

East Staffs Inner Burton Sure Start

Annual Evaluation report
2003

Contents

Acknowledgements	3
1. Executive Summary	4
2. Background	6
3. Methods	7
4. Sure Start Inner Burton Contact Figures	19
5. Objective 1 Improving Social and Emotional Development	21
6. Objective 2 Improving Health	25
7. Objective 3 Improving Children’s Ability to Learn	28
8. Objective 4 Strengthening Families and Communities.....	30
9. Team Working Evaluation	34
10. Evaluation Plan 2004/05	38
11. Conclusions and Recommendations	42
Appendices	43
Interim satisfaction survey Report	44
Team Working Evaluation Report	58
Child Consultation Record Sheet	72
Parent Training Course	77
Baby Massage Evaluation Report	82

Author

Nina Dunmore
Evaluation Officer

The author would like to thank the evaluation core group, the temporary programme co-ordinator, the programme staff and all parents and children who took part in the evaluation.

1. Executive Summary

1.1 Background

- This report provides a summary of the evaluation activities carried out during 2003 by Sure Start Inner Burton

1.2 Methods

- The evaluation involves a range of quantitative and qualitative data collection methods to assess the work of Sure Start Inner Burton

1.3 Findings

- At the end of July 2003 651 children were registered with Sure Start Inner Burton, this is over 89% of all eligible children in the Sure Start area.
- There has been an 80% increase in the number of mothers being identified as having Post Natal Depression in the first 12 months of their baby's life from 2 in 2001/2002 to 10 in 2003/2004
- Sure Start Inner Burton runs a six week baby massage course as part of its Post Natal Support Strategy. This training can improve mother-infant interaction. An evaluation of the Baby massage course found that parents had enjoyed the training and found it useful. The mothers' interviewed said that they would recommend baby massage to other mothers in the future, however several changes were recommended by the mothers to deal with the problem areas identified from the evaluation.
- 99% of families were contacted within the first two months of birth during 2003/2004. This is a significant improvement of 72.48% from the 2002/2003 period.
- In 2003 24% of mothers in the Sure Start area were breastfeeding at 6 weeks and indications show that the 4 week target is being reached.
- Sure Start Inner Burton provides a wide variety of opportunities for children to access high quality play and learning aimed at improving children development, creative play skills, bonding, early play skills and music and movement development.
- During 2002-2003, 731 children aged 0-3 years lived in the Sure Start area. Of these 12.31% (90) were active members of a library. This is an increase of just under 6% from the previous year.

- Very positive verbal feedback on Sure Start Inner Burton has been obtained from parents and carers through a variety of methods including anecdotal and group evaluation gathered during sessions, the preliminary satisfaction questionnaire and the evaluation form sent out with 'exit' letter to parents of four year olds.

1.4 Conclusions & Recommendations

- Sure Start Inner Burton is successfully working towards achieving the PSA and SDA targets. The evidence for this is predominately qualitative. There is a need for more quantitative evidence, this is one of the main objectives for 2004/5 evaluation. A new monitoring system is currently under development this will provide hard evidence for future planning and evaluation in the programme.
- Overall the programme received a positive response from the parents that access services , people were pleased with existing services and felt that Sure Start was both responsive to parents and making a significant impact on their lives.
- The programme needs to address the reasons suggested in the satisfaction evaluation for people not accessing sure start. These included the need for more information about the services and ways to make people feel more comfortable when attending new sessions.
- Consideration should be given to starting a buddy scheme with existing Sure Start parents partnering people who don't feel comfortable attending activities alone or who are new to the area. This scheme would hope to both encourage participation and increase confidence and social networks for all parties.

2. Background

2.1 Sure Start Inner Burton incorporates the former wards of Broadway, Inner Burton (Wetmore), Uxbridge and Victoria (south) in Burton on Trent Staffordshire. All of the programme staff are based in one building in the Uxbridge ward of the Sure Start Inner Burton area. These premises on Uxbridge Street have been the temporary headquarters of the Sure Start programme since it began in 2001. These premises are far from ideal and are not suitable for Sure Start activities. The programme has struggled to find suitable premises from which to run activities, and the programme is currently using all the suitable community venues in the area. Whilst the programme has managed to achieve its milestones using a combination of imagination and creativity it is having difficulty in finding accommodation to develop further activities to fulfil additional needs identified by parents. These problems will be resolved when the new Early Years / Sure Start Centre opens in 2004 situated on Waterloo Street, two further satellite centres are also due to open during the summer 2004.

The Inner Burton Sure Start team is made up of three different sections the management team the multi-disciplinary team and the support team. Although the team members are employed by different agencies, they all work together as one team. The East Staffordshire (Inner Burton) approach is to use the targets as a springboard for action, rather than the be-all and end-all of activity. Examples of this are the birthday visits, which are used as an additional contact vehicle to maintain links with parents whom we might not otherwise see; another is the swimming costume loan scheme for the aqua natal sessions. Progress made against targets and the planning for future progress needs to be clearly seen in this light.

East Staffordshire Inner Burton Sure Start aims to improve the lives of all the young children and their carers in the catchment area by working in partnership to offer affordable services for families which are available locally, offering opportunities for learning and for everyone in the community to get together

3. Methods

3.1 The evaluation of Sure Start Inner Burton is carried out by the evaluation officer based in a central resource team within Staffordshire County Council working with 6 Sure Start Programmes in Staffordshire to provide expertise on evaluation methods and techniques. A participatory evaluation approach has been adopted, this ensures that the programme evaluation has a local focus. The evaluation is led by a core group consisting of parents, front line service providers, the programme manager and the evaluation co-ordinator. This core group guides the evaluation from the choice of evaluation questions right through to the dissemination of findings. The core group is vital to ensure that the evaluation is grounded; contextually relevant and driven by local programme priorities. The evaluation also incorporates key elements of the Action Research approach, the main aim for the local evaluation is to produce practically useful findings and to enable the programme to reflect upon and remodel services where necessary.

The evaluation work that has been undertaken has involved the use of a range of methods to assess the impact of Sure Start Inner Burton. Both quantitative and qualitative information has been involved and the evaluation officer has worked with the programmes monitoring assistant to provide feedback on the programmes progress towards national and local targets.

Unfortunately the programme is currently functioning without a permanent programme management team. These changes within the programme during 2003 have lead to the loss of a large amount of intellectual property including some baseline and monitoring data. The monitoring information in this report uses the available data found in the programmes business plans and board papers. A new monitoring system is currently being developed and reliable data for the programme will be available from April 2004.

3.2 This report incorporates the evaluation work carried out by Sure Start Inner Burton during 2002/2003 these topics were decided on by the core Group and programme manager

- Carry out an evaluation of the innovative working approach of the Sure Start Inner Burton team
- Develop and provide a training course for parents on evaluation skills
- Produce an interim satisfaction questionnaire for local Sure Start families
- Carry out a consultation of local children's views of childcare
- Baby Massage research project conducted by Staffordshire University

The original evaluation plan has been modified and amended throughout the year to mirror the needs of the programme.

3.3 Document Analysis

An assessment of both National and programme based documents was carried out to gain a clear insight into the programme, background information on service provision and current activities nationwide. This information helped to shape interview schedules and questionnaire formats. The analysis included methodologies and research found on the National Evaluation of Sure Start (NESS) website, and various other Internet sites

Documents acquired from programme staff included:

- Details of service provision
- Strategies
- Delivery plan
- Business Plan
- Welcome packs
- Newsletters

3.4 Questionnaires

Two questionnaires were carried out during 2002/2003 the first a survey of local Sure Start parents (for full report see appendix 1). The core group felt it was important to assess how parents felt about the services offered by Sure Start Inner Burton and to investigate what people felt should be done to improve Sure Start Inner Burton services in the future. Also to investigate why a number of people had registered with Sure Start but subsequently failed to attend any activities.

It was decided that despite the known problems with low return rates that the questionnaire should be distributed via post during May 2003 to all families registered with Sure Start. It was felt that at this time this was the most appropriate way to access families who don't interact with Sure Start.

The questionnaire was also distributed at several Sure Start activities between June and July 2003 to enhance the response rate. To both give people a further occasion to complete the survey and provide an important opportunity for individuals who would otherwise be unlikely to complete the questionnaire for a variety of reasons such as literacy problems to complete the questionnaire with either a dual language worker or facilitated by volunteers or staff members. Despite the best efforts of the staff team only 82 completed questionnaires were returned, the majority of which were completed during the group sessions. 19 responses were received from families not accessing Sure Start.

The questionnaire was designed by a group of Sure Start parents facilitated by the evaluation coordinator and programme manager. The group met in April 2003, to discuss what they felt should be involved in the survey and how it should be set out. Parents felt that the layout of the survey was particularly important. The original design was therefore changed to reflect the parents suggestions, the traditional layout of a large document containing many sections was rejected in favour of 3 short distinct documents clearly marked and colour coded for participants ease. The questionnaire was distributed in both an English and Urdu. A combination of both closed and open questions were used to ensure as much detail as possible could be gathered.

Staff and volunteers attended a training session on questionnaire administration with the evaluator. The session included how to carry out face to face questionnaires, looking at how to introduce the survey right through to debriefing, and ways of reducing bias. The session also covered research ethics.

