents were waiting for their children to start school full-time but several expressed this was also through choice as they wanted to spend time with their children during their early years.

Some participants in the focus group mentioned that they would not want to come into one of the SureStart Centres on their own. To overcome this barrier however, one of the parents spoke of their idea in which some of the Parent's Forum members could accompany the Health Visitors on some of their visits in the area, so that they could get to know the parents that hadn't used SureStart services so much and encourage them to start one of the courses or get involved in volunteering by offering to buddy them for the first few times.

It was felt that this would be beneficial as the volunteers would be a friendly face that the parents would recognise when visiting the Centre or one of the other SureStart projects. As they discussed:

*"We've talked a lot about trying to get the likes of me who are involved as volunteers, going out with the Health Visitors, just to introduce ourselves, so that they've got a link ... I know people are nervous about coming somewhere they don't know, because I was when I first came. But if you've got a face that you know, you can meet them at the door, bring them in, show them around."*

*So we're looking at ways to try and access those kinds of people. Also looking at going to parent & Toddler Groups and things like that to talk to parents, and just trying to encourage people to come along. Once you know the services are here, it's brilliant. It's just having the courage to come along really".*

Many of the parents highlighted that the Health Visitors and Outreach Workers (including Peer Support Volunteers) were key to providing support and encouragement for people to make use of the Centres and services in general.

Others also discussed the benefits of getting involved with SureStart as a volunteer. Many felt that it carried the same benefits as the courses in that it provided them with experience and confidence to go onto further education and employment. As one parents explained:

*"I was in a real rut in Littlewoods. I hated it, but now that I'm out of there, it's so much better. With getting involved in SureStart, I'm doing so many different things and one thing has sort of led to another. Being a volunteer, you can do as much or as little as you want - there's no pressure. I chose to get really involved and I'm on a few of the groups, but that's my choice. You don't have to do that much but I get so much out of it and the staff are very supportive".*

The groups were also asked about whether they had received any advice or guidance on careers in the past couple of months. Many parents had not received any specific careers or training advice or guidance in the past 12 months, but several mentioned the SureStart JET Worker, Lone Parent Advisers and REED Action to Work.

The parents that had received advice found it very useful. One participant discussed how a careers advisor had visited the Orrell Mount Centre and suggested a visit to their office in Bootle. They had done a profile on her and then advised she explored becoming a counsellor, which she had never considered before. From there she had started a counselling course:

*"It's brilliant. It's only an introduction to counselling. It finishes next week, but I'm hoping to go onto the next level, but you've got to do an interview to go onto the next level ... Everything's just gone on and on. I do one thing and then that goes onto something else and I've just ended up doing lots of things now, it's great".*

A couple of parents had also discussed using the Sefton 'Opportunities Shop' which advised them on their employment opportunities and training needs. Both believed it to be very useful.

Overall it was made apparent that many of the parents wanted to do further education courses or some training at local colleges but felt restricted. Getting involved in activities, courses and personal development provided through SureStart and their partners, clearly acted as a vital bridge for parents to build up confidence, skills and self-esteem before considering returning to education or starting jobs.

However, more needs to be developed by service providers in Sefton to help parents in their longer-term ambitions. As one participant stated:

*"I wanted to do a course before my children started school so that I could get a job with a proper career in front of it as opposed to working in a supermarket. It's been very difficult to find childcare places that suits me and is affordable but I have been doing bits through the Parents Centre to build up my CV."*

## **Conclusions and recommendations**

Encouragingly many parents had taken part in SureStart courses, and they were full of praise for these. The participants were very enthusiastic about encouraging other parents that might not be aware of the courses, or who lack confidence, to become involved in the many aspects of SureStart including volunteering for one of the partner agencies such as Venus, Helping Hand Service or the Centres.

It is clear that many parents feel that their childcare responsibilities prevent them from working, or working longer hours. Parents also emphasised that childcare responsibilities meant it was difficult to undertake training or study that wasn't related to SureStart.