A pilot questionnaire was assessed prior to distribution, to test the validity of the questions. The pilot study was carried out with a small number of staff and parents in the Sure Start Inner Burton evaluation core group.

The low response rate means that the questionnaire cannot be seen as representative however it has provided a valuable insight to the programme for the planning of the large scale community satisfaction survey to be carried out in 2004. The findings also provide a snapshot view of local parent's views of the programme.

3.5 The second questionnaire was carried out as part of the team working evaluation (for full report see appendix 2) to understand how staff felt about various area of their working life. The survey was distributed to all of Sure Start Inner Burton's team members during February 2003. Thirty-two copies were sent out in total and 20 completed copies were returned, a return rate of 62.5%.

A structured weighted questionnaire was selected adapted from a questionnaire produced and validated on a large sample (2460) of health care professionals. This offered the opportunity to understand how service providers rated different area of their working life. An additional sheet was also provided for any additional comments.

The survey covered 7 areas of working life these are

- Opportunity to help others
- Your work
- The team
- Workload
- Management
- Education & development
- Working environment

The survey was circulated to team members via the Sure Start centre. The majority were delivered by hand, but a few questionnaires were posted. A prepaid envelope was attached to the questionnaire so that surveys could be

returned easily, and comments kept confidential with return direct to the evaluation coordinator.

3.6 Focus groups

Focus groups were carried out with staff members from Sure Start Inner Burton between June and September 2003 with 25 employees in total from all areas of the staff team. The focus groups took place at a local community venue.

The group interviews offered people the opportunity to reflect on their experiences of interagency working. The issues discussed were based around the effectiveness of working in a team, the achievements so far, any problematic areas and suggestions of ways in which the team working can be improved.

These small group interviews generate a discussion of similarities and differences among participants, unlike individual interviews which provide a detailed account of the person's unique and personal experiences. Purposive random sampling was used to recruit participants; this method was selected because it allows for the deliberate or strategic selection of specific cases where the overall potential purposeful sample is larger than that required for the study (Denzin & Lincoln 2000). This method also reduces bias within the purposeful category. Despite the randomised element of this method generalisations cannot be drawn, the aim of this qualitative sampling method is not to generalise from the sample to the general population but to support the purpose of the study.

The focus group interviews were recorded on a digital voice recorder. This was done with the permission of all the individuals, and was discussed before the start of each session. All of the information gathered from the sessions was confidential, and the informants were made aware of this before the session began. They were informed that the files would be kept in password protected files on the researchers PC and not made available to the programme at any time. Confidentiality was important for this study, so the

group felt comfortable talking openly about the limitations and benefits of working in the team.

The focus group interviews were transcribed in full and the method of open coding was used to analyse the data. Any themes and relationships that were identified in the data as a result were compared and contrasted with the other interviews to discover any patterns or exceptions.

3.7 Child consultation

A Consultation with children aged 3-5 year olds is currently being carried out throughout Staffordshire in disadvantaged wards and Sure Start areas. The project began in December 2003 and is due for completion at the end of April 2004. The aim of the project is to find out what things children enjoy doing and what things are important to them. The sessions involve a maximum of 7 children per group with two groups being conducted in the Burton area. Individual children are selected with the assistance of staff who are familiar with the children.

The researchers ask the children a variety of simple questions such as 'what do you like playing with at nursery' and 'what is the most important thing about going to nursery' The aim is to start to build a rapport with the children and get them thinking and talking about their routines and likes / dislikes. Asking the children about their daily routine, will highlight the things they remember and therefore what stands out in their mind as a major part of childcare, indicating what may be important and can also lead to further discussion.

The methods used are drawn from the Mosaic approach (Clarke & Moss 2001) and involve:

- Children drawing pictures
- Children taking photographs with disposable cameras of what they like & don't like to do
- Researchers observe and make field notes during these sessions
- Child led tours in which children can reveal their favourite places/activities/people and discuss their daily routine will also be carried out.
- Short informal interviews with parents and staff to gain their perspectives of the child's experiences of childcare

The use of cameras was piloted with 2 year olds however they found the equipment too difficult to use therefore it was decided that only children 3 years and over should be included in the study.

The researchers visit the setting on two occasions initially to carry out the activities returning to discuss the photographs and clarify what is important to the children and how they felt about the results. It is particularly important that the children are at the centre of the analysis process to avoid misinterpretation of the photographs by the adults. The researcher records the information and themes discussed by the children on a record sheet (See appendix 3) and takes field notes and observations of the children and the setting. These notes will be transcribed and analysed using a system of open coding to identify any themes that emerge.

Day Nurseries were chosen as the setting in which this research should take place, because they predominantly provide full time childcare provision and have indoor and outdoor facilities, thereby allowing the children to illustrate their likes and dislikes from a variety of different forms of play . The Day Nurseries involved were selected through purposive random sampling this method was selected because it allows for the deliberate or strategic selection of specific cases where the overall potential purposeful sample is larger than that required for the study. This method also reduces bias within the purposeful category.

Ethical issues were particularly important when working with young children. Researchers attended child protection training and prepared a strategy to deal with any potential issues that could be uncovered by the research.

Consent forms were sent out to all parents regardless of whether their child was involved in the consultation process; this was important because the children were using cameras and could potentially have taken photographs of any of the children. An information sheet was also provided with the consent form to give parents as much information about the research as possible

giving details of how to contact the researchers if they had any questions or queries. If the parents declined consent the children did not take part in the exercise. The children were also asked on the day if they wanted to take part, the research was explained in child friendly language and the children were able to withdraw at any time. A key worker was also present at all times during the research process.

In the situations where consent had not been gained from parents the researcher and setting manager examined all photographs and any containing those children that had not consented were destroyed. No photographs containing children will be used or displayed.

3.8 Sure Start Detectives: Parents as researchers training programme

A 12 week a training programme in basic research methods for Sure Start parents and staff was carried out from September 2003 to January 2004. The training consisted of face-to-face interactive workshops, lectures and small group work. The course is run in association with Staffordshire University and run by Dr Liz Boath of the School of Health. The sessions took place in a community venue in the Inner Burton Sure Start area. The topics covered by the course were:

1. Introduction to research and critical appraisal.
2. Literature searching, research questions, and developing a research protocol
3. Sampling.
4. Data collection, interviews
5. Data collection, focus groups
6. Research / evaluation project support
7. Data collection, questionnaires
8. Data analysis
9. Dissemination
10. Ethics
11. Research / evaluation project support
12. Programme summary

Five local parents and two members of Sure Start staff took part in the course, a flyer was developed to facilitate recruitment (see appendix 4) in conjunction with Sure Start staff and parents. . This was placed in Sure Start venues and included in Sure Start Newsletters, mail shots and handed out to parents. Sure Start staff also telephoned and approached individuals who they felt would be interested in attending the group.

3.9 Infant Massage Evaluation

An evaluation project was carried out by Dr Liz Boath et al of Staffordshire University between September 2003 and February 2004 to assess the impact of the infant massage course run by Sure Start Inner Burton on post natal depression (for full report see appendix 5). The aims of this work were to:

- assess the outcomes for women attending the group using valid and reliable scales;
- assess the acceptability of this intervention using a semi-structured interview.

All women attending the infant massage course were eligible to take part in the study. A patient information leaflet was developed to facilitate recruitment during the 1st session of the 6 week infant massage course; a researcher explained the study to the women and invited them to participate. Informed consent was then obtained. Ethical approval was given by East Staffordshire Local Research Ethics Committee

Women were assessed using the battery of measures described below at session 1 (Time 1) and at session 6 (Time 2).

- **The Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987)** a 10 item self-report scale, specifically designed to screen for postnatal depression in the community. The EPDS has been specifically validated for use with postnatal women, is well received, quick to complete and easy to score. It rates the intensity of depressive symptoms present during the last seven days and repeated applications of the scale can be used to provide a measure of change in depressive state over time.
- **Postpartum Bonding Questionnaire (PBQ) (Brockington et al, 2001)** a screening questionnaire that can be used by midwives and health visitors

for early diagnosis of mother-infant bonding disorders. The PBQ assess changes over time.

Telephone interviews were also carried out, a semi-structured interview schedule was designed to explore women's satisfaction with, concerns about and attitudes towards, infant-massage and to investigate their perceptions of its impact on their infants and their relationship with their infants (See Appendix 4). The telephone interviews were audio-taped and later transcribed to facilitate analysis.

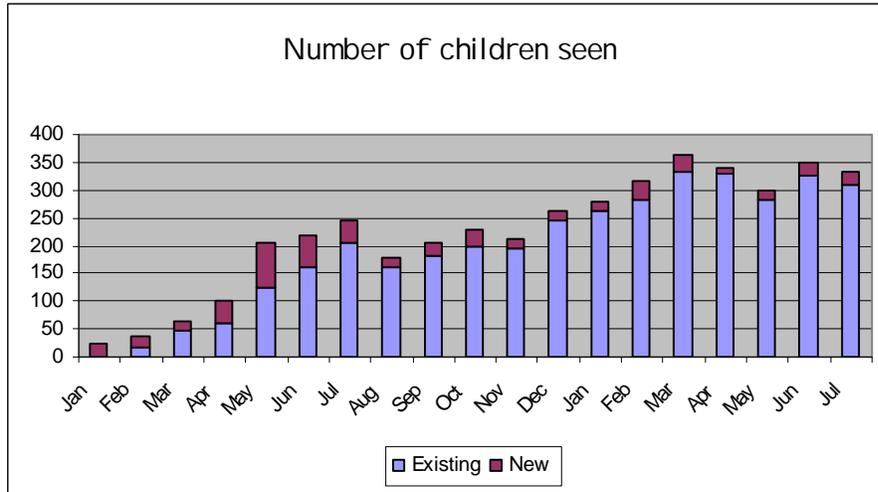
Full transcripts of the interviews were produced. The transcripts were independently read by two researchers to acquire an overall view and prevent one perspective dominating the analysis. Systematic content analytic techniques were used to identify key themes emerging from the data as discussed by Weber (1990). Quantitative data was analysed using SPSS-PC.

Five women attended the group and four agreed to participate in the study and completed the EPDS and the PBQ at time 1. However, only one woman completed the EPDS and the PBQ at time 2. Changes in pre and post scores on the EPDS and the PBQ were not therefore suitable for analysis. However, only one of the four women scored above 12 on the EPDS, which is the threshold for indicating the presence of a depressive disorder.

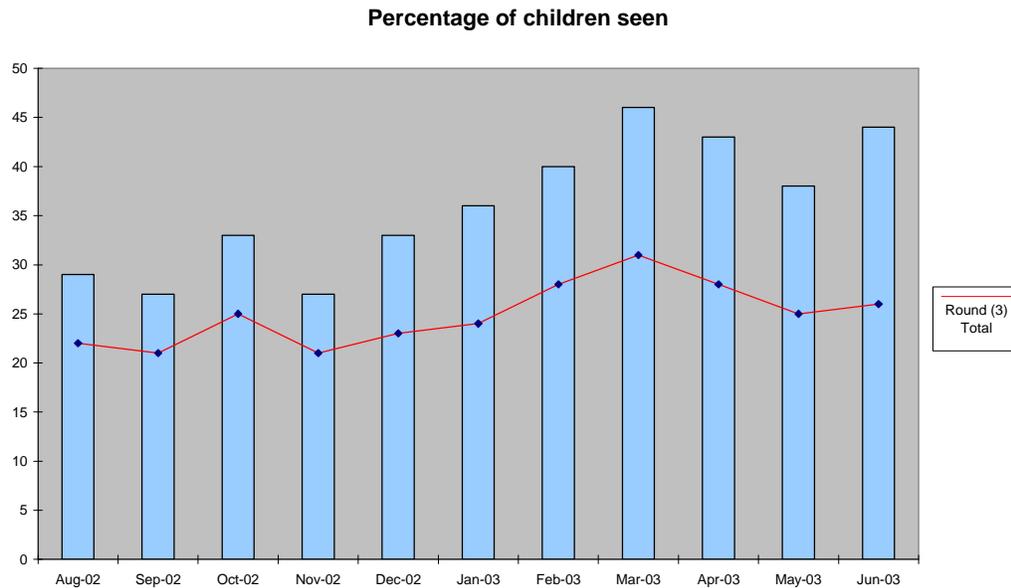
Two women were available for the follow-up telephone interview. Systematic content analytic techniques were used to identify themes emerging from the qualitative data (Weber, 1990).

4. Sure Start Inner Burton Contact Figures

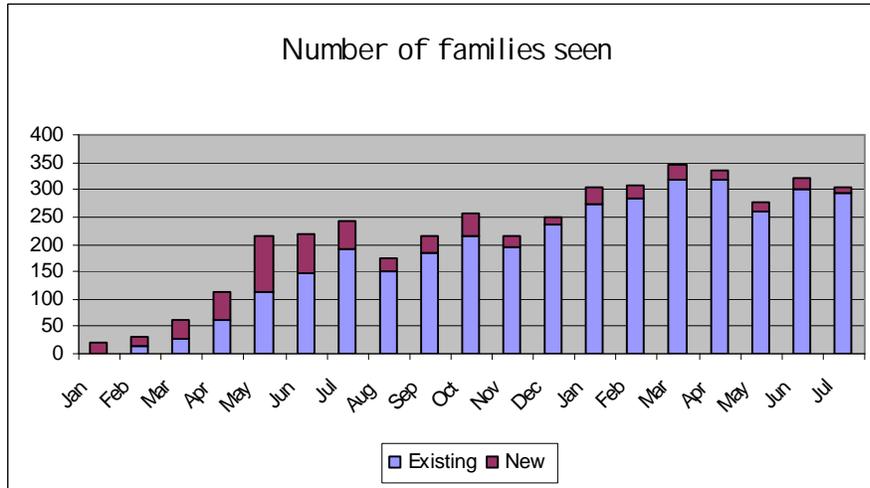
At the end of July 2003 651 children were registered this is over 89.06% of eligible children in the Sure Start area.



(Data from programme managers report July 2003)



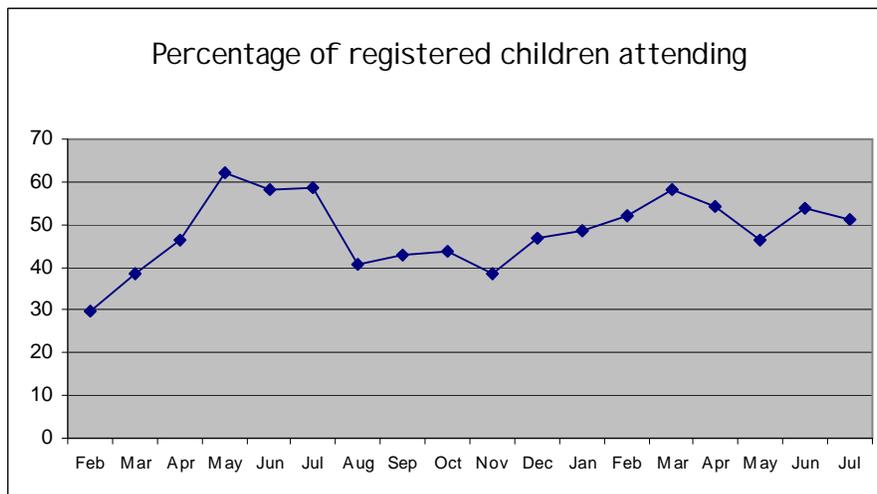
There has been an increase in the number of families accessing services to 55.25% (July 2003). The number of families seen is shown below.



(Data from programme managers report July 2003)

The programme made almost 23,000 contacts in the 12 months up until July 2003

The graph below shows the attendance level of children registered with Sure Start Inner Burton



(Data from programme managers report July 2003)

5. Findings

Objective 1: Improving social and emotional development

PSA Target

To reduce the proportion of children aged 0-3 in the 500 Sure Start areas who are re-registered within the space of twelve months on the child protection register by 20 per cent by 2004

SDA Target

All local Sure Start programmes to have agreed and implemented, in a culturally sensitive way, ways of identifying, caring for and supporting mothers with postnatal depression.

100 per cent of families with young children contacted by local programmes within the first two months of birth

5.1 There were no children registered on the child protection register in the Inner Burton Sure Start area when the baseline figures were recorded this figure has been maintained during 2002/2003.

5.2 There has been an 80% increase in the number of mothers being identified as having Post Natal Depression in the first 12 months of their baby's life from 2 in 2001/2002 to 10 in 2003/2004

This increase in identification can be attributed to the implementation of the wide range of Post natal depression support methods now in place. These include:

- Information and leaflet given at antenatal and postnatal visits.
- Extra support offered where appropriate, including Home Help support immediately after baby is born for families in crisis.
- Respite care
- Time out crèches with spaces reserved for respite care
- Support to vulnerable families offered through Home Start

- ACCEPT group for mothers with postnatal depression – blocks of six weekly sessions throughout the year.

5.3 Sure Start Inner Burton runs a six week baby massage course as part of its Post Natal Support Strategy. This training can improve mother-infant interaction, by showing mothers how to massage their baby and to understand the infant's cues and responses. It is suggested that attachment, infant cognitive and emotional development can all be improved along with any maternal depression that may be present; this can help to prevent the long-term negative consequences of postnatal depression on the child.

An evaluation of the Baby massage course found that parents had enjoyed the training and found it useful

“And if you didn't know or were unsure then you could just ask and she would show you again... Because you don't feel uncomfortable asking or saying, what are you doing, or, could you show me – and they would show you”

“There was mutual support at the group and also the fact that you know there is a health visitor there so if you did have any other queries such as food or different things, then you felt comfortable asking about something else. So it's a case of seeing your health visitor not just about the group but also to be able to ask about any other things”

The mothers' interviewed said that they would recommend baby massage to other mothers in the future, however several changes were recommended by the mothers to deal with the problem areas identified from the evaluation.

Attendance at the group was very limited; the mothers suggested that lack of information was a major contributing factor to this. The women attending the group were not aware of the flexibility of the sessions and may have stayed away

“I think what I said to her as well is maybe if you could have on the leaflet – don't worry if your baby is sleeping when you get there because there's a doll there – you don't know that until you actually get there. You could just think to yourself – well there's no point

going there because he's going to be having his dinner, but if you were aware that there was somebody there that could feed him and that you could use a doll then that would make it more beneficial."