Participants felt that as children tend to be seen as a 'female responsibility' it is hard to get men involved in SureStart. There are a couple of men on the Parent's Forum and local Dad's are currently being supported to set up a 'Dad's & Kid's' Club on Saturday mornings. There had also been some Dad's only trips which had been successful and particular courses/activities have been targeted at men but the focus groups felt it would be challenging to keep up the momentum.

### Recommendations

- It needs to be considered how Sure Start can continue to make its services more attractive to men. It was suggested that services need to be promoted differently to men, with perhaps a man leading a campaign to get fathers more involved.
- More Sure Start funded evening courses need to be considered so that working parents have additional opportunities to attend.
- Parents need to be further supported to develop their potential beyond the Sure Start intervention by statutory and voluntary service providers in Sefton.
- There is a long-term challenge to harness expectations raised through Sure Start and ensure sustainable development opportunities for families



## **4.12 An overview of FAST**

### **Introduction**

The Families and Schools Together service was already in operation when the SureStart initiative was introduced in Sefton. Working in partnership, SureStart has contributed to the service by funding additional Outreach Workers. This has increased the number of parents who are able to benefit from the service and FAST is seen as a key partner with SureStart.

In order for the Wave 2 Local Programme to include the FAST service in the end of year two evaluation, FAST were kind enough to provide the findings from a recent comprehensive 'Best Value' review. In this section, we provide an overview of the FAST service and some findings from the review.

### **Executive summary**

A Best Value review staff questionnaire found a:

- Strong, supportive and cohesive team
- Welcoming and friendly environment
- The pedagogy of modeling used with families was successful
- Staff committed to belief that language and literacy begin at birth
- Strong partnerships with schools and other agencies
- Sound leadership
- Excellent in-house training for Outreach Team
- Strong belief and commitment to parental partnerships
- Experience and expertise of both Outreach and Administration staff

#### **4.11.1 The Families and Schools Together Service**

Sefton FAST was established in 1993 and has been successful in helping to raise child attainment, and the development and promotion of Lifelong Learning within the community. The service aims to promote family learning and education within and outside the home, with children from birth to four years old.

Improving their language, numeracy and literacy is achieved through encouraging structured play between children and their parents. At the heart of Sefton FAST is the Home Visiting service provided by Outreach Workers.

FAST's aim is to increase education and learning opportunities across generations and to identify areas of underachievement and tailor make the service to cater for individual families needs.

They achieve this through planned curriculum support within the home and school for children and parents/carers provide help and guidance to schools wishing to develop Family Learning including teacher training and developing partnerships with other internal and external agencies.

#### **4.11.2 Home Visiting Service**

Home visits begin with either a parent/carer referring themselves to the service, or a professional referring them, which involves them filling in a Home Visit Request Form. The Home Visiting Co-ordinator then contacts the parent/carer to inform them that they have received the form and to ensure the parents are aware of the referral.

An Outreach Worker is then allocated to do a home visit during a Team/Reflective Meeting. The Outreach Worker then arranges a time and day for a home visit, which normally lasts for an hour and a quarter and will take place once a week for three weeks. They also make a follow up call prior to the visit to remind the parent/carer that they are coming.

After each home visit, the Outreach Worker and parent/carer review what they have done and what achievements they have witnessed. The Outreach Worker also attends a weekly Reflective Practice Meeting with the co-ordinator to discuss the progress of the family, emerging best practice and to discuss any further training requirements they may have.

After the final home visit, the Outreach Worker and parent fill in a Record of Achievement and the parent/carer is offered the opportunity to get involved with a Start Right (Parent and Toddler) group, a Family Learning course and/or information from other agencies.

#### **4.11.3 Start Right Groups**

The Start Right Groups, which are hosted by schools or other community venues in the area (eg. Parents Centres), consist of parents/carers and Start Right Workers who encourage learning and education through play, within a group setting. This involves:

- reading
- writing
- dialogic play
- imaginative play

Families become involved with the Start Right groups in the same way as they did with the home visits, through a referral. When a family fills in a request form a Start Right Co-ordinator checks for vacancies in Start Right groups in local venues and then contacts the families to offer them the opportunity to attend.