"And the feeding thing 'cause you always think to yourself oh god I'm going to get there and they'll want feeding so I won't be able to do it anyway so what's the point. You don't realise how flexible the group is - you don't realise there's going to be people there to look after your older ones. It's only if you ring and ask those questions."

This evaluation was carried at the very early stages of Inner Burton Sure Start running the baby massage course and has been very beneficial to the future running of the sessions; the sessions are seen as valuable to parents providing help and information. The recommendations of the evaluation involve several changes that need to be implemented to improve recruitment, attendance and the running of the course these include:

- Clearer advertising, perhaps involving previous group members in designing the adverts, and the opportunity to ring someone for clarification of the purpose of the group may improve attendance and ensure that it is targeted at an appropriate group.
- Attending with the support of a friend appears to make a huge difference to how confident the women felt in accessing a group in the first place and the consistency of attendance subsequently. A buddy system could be considered to facilitate increased attendance at future groups
- The group facilitator could approach each mother individually during the group to see if they have any issues they want to raise.

5.4 99% of families were contacted within the first two months of birth during 2003/2004. This is a significant improvement of 72.48% from the 2002/2003 period. Mothers are contacted during the antenatal period, and encouraged to sign up, all signed up Mums are then seen during the first two months. All signed up families receive copies of the monthly newsletter and updates of

events, sessions and courses taking place within Sure Start Inner Burton to encourage continued contact and involvement.

6. Objective 2: Improving Health

PSA Target

Achieve by 2004 in the 500 Sure Start areas, a ten per cent reduction in the number of women who smoke in pregnancy

SDA Target

Parenting support and information available for all parents in Sure Start areas

All local programmes give guidance on breast feeding, hygiene and safety

30% mothers breast feeding at 4 weeks by 2003 – 4

10 per cent reduction in children in the Sure Start area aged 0-3 admitted to hospital as an emergency with gastro-enteritis, and respiratory infection, or a severe injury

6.1 There is currently no available data regarding the numbers of mothers who smoke during pregnancy in the Sure Start Inner Burton area. The local PCT do not gather this information, it is therefore not possible to gain a comprehensive picture. The Sure Start midwives have attempted to gather some information themselves, which suggests that during 2003 approximately 11% of mothers smoked during pregnancy in the Inner Burton area. This is significantly lower than the national average of 20% (Infant feeding survey D of H 2000).

6.2 Data regarding the number of mothers' breastfeeding at 4 weeks has not been available from the PCT. This data is now being collected under the new monitoring system and will be available in 2004. In 2003 24% of mothers in the Sure Start area were breastfeeding at 6 weeks and indications show that the 4 week target is being reached.

Sure Start Inner Burton is running a breastfeeding support group called the BEST group established and run by the midwives and family link workers; this group offers a range of support and advice to breastfeeding mums, in both a group and one to one setting. The group has been highly successful and led to the launch of a volunteer peer support training programme; this has also

been very successful and led to a buddying scheme and telephone support system between mums. The statements below are from mothers attending the group.

Mother A

“I have been coming to the group for 16 months now; it has been very helpful not only the breast pads and wipes but just knowing there is someone to listen to me if I have a problem. I found the book library helpful when I was thinking about weaning. It’s nice to see a lot more faces in the group now. I hope to meet a lot of new ladies and long may it carry on.”

Mother B

“I’ve been attending the BEST group for the past 11 months since breastfeeding my second child. I have found members of staff to be very supportive initially pairing me with my breastfeeding buddy and then supporting me with information surrounding issues of breastfeeding. I’ve found the issuing of free breast pads to be a brilliant idea...I was happy to have the support of the BEST group for this period as it has helped me to meet new friends and share problems and queries with parents that are going along the same path”

Mother c

“I have been attending for 15 months to the BEST group [as] a volunteer peer supporter an interesting group to attend meeting many mothers who are expecting/had baby, a nice and sociable group. I know mums in the community therefore gave them information about the group and encourage them to join in and take up peer support training”

6.3 A diverse range of methods are used to provide parenting support and information to parents these include the health club, a popular group that

deals with various issues, such as healthy eating, offering the chance for people to try healthy foods. Professional health advice is available including access to the CPN and sexual health advice. The sessions also include an exercise class carried out by a qualified instructor. This group was highlighted as enjoyable and requested to be continued by parents completing the satisfaction questionnaire.

A Parentcraft group is run in association with community midwives to offer advice and support to all local families. Road safety information, including leaflets, advice packs and reflective strips are distributed and a Home Safety questionnaire is carried out during the 2 year-old visits. Both Hygiene and Health and Safety advice are included in the training provided by Sure Start for childminders. Sure Start Inner Burton also offers Aqua natal classes to all mums in Burton area including non-catchment area.

The programme runs sessions for teenage parents called the 'Chill and Chat' group offering informal access to a range of health professionals and peer support for young mums and dads. This group is run weekly by the parent participation worker and child care officers it has been well received and has a good attendance rate that is growing steadily.

6.4 There were 27 hospital admissions during 2001/2002 however there is a gap in the data for 2002/2003

7. Objective 3: Improving the Ability to Learn

PSA Target

Achieve by 2004 in the 500 Sure Start areas a reduction of five percentage points in the number of children with speech and language problems requiring specialist intervention by the age of 4

SDA Targets

All children in Sure Start areas to have access to good quality play and learning opportunities, helping progress towards early learning goals when they get to school

Increased use of libraries by families with young children in Sure Start area

7.1 The programme does not currently have a Speech and Language Therapist in post however all Sure Start activities contribute towards this target, by encouraging children to meet and socialise with other children and adults. The staff team follows the Birth to 3 Matters guidance in all activities. Speech and Language Therapy is included in portage sessions, and in pre and post natal groups. Sure Start Speech and Language Measure are carried out with all two year olds

7.2 Sure Start Inner Burton employs a Pre-school Learning Development Worker to work with and support local childcare settings on working practice and provision through regular visits to all settings. Helping to extend and develop new toddler and pre-school provision and identify gaps in provision. The programme also offers Playgroup Support Grants and professional support to improve quality of play and learning in local settings.

The pre-school Learning Alliance provides regular crèches to run alongside Sure Start activities these sessions ensure a high standard of play and learning opportunities and are run with regular crèche staff in order to develop trust and secure relationships with the children.

7.3 Sure Start Inner Burton provides a wide variety of opportunities for children to access high quality play and learning these include creative play sessions which involve various activities to improve creative development,

Baby bounce & Rhyme sessions to improve child development, bonding and use of books, the Nurture Group which develops young children's early play skills, Playing Together sessions offer the opportunity for play and informal support for parents about the benefits of playing together with their children, Jo Jingles helps with children's music and movement development. The Lend & Learn toy library provides session throughout the Sure Start area and offers a mobile service to local play groups and nurseries.

Sure Start Inner Burton has held a 0-4's Group since the early stages of the programme in September 2002 the sessions were due to end however parents involved in the group felt strongly that they wanted it to continue and have now taken over the running of the group with support from programme staff. The sessions provide quality play and learning experiences for children and offer a parenting course to enable parents to manage their child's behaviour and aid bonding.

7.4 During 2002-2003, 731 children aged 0-3 years lived in the Sure Start area. Of these 12.31% (90) were active members of a library. This is an increase of just under 6% from the previous year.

Various sessions and activities are also organised by the local library including baby bounce & rhyme sessions and Story times these are promoted and supported by Sure Start. Other activities provided by the programme such as singing time included in playing together sessions, Jo Jingles and Music Movers aid speech and language development.

8. Objective 4: Strengthening Families and Communities

PSA Target

Reduce the number of 0-3 year old children in Sure Start areas living in households where no-one is working by 12%

SDA Target

75% of families report personal evidence of an improvement in the quality of services providing family support

All Sure Start local programmes to have parent representation on local programme boards

All Sure Start programmes to ensuring links between local Sure Start partnerships and Employment Service Jobcentres

8.1 Very positive verbal feedback has been obtained from parents and carers through a variety of methods including anecdotal and group evaluation gathered during sessions, the preliminary satisfaction questionnaire and the evaluation form sent out with 'exit' letter to parents of four year olds.

The exit evaluation scores provide a clear picture of how parents feel about Sure Start Inner Burton. The quality of activity sessions has an average score of 4.4 out of 5, the range of Sure Start activities gets 4.6 out of 5, the friendliness and professionalism of staff has received an extremely positive 4.9 out of 5 and the overall Sure Start experience has an average score of 4.6 out of 5.

The interim satisfaction questionnaire also provided the opportunity for parents' to voice their opinions of Sure Start, these included both positive comments about Inner Burton Sure Start and ways in which services can be improved further.

“Sure Start staff are doing a brilliant job keep it up. They are always friendly and polite. Thanks for all their support”

“I think Sure Start have thought of more or less everything that a new mother would need and also for more older babies. Also seems a variety of things just for parents. All in all I think Sure Start is a very good organisation. Keep it up!”

“My son attends a day nursery...he can no longer attend the pre-school group but even after 4 months at his nursery he still wants to go to Sure Start school all I can say is that it must have been brilliant for him to still remember.”

Parents completing the interim satisfaction questionnaire felt that the programme needs to provide more information about the various sessions and activities.

“Yes if a description was given about a 'rough' age the children who attend are. Also who runs the group?”

“Might be good to tailor the information to the age of the child you've got as allot of the information about the services are not suitable for my child and was only when I spoke to the Health Visitor that I worked out what was best for a baby of his age.”

“Have only just started getting info from Sure Start not all sessions are obvious as what they are for a description of the sessions may be useful.”

This issue was also highlighted in the Baby massage evaluation and will be followed up in evaluation activities during 2004.

8.2 The community satisfaction survey to be carried out in 2004 will provide a deeper insight into the attitudes of the local community towards Inner Burton Sure Start. The questionnaire will be developed and carried out by the parent researchers trained in 2003.

8.3 Inner Burton Sure Start participated in the Sure Start Parent Conference in April 2003 with five other Sure Start Local Programmes from Staffordshire. The event took place at the Cannock Early Years and Sure Start centre and gave parents from different programmes the opportunity to meet, explore ideas and experiences of the Sure Start local programmes.

The event involved both networking and learning sessions across the programmes. Parents had the opportunity to discuss the range of services they had access to in a Sure Start local programme compared to what was available before the programme. These were plotted on a time line that went from conception to the age of five. Parents were able to identify those services and activities that really helped them and share ideas with each other.

The day included presentations by Rita Wiseman from Sure Start GOWM and parents from the local programmes who talked candidly about their experiences giving many powerful and personal messages about the impact their Sure Start Local Programme is having. Parents also took part in various activities including discussion groups dealing with

- Engaging hard to reach groups,
- Healthier children,
- Parental participation
- Play and learning.

The event received a positive response from both parents and Sure Start staff.

“I enjoyed spending time with other Sure Start members, listening to what they do, some the same, some different..All interesting.”

“It was very good; a lot was achieved with everyone participating. It was Informative and interesting and it made you talk to other parents and swap information”

8.4 Six parent representatives have been elected to the programme board; there have been a consistent number of parents involved in the board since the start of Sure Start Inner Burton. All parents are encouraged to become involved in parents forum taking place once every six weeks. The forum are consulted over programme decisions and organise events to raise awareness of Sure Start in the local area.

8.5 Inner Burton Sure Start run an 'Into Work' course which includes advice on career options, offers people support and skills in CV writing, completing job applications and letter writing, along with interview skills and a visit to the Job Centre. The programme has participated in a local Job Fare and increased its links with other agencies including Working Burton, Burton Entrepreneurs, Signpost to Success, Connexions and Council Link.

ESOL classes and Childcare training are also offered to parents in association with the local college and New Horizons.

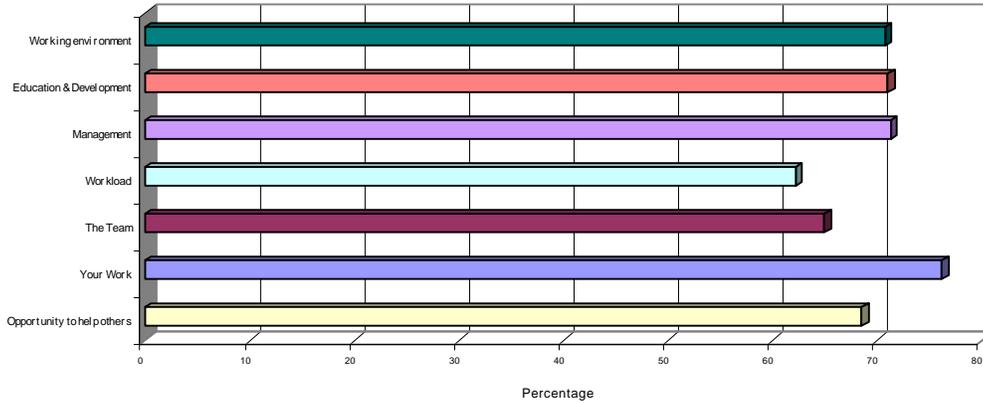
8.6 Inner Burton Sure Start is working in Partnership with the EYDCP to create 60 additional childcare places in the new Children's Centre to be created in the Sure Start area. The programme also runs a Childminder recruitment group which aims to increase capacity through offering potential childminders training and support through the registration process.

9. Team working Evaluation

Sure Start Inner Burton has adopted a collaborative working approach, all service providers are based in the same building and work jointly towards collective aims and objectives. This approach is in contrast to the traditional approach in which service providers work individually on specific projects and staff delivering services are not necessarily co-located. The core group felt it important to gain an insight into the main issues facing service providers and staff when working in this way. An evaluation of the team working approach of Inner Burton Sure Start took place between February and September 2003.

The evaluation involved an initial questionnaire to highlight any underlying issues and provide a general understanding of the team working approach. A structured weighted questionnaire was used. This offered the opportunity to understand how staff rated different areas of their working life. There was also an opportunity for staff to make additional comments. The questionnaire covers 7 areas of working life including: opportunity to help others, workload, management and working environment. The information provided by the survey was used as a focus to further explore those issues important to people in their working life within the next stage of the evaluation which involved focus groups made up of team members. In which they explored the positives and negatives of working in this team approach style and discussing any changes required to improve the way in which the team works.

The questionnaire found that the three topics that team members were most happy with were work, management and education and development. The area that they were least happy with was workload. These findings were confirmed and further developed during the focus group sessions.

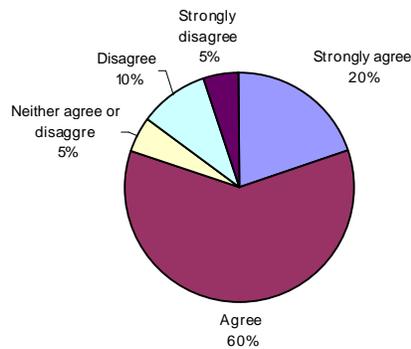


This graph shows the topics featured in the survey showing the standardised percentage for each (e.g. a score of 100 = most satisfied).

Staff felt that working for Inner Burton Sure Start had given them the opportunity to make their own decisions about work.

“There’s no pressure on you. Nobody’s looking over your back just to see how you’re competing, what are you doing. So, I think you give more this way. You work a lot harder. Before you’re always constantly thinking somebody’s watching you, I’ve got to achieve this, I’ve got to achieve that. There’s no pressure”

The pie chart below shows staff response to the statement ‘I have the opportunity to make my own decisions’



88% of staff completing the questionnaire responded positively to the statement that the programme was a friendly place to work this was examined during the focus group sessions, where the strong personality mix of the team was seen as important to the success of the programme

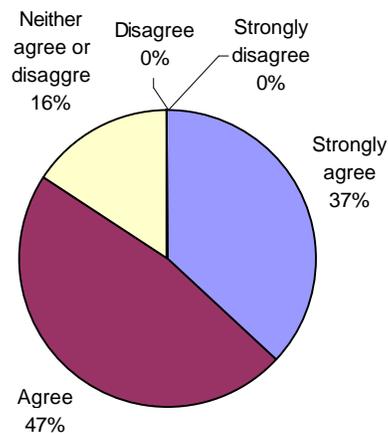
“I like it because it’s a lot more laid back than where I’ve worked before and it makes you more comfortable and you’re more willing to do your jobs and things like that which won’t necessarily be what you would do”

“But nothing’s beneath anybody is it? If anything wants doing you just get on with it.... Everyone just mucks in together don’t they?”

“I think it’s partly due to the personalities you’ve got working in the team as well. Using their strengths and, you know, you can see where someone can be extended or expanded”

“Its people you work with. They’re interested and they’re keen, where I worked before you came up with an idea and you just didn’t get the support to carry it through, but here you do.”

Service providers expressed that they felt that working in this joined up way had lead to improvements in the quality of service they were able to deliver. The questionnaire asked participants if they felt that the overall quality of the service provided is high.



As the above chart shows people were very positive about the quality of service. This issue was developed within the focus groups. It was highlighted as one of the most important results of working as an interdisciplinary team

Working in an interdisciplinary team has lead to people gaining a deeper understanding of various other professions and organisations. Participants talked about signposting families directly to organisations or individuals.

“We are very good at signposting... You can give them a name and say talk to so and so, this is what they do and they can help you. Whereas before, you'd say I think there's an organisation called so and so and they might be able to help you”

The team approach was seen as very important to the good service offered by Sure Start Inner Burton but there were some draw backs to working in this way including: problems in communication within such a large team, the loss of individual professional roles and a sense of guilt at not always being able to help other team members.

“They're team decisions but not always all of the team is represented. That's the problem. I just think that 32 people to get together is quite unmanageable. You can't do it

“The minute you get into Sure Start, your time is just taken with completely different things. When I often look at what I've done in the month, it's nothing as to what I should have done. In trying to, like, tell managers that oh well, I've spent my time very wisely.”

“The other thing is as well, and I don't really like to say this, but you're made to feel guilty if you don't answer the phone”

10. Sure Start Inner Burton Local Evaluation Plan 04/05

10.1 The county wide evaluation team will provide a number of benefits for the Staffordshire Sure Start local programmes.

- A part-time individual researcher will act as a contact for the programme, coordinating all programme evaluations, providing research and evaluation advice and support and chairing the evaluation core group meetings.
- The evaluations will be conducted by a team of research professionals with a varied range of expertise.
- Regular meetings will be held between the evaluation team and all of the Staffordshire Sure Start local programmes individual monitoring team to share cross county themes and best practice.