Similarly to the Home Visiting sessions, the groups meet up every week for over three weeks and the Outreach Workers and parents spend time after each session to reflect on the children's achievements and to plan for next weeks group.

The parents are offered an accredited "Parents as Educators" course, which once completed allows them to support the planning and organisation of their group. The Start Right professionals and parents attend a termly Reflective Meeting, so as to share best practice, much like the Home Visiting meetings.

#### **4.11.4      Setting up Family Learning Programmes**

A Family Learning programme is set up within a school by the Senior Education Officer and the Sefton FAST Co-ordinator meeting with the Principal Advisor to discuss which schools would be most suitable. These schools are then contacted and informed as to what service they could provide (Family Literacy/Numeracy programmes, Family numeracy and literacy workshops/ Keeping Up With Children) and how they would get involved.

The school then informs the Sefton FAST co-ordinator of their interest in delivering a Learning Programme. The teacher involved then attends training for one of the programmes, which ranges from half to four day courses, and then the teams for the Literacy/Numeracy Programmes are decided. Families who have received home visits are offered a place in a Start Right group.

A designated member of staff is offered further training through the FAST partnership with a Beacon School (12 half day sessions and 1 days training), and then shorter courses are also offered to any other members of staff that want to get an insight into what Start Right offer.

Trained staff, and parents who have completed a 'Parents as Educators' course, attend a Reflective Practice meeting termly, again to share best practice and to discuss further training needs.

#### **4.11.5      Research already conducted**

Research was conducted to measure the effectiveness of the FAST programme, involving, head teachers who had been hosts of Start Right groups, Nursery Nurses, parents, teachers on the consultation groups, the FAST Steering group and Education Department staff.

The results revealed that they were generally very satisfied with FAST and with the training and resources provided. It was found the children greatly benefited from the groups and many people mentioned improvements they had seen in regards to the children's and parent's play and interaction.

A number of people also mentioned the 'added value' that the FAST programme had brought to their school and community and also the quality of support, communication and information provided by FAST.

Telephone interviews were conducted with a number of other agencies/partners such as Healthy Living Centres, Merseyside Open College Network and the Basic Skills Agency to gauge their views on FAST staff.

The results showed that they saw their relationships with FAST as positive, with good collaborative working, administration arrangements were considered particularly good, the partnerships were strong and staff were described as professional and reliable.

## **Quotes from research**

*"Your child was involved with everything going on and you enjoy mixing with other parents and children who would start school at the same time as my child." (parent)*

*"I have just put my baby son's name on the waiting list as hopefully it will give him a head start and confidence that I feel it gave my eldest. I also feel it gave me more confidence with the children which prior to the group I didn't realise I lacked." (parent)*

*"There is plenty of development for their fine motor skills and interactive and social play but little if none for large motor skills. They are not allowed to run and let off a little steam and sometimes there is too much emphasis on time packing away for snack time." (parent)*

## **FAST - Summary of telephone interviews**

The people and agencies contacted as part of the telephone interview research included Health Visitors in South and North Sefton, Speech therapists and SPOT team, Merseyside Open College Network, Southport College, May Logan Centre, Education Department staff and the Basic Skills Agency.

The general consensus was that they were all very satisfied with their relationship and amount of communication and contact with FAST staff. Many partners mentioned that their calls are always returned and that FAST staff are generally easy to get hold of. Finally, many partners also discussed the success of the referral system.

## **5 Conclusions and Recommendations**

### **Support for parents in the home**

The additional funding that the organisations managing Health Visitors, Midwives & Outreach staff receive from SureStart has meant that they have been able to greatly enhance the service that they provide to parents in the area.

From consulting with parents on the quality of service provided by the Health Visitors and other members of the Home Visiting team, it is evident that the majority are very happy with the services provided. Although the great majority of respondents are very satisfied, the research also revealed that areas which could be enhanced included the support offered in relation to miscarriages, labour and post-natal depression.

#### **Key recommendations**

- Try to ensure that the services provided by the Health Visitors, Outreach Workers & Peer Support Volunteers remain consistent across the whole SureStart area
- Look at enhancing the support available to parents in terms of miscarriages, labour and post-natal depression
- Consider how successful services can be rolled out to a larger geographical area as part of the mainstreaming agenda over the next few years

### **One-Stop Parents Centres**

The services provided by the Parents Centres are very good with the majority of respondents stating they are aware of the existence of the Centres, and a significant number indicating they have also used them. The majority of users also appear to be very happy with the services provided at the Centres with all three scoring very high satisfaction rates.

One common concern that was mentioned by parents was that not enough activities were run in the school holidays and although courses were put on in the evenings, it was sometimes difficult for working parents to access the services. The message from parents on the Centres was very clearly that they valued them greatly and wanted to see an extension of current services.

The fact the Centres were within walking distance and parents felt that they had their own neighbourhood SureStart Centre was cited on many occasions during the research period.

#### **Key recommendations**

- Continue to promote and develop the Centres in conjunction with local parents to ensure that they remain responsive and locally relevant
- Consider increasing the scope of the Centres to appeal to more working parents and extend current activities during school holidays
- As a key resource for families, the Centres need to continue working on their sustainable development plans

## **Early education, childcare & play development**

Overall, the majority of parents feel that there are adequate childcare facilities in the area and that they have actually seen a marked improvement in provision over the past two years. Although a significant number of parents would like to have access to more affordable and flexible childcare and After School/Breakfast clubs.

In terms of crèche facilities available at the Parents Centres, the majority of respondents were aware of such facilities, and a substantial proportion had used these facilities. Positively, nearly all users rated the service at the crèches as either 'good' or 'very good'.

Opinion on the Toy Library was also very positive, again with the majority of respondents stating they were aware of the facility, but with a slightly lower proportion having used them. Users were very happy with the service provided but did state that it would benefit from being made bigger and advertising more widely.

Community Early Years Workers were viewed by both parents and other SureStart colleagues, as integral to the success of the Programme and the development and sustainability of good quality play and learning opportunities.

FAST were well-established before the SureStart initiative and have been able to extend their services through SureStart funding to reach a larger number of pre-school children with the aim of raising standards in literacy and numeracy. Parents were particularly impressed with the family centred model of learning offered by FAST.

### **Key Recommendations**

- Undertake further work with the local Early Years & Childcare Partnership to develop and promote affordable and flexible childcare places
- Consider increasing the size of the Toy Library and also improving the marketing of the service
- Review current services aimed at improving early education, play & childcare in light of recent changes to Government targets

## **Outdoor play and recreation**

It is clear that although there are signs of improvement over the past two years with regards to outdoor play and recreational spaces in South Sefton, especially in the targeted areas developed by SureStart, there is still a lot of work that needs to be done.

Many parents are not currently visiting the parks and outdoor spaces with their young children because they feel that they are unhygienic and are spoiled by older children vandalising them.

The developing Green Spaces Fund has proved popular for small environmental improvements and both Menai Road Park and the 'Backy' are well regarded by local people. However, the overall feeling is that more needs to be invested in cleaning, maintenance, structured activities and security to make the outdoor spaces in Sefton better for families.

#### Key Recommendation

- Continue to work in partnership with other organisations including Sefton MBC, Children's Fund, NRF to improve facilities and activities for older children to divert them from causing damage to parks

#### **Support for families with special / additional needs**

Only a small number of respondents to the survey had children with special / additional needs, it is therefore very difficult to draw any substantial conclusions from the data, although, positively, the majority of these did state that they felt they had enough support.

The focus groups revealed that a number of parents felt that there was a lack of knowledge of where to obtain support for parents with children that may have ADHD, although several parents highlighted positive parenting courses as being very beneficial.

The recent addition of a Community Early Years Worker to the SureStart team with a remit for special/additional needs, was seen as a positive step by participants taking part in the research. Many parents had also heard about the SureStart Natural Breaks project that is being established to give parents/carers of a child with special needs a break and the child some quality time in a safe environment.

#### Key Recommendations

- Further enhance information dissemination to parents
- Explore opportunities for mainstreaming the CEY Worker role.
- Undertake evidence based research of the new 'Natural Breaks' project once it is implemented