10.2 The evaluation will now be lead by a core group formally established by the Board, this group should consist of representatives of the programme including parents and front line service providers along with the Programme Manager and the Evaluation Co-ordinator. This core group guides the evaluation from the choice of the topics and questions for the in depth evaluations right through to the dissemination of findings. The core group is vital to ensure that the evaluation is grounded; contextually relevant and driven by local programme priorities.

10.3 In April 2003 a parent's conference was held at Cannock Chase Early Years and Sure Start centre. Parents from all of the Sure Start local programmes within Staffordshire were invited. The day consisted of presentations from the Sure Start team and parents, discussion groups and group activities. Parents attending the conference were very positive about the event. The most positively received was the opportunity to meet parents from other programmes and hear about what they had done.

We are now planning to repeat this successful event in May 2004; the agenda will be set by the parents of the Staffordshire Sure Start local programmes, to ensure it meets their needs. It has been suggested that the chief executive and heads of departments of statutory services are invited to attend a session

were parents share their experiences of Sure Start and the impact it has had on their family environment. This session would provide the opportunity for Sure Start parents to have their views heard by key decision makers.

10.4 The Sure Start Unit requires the start point data from each Sure Start local programme's Delivery Plan to be updated every three years they suggest that a user satisfaction survey should be carried out to assess how satisfied parents are with local services for young children. This survey combined with the children's consultation will provide the programme with a real insight into the Sure Start experiences of local families.

This satisfaction survey will be carried out during Summer 2004. The Sure Start Unit states that the survey must include the five core areas of sure start activity:

- Outreach and home visiting
- Support for families and parents
- Support for good quality play, learning and childcare
- Primary and community healthcare
- Support for children with special needs

The information gathered in the survey will be compared to the findings of the programme's base-line survey or if this was not carried out, the information gathered at the consultation stage when it was originally set up.

The actual questions will be designed in consultation with programme staff and parents through the core group; however they will need to cover the following areas

- How accessible is the service?
 - Satisfaction with location
 - Distance to travel
- How available is the service?
 - Satisfaction with opening times
 - Response times to enquires
- What are the staff like?

- Are staff working together
- Helping to solve problems
- Is the service good enough?
 - Are services sensitive to individual needs
 - Are services reliable

The sample size will be between 15% and 30% of all families living in the area whether or not they access Sure Start services,

The survey will be distributed in two ways. During a number of Sure Start group sessions, this will help to ensure that the full range of carers using Sure Start services can be represented, the survey will also be carried out outside school gates with the aim of accessing the views of parents that do not access Sure Start services.

The evaluation of Sure Start Inner Burton will cover 3 main areas, monitoring the programmes progress towards national targets and locally agreed milestones, in-depth evaluation of successful and innovative services and the cost effectiveness evaluation of individual services.

10.5 There will be a specific focus on how the programme is working towards the Public Service (PSA) and Service Delivery (SDA) targets and other locally agreed targets set out within the delivery plan.

These goals are the main focus of the programme:

- Improving social and emotional development
- Improving Health
- Improving Learning
- Strengthening families and communities

To assess the extent to which the programme is achieving these objectives, the evaluation will focus on services and projects working towards these aims and how they are helping to contribute towards particular objectives.

Monitoring data will be fed from the Information/Monitoring Officer into the evaluation this will ensure that the larger picture of the Sure Start programme is captured showing what the programme is able to achieve against the

overall targets. The individual services and projects that are over or under achieving against the PSA and SDA targets will also be highlighted. This will ensure in-depth evaluations are carried out to assess the reasons for the success or limitations of those services and how they contribute towards those particular objectives.

10.6 In-depth evaluations will provide a more detailed account of Sure Start activities and how those involved in them perceive and experience them. The combination of the monitoring data and the in-depth evaluation will provide local programmes with evidence that is essential to support the mainstreaming of Sure Start approaches, it will allow best practice approaches to be shared with other agencies providing evidence for dissemination locally, regionally and nationally publicising the quality of Sure Start Inner Burton. Three in-depth evaluations will be carried out per year these will be selected using the monitoring data and in consultation with the core group. These evaluations will focus mainly on services that are over/under achieving against the targets, innovative practice and intensive services offered by the programme that work with small numbers of parents such as one to one post natal depression support, these services require in depth case study analysis to highlight their impact. This approach will involve the use of a range of research methods including focus groups, interviews, case studies and observations etc.

10.7 Cost effectiveness evaluations will be carried out to look at the intermediate outcomes of a particular service or project over the short term. This evaluation identifies projects and services that have succeeded in meeting their objectives with economy, efficiency and effectiveness. The cost-effectiveness analysis will allow us to define the objectives of the intervention identifying and costing all of the inputs, identifying and quantifying all of the outputs to allow for comparisons of costs with outputs. This evaluation will involve the programmes monitoring team and will contribute towards developing their evaluation skills.

11. Conclusions and Recommendations

11.1 Sure Start Inner Burton is successfully working towards achieving the PSA and SDA targets. The evidence for this is predominately qualitative. There is a need for more quantitative evidence, this is one of the main objectives for 2004/5 evaluation. A new monitoring system is currently under development this will provide hard evidence for future planning in the programme.

11.2 Overall the programme received a positive response from the parents that access services , people were pleased with existing services and felt that sure start was both responsive to parents and making a significant impact on their lives.

11.3 The programme needs to address the reasons suggested in the satisfaction evaluation for people not accessing sure start. These included the need for more information about the services and ways to make people feel more comfortable when attending new sessions.

11.4 Consideration should be given to starting a buddy scheme with existing Sure Start parents partnering people who don't feel comfortable attending activities alone or who are new to the area. This scheme would hope to both encourage participation and increase confidence and social networks for all parties.

11.5 The suggestion of a handbook giving descriptions and age ranges for the various activities should be passed to programme staff for their consultation.

11.6 The publicity and information currently available around the adult training opportunities needs to be extended.

11.7 Links with partner organisations providing monitoring data need to be strengthened and improved to ensure the free flow of information.

Appendices

Appendix 1 – Interim Satisfaction Questionnaire

Appendix 2 – Team Working Evaluation

Appendix 3 – Child Consultation Record Sheet

Appendix 4 – Parent Training Course Flyer

Appendix 5 – Baby Massage Evaluation

Sure Start Inner Burton
Interim Satisfaction Questionnaire

1. Executive Summary

1.1 Background

The Core group of Sure Start Inner Burton decided to assess how families feel about existing services; in particular the group wanted to investigate why a number of people had registered with Sure Start but subsequently failed to attend any activities. The evaluation also sought to find out what services families feel Sure Start Inner Burton should offer in the future.

1.2 Methods

In order to gather a broad range of information from a large number of people a questionnaire was selected as the data collection tool carried out in spring 2003.

Designed by a team of parents with the assistance of the evaluator and the programme manager, the questionnaire was double sided with an Urdu and English version.

The survey was posted to all families registered with Sure Start to access all views especially the views of those who do not attend the programme and would be otherwise difficult to contact. Questionnaires were also distributed during activity sessions, services and visits. Members of staff, volunteers and dual language workers were trained to administer the survey and offered to facilitate the process of completing the document if the participant preferred. 82 questionnaires were returned in total.

1.3 Findings

The majority of people within the survey had heard about Sure Start Inner Burton via their Midwives.

Of the people that do not access Sure Start very few had ever attended any activities. The reasons for not becoming involved with Sure Start fell into 3 main categories; people were too busy to attend, they didn't feel comfortable attending alone or they were unhappy with the time or location of the activity. A number of people felt that Sure Start was a very good idea and under different circumstances they would access the services. People not attending were asked to give suggestions about what Sure Start could do to encourage them to get involved were having more information about the activities and what they entail also being able to attend sessions with their friend.

Sure Start Inner Burton's current services and activities received a positive response from families involved with the programme. Overall the locations were felt to be easy to get to especially with the use of the mini bus service, however several additional suggestions were made. Again people felt that information about the sessions offered by Sure Start could be improved particularly in terms of what the various groups involved. There was also little knowledge of the adult training sessions; however there was

a positive response to potential future topics, parents also suggested several of their own. More adult training and groups for parents were recommended as possible activities in the future.

1.4 Recommendations and Conclusions

Overall the programme received a positive response from the parents that access services , people were pleased with existing services and felt that sure start was both responsive to parents and making a significant impact on their lives. The programme needs to address the reasons suggested in the evaluation for people not accessing sure start. These included the need for more information about the services and ways to make people feel more comfortable when attending new sessions.

- Consideration should be given to starting a buddy scheme with existing sure start parents partnering people who don't feel comfortable attending alone or who are new to the area. This scheme would hope to both encourage participation and increase confidence and social networks for all parties.
- The suggestion of a handbook giving descriptions and age ranges for the various activities should be passed to programme staff for their consultation.
- The publicity and information currently available around the adult training opportunities needs to be extended

2. Background

2.1 The Sure Start Inner Burton local programme was set up in early 2001; the catchment area consists of the wards of Broadway, Burton (south), Uxbridge and Victoria (south) the area is densely populated with 20% of the community belong to black and minority ethnic groups. The programme has adopted a collaborative working approach, all service providers are based in the same building and work jointly towards collective aims and objectives. This approach is in contrast to the traditional approach in which service providers work individually on specific projects and services and are not necessarily co-located.

2.2 The programme sees continued consultation with parents and children as of key importance to achieving success over the coming years. With this in mind the evaluation core group felt that it was important to reflect on the services currently being offered by the programme to find out how families felt about those services. In order for services to accurately reflect the needs and wants of the local community, Sure Start local programmes must ensure that they gather, reflect and act on feedback from families on their sure start experiences. The core group felt that the programme had reached a stage, following a sustained period of action, to reflect on their work so far. To assess how families feel about existing services, and find out what other services families want in the future.

3. Aim & Objectives

3.1 The aim of this evaluation was:

To gather the views of local families on the services offered by Sure Start Inner Burton

The objectives of the evaluation were:

- To investigate why a number of people had registered with Sure Start but subsequently failed to attend any activities.
- To understand how people felt about the current services offered by Sure Start Inner Burton.
- To investigate what people felt should be done to improve Sure Start Inner Burton services in the future.

4. Methods

4.1 A questionnaire was chosen as the most appropriate method to gather the data. This method allows information to be gathered from a large number of people over a short period of time.

4.2 The questionnaire was designed by a group of Sure Start parents facilitated by the evaluation coordinator and programme manager. The group met in April 2003, to discuss what they felt should be involved in the survey and how it should be set out. Parents felt that the layout of the survey was particularly important. The original design was therefore changed to reflect the parents suggestions, the traditional layout of a large document containing many sections was rejected in favour of 3 short distinct documents clearly marked and colour coded for participants ease (Appendix A). The questionnaire was distributed in both an English and Urdu version. A combination of both closed and open questions were used to ensure as much detail as possible could be gathered.

4.3 In order to access the views of both families that, do and don't access sure start services, the questionnaire was administered in two different ways. Initially the survey was sent out by post to all families registered with Sure Start. Despite the known problems of low return rates with postal surveys it was felt that this was the most appropriate way to access families who don't interact with sure start. Questionnaires were also distributed at several Sure Start groups and services; to enhance the response rate. To both give people a further occasion to complete the survey and provide an important opportunity for individuals who would otherwise be unlikely to complete the questionnaire for a variety of reasons such as literacy problems to complete the questionnaire with either a dual language worker or facilitated by volunteers or staff members.

4.4 Staff and volunteers attended a training session on questionnaire administration with the evaluator. The session included the process carrying out face to face questions looking at how to introduce the survey right through to debriefing, and ways of reducing bias the session also covered research ethics.

A pilot questionnaire was assessed prior to distribution, to test the validity of the questions. The pilot study was carried out with a small number of staff and parents in the Sure Start inner Burton evaluation core group.

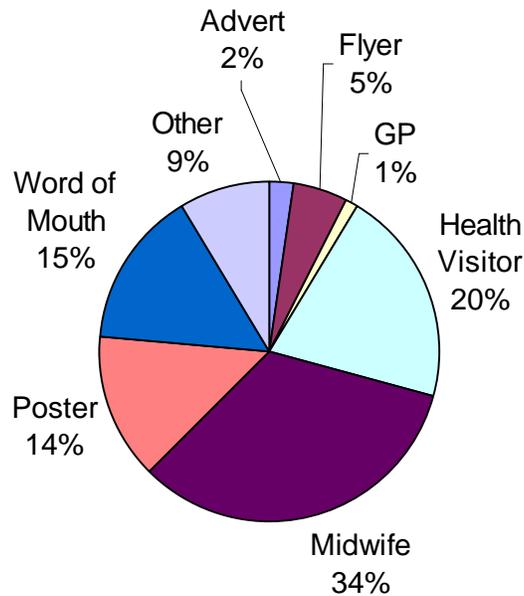
5. Findings

5.1 The questionnaires were distributed via post during May 2003 and within sure start activities between June and July 2003. 82 completed questionnaires were returned in total all of which were included in the final report. The survey was split into three distinct parts the first asking very general questions about how people heard of Sure Start and whether they use the services. From this point participants were referred to different

questionnaires, one for those who don't access services and one for those who do.

5.2 How people heard about Sure Start

All of the people that returned the questionnaire had heard of Sure Start Inner Burton. The most common method was via their midwife or health visitor, however only one person had heard through their G.P. surgery.



5.3 People not accessing Sure Start

It is particularly hard to reach this group who despite initial contact fail to engage with the programme. Therefore as expected a limited number of questionnaires were returned, 19 in total. Only 4 of these families had ever attended a sure start activity. The reasons for not continuing to attend were

"I work in the morning and the afternoon sessions start before I can pick up my child"

"All your sessions are at venues that are not local to me or I feel alienated using (e.g. Derby St) My friends and I would feel more comfortable in an environment that caters for our cultural needs, such as the community centre on Princess Street"

"I went to one playgroup and felt very uncomfortable and out of place. The people were clicky and the children did not seem to play with much for long e.g. my son was playing with a toy and it was taken off him as unsafe so it should not have been put out if this was the case. He also started painting and a Sure Start worker offered to take over while I listened about the toy library as soon as I turned round she took him down this was the first time he had ever painted I was disappointed he was unable to finish his first piece of art".

The reasons given by those who have never attended Sure Start fell into very similar categories to those above.

- People are too busy to attend

"I work in the morning and the afternoon sessions start before I can pick up my child"

"Purely due to a lack of time. I currently work part-time and I am completing the final year of a 3 yr accountancy course. Any free time I do have my husband and I go out with our son."

"At the moment I am 4 months pregnant, I have a 9 month old daughter, and I am a bit tired. It will be better when she's older she'll be able to do more and go more places"

- People don't want to attend alone

"I've just had my baby girl, and I'm not from Burton myself so I find it hard to find some of the places"

"I don't use it because I am very shy and I don't know anyone. I would use it if my friend could go but she does not live in the right area even though it is Stafford Street and she is in the same boat as me"

"Don't know anyone who attends any Sure Start services. Don't fancy going on my own"

- People were unhappy with the location of activities

"Although I would find such Sure Start events useful, they are not in the ideal locations for me to access. A good location would be the Princess Centre"

The survey also asked people to suggest any ideas they had for ways of encouraging them to use sure start. Three main themes emerged, firstly a large number of people stated that they felt Sure Start was a good idea and they would use the service under different circumstances.

"Time is not really on my side, but I think that you cover a great range of activities, Keep up the good work!"

"I received a great deal of help from the Sure Start staff when learning to breastfeeding my son. I would have no hesitation at all in using the services - and would probably use them more after June/July this year when I will have a little more spare time"

"No not really. Sure Start is a fantastic concept and will be of great help and interest to those who require their services. If I were in different circumstances I would most certainly be using their facilities and participating in all the activities"

Several people suggested that more information about activities would be helpful

"It would be nice to have more information on the activities e.g. ages. I would like to do the first aid but some activities are a bit out the way"

"Yes if a description was given about a 'rough' age the children who attend are. Also who runs the group?"

Being able to attend with friends was another suggestion

"As the mothers seem to go in pairs I felt very isolated as they kept themselves to themselves. My friends live in stapenhill and just out of Burton it is a shame I could not go with them"

"Yes I would use the services if I could go with my friend"

5.4 People using Sure Start Services

63 questionnaires were returned by people who do access Sure Start services

Accessibility

82% of the respondents who do use Sure Start services felt that activities were easy to get to.

The mini bus service offered by the programme was seen as particularly useful and a great help to get to the various venues holding Sure Start events.

"I can walk to most but if I ever need transport Sure Start are happy to take me there and back"

"All the venues are in my local area and if I struggle, there's always the Bus"

"We walk and use Burty Bus".

People were asked to suggest alternative locations for Sure Start activities the options included the following

- *"School would be good to use as well"*
- *"More in the Victoria ward"*
- *"Queens's community centre I would prefer more in Uxbridge area. Perhaps parent's forum could be held in different venues so not always at Derby Street."*
- *"You could use queen street community centre or locations close by more often ie health club"*
- *"Queen Street community centre should be used on a more regular basis."*
- *"Yes. Waterloo Street"*
- *"Princess Street, Resource and Community Centre"*
- *"More use of local parks"*
- *"Near Victoria end."*
- *"Queen St. Community centre/Pakistani Community Centre"*

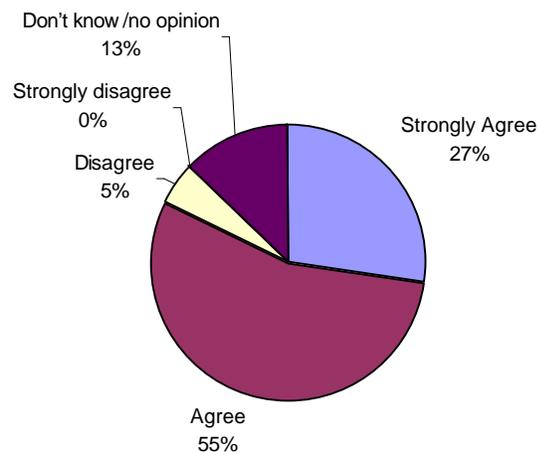
Sure Start activities

All of the Sure Start activities and services listed in the questionnaire had been accessed. The table below shows the five services most accessed by those who completed the questionnaire. All services received ratings between very good and fair. There was only one rating of 'bad' given by one person regarding the Dyson loan scheme who commented that they "*had tried to borrow the Dyson but it was unavailable*".

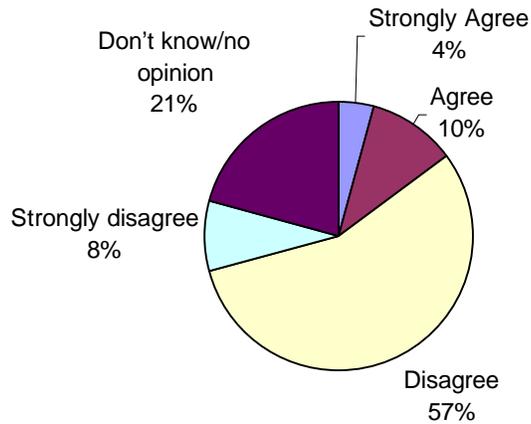
	Number of people accessed	Rated Very good	Rated Good	Rated Fair	Rated Bad	Rated Very Bad	No Rating
Playing together	37	26	5	1	-	-	5
Safety equipment scheme	25	22	1	1	-	-	1
Crèches	23	18	3	1	-	-	1
Mobile toy library	19	14	3	-	-	-	2
Under 1's group	16	13	3	-	-	-	-

Statements

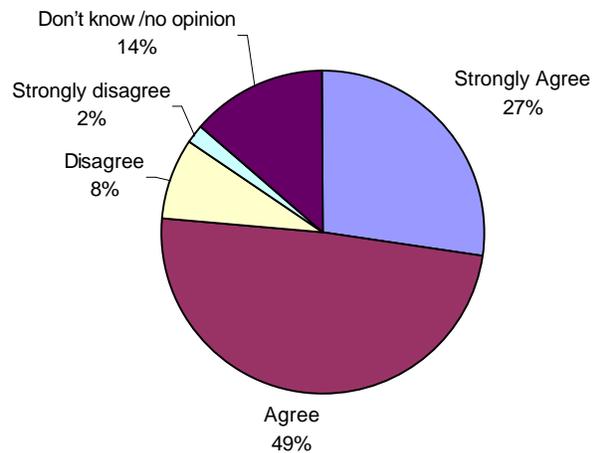
Parents were asked how far they agreed or disagreed with 3 statements, first that 'Sure Start provides the sort of activities that I want'. 82% of people either strongly agreed or agreed with this statement. 13% of people failed to answer and 5% of people disagreed that Sure Start offers relevant activities.



The second statement was 'I don't feel that Sure Start listens to parent feedback' 11% of people either agreed or strongly agreed with this statement while 50% disagreed and strongly disagree. 16% of people felt that they didn't know whether Sure Start listened to parents. 23% declined to answer the question.



The third statement asked parents how they felt about 'using sure start services has made my daily life more enjoyable' 8% of people either disagreed or strongly disagreed with this however 63% of people agreed and strongly agreed that Sure Start had made their daily lives more enjoyable.



Information

In order to assess how much people know about Sure Start activities people were asked if they felt they had enough information about Sure Start and its activities. No one involved in the survey felt they received too much information, a majority of people, 35, felt that the level was just right while 15 people felt that the level of information was inadequate.

Suggestions to improve this situation predominantly involved providing people with more information about what different sessions involve and the age groups they are aimed at.

"Might be good to tailor the information to the age of the child you've got as a lot of the information about the services are not suitable for my child and was only when I spoke to the Health Visitor that I worked out what was best for a baby of his age."

"Need explanation of groups"

"Have only just started getting info from Sure Start not all sessions are obvious as what they are for a description of the sessions may be useful."

"Not sure what some of the groups are about - more information in newsletters"

"Send more information though post"

Most mothers are very shy to ask about Sure Start services. I think paperwork should be sent out to them in Urdu/English, to let them know what's available (or a booklet)

The issue of sessions being fully booked before people are made aware of the activity was seen a problem.

"I have just received a new timetable with sessions already full. I didn't even know about them to have an opportunity to book"

"More information on activities and more activities when booking they're always full. Radio advertising does not give enough information about the area Sure Start covers."

"More leaflets before the sessions are on"

Other suggestions included

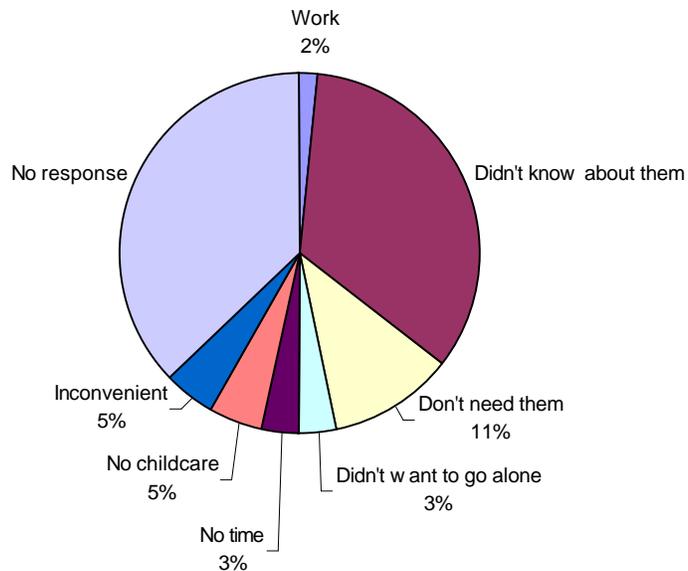
"Would like more information on what other sure starts are up to (for ideas). Also I think advertising in free local papers would be a good idea."

"Keeping records of parent's and children's interest and phoning them when group/activity comes up."

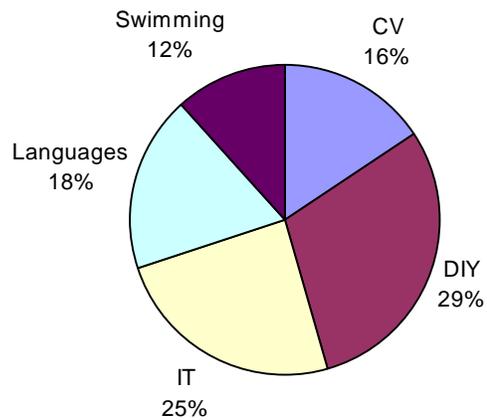
Adult Training

In addition to the many activities and services available to children and families Sure Start offers a range of adult training sessions. Only 25% (11/43) of the people who completed the survey had accessed this training

the majority of these stated they had not become involved because they didn't know about the training.



People were also asked if there were any other adult training courses that they would be interested in the table below shows the number of people wanting to take part in various courses.



Participants also suggested several other possible training sessions that they would be interested in, these included: childcare qualifications, creative activities, counselling courses, driving theory, and cookery.

Future Services

Finally people were asked to explain which other services and activities they would like to see provided by Sure Start.

"More training sessions, to help improve self esteem and sessions to benefit our children"

"I.T. skills for young children and parents Learn to make the most of the I.T. More music & movement sessions, for parents and children or just for children, More mums and dads events, Another 'Pamper Evening' for parents"

"work in the afternoons so therefore I am limited to which activities I can attend therefore I miss out on parentcraft Jo Jingles, some of the playing together sessions and also fun days which I think is quite a lot."

"I would like to see something for the children after they turn 1 and are no longer able to go to the under 1's and are not old enough for pre-school groups."

"More coaches/buses on outings so that everyone can go, instead of being left on the waiting list and not being able to go. e.g. Seabridge centre (many families could not go because there was not enough coaches for everyone) (like myself & family)"

"Sewing classes, More health club sessions, More often on time out crèche"

"Baby sign language. I have heard about this but don't know where to learn"

"More first aid sessions. More sessions where the parents are having to actively participate in group activities to encourage socialisation between parents"

"1 Sewing classes with crèches 2 Exercise classes or walking sessions with children (evenings) 3 Playing and learning activities (Victoria SC) after 4.30pm"

"Hospital transport"

"Information on keeping fit, more exercise classes and more activities, day's out for mums (e.g Ceramic café was enjoyed very much)."

"Self Defence Course"

6. Discussion & Conclusions

One of the main objectives of this evaluation was to investigate why, people registered with Sure Start, do not attend activities; despite the small sample size this survey has highlighted four distinct reasons for non attendance.

- Lack of time
- Unhappy with location or venue
- People don't want to attend alone
- Lack of information about sessions

People commented that they didn't want to attend sessions on their own and this stopped them from going to Sure Start activities, going into a new situation alone can be a very daunting prospect particularly where the other people all appear to know each other, the programme needs to address the way in which new families are involved in Sure Start perhaps starting a buddy scheme with staff or parents already involved in the programme meeting new parents accompanying them to sessions and introducing them to others.

People also felt that the location of Sure Start activities stopped them from taking part stating that they only felt comfortable attending activities at the Princess Street community centre.

A lack of information about what various sure start activities entail and the age groups they are for has inhibited several people from attending Sure Start. A small handbook or guide briefly explaining the activities may be particularly useful for the programme.

The second objective of this evaluation was to find out how people feel about existing Sure Start services. A positive response was received about Sure Start Inner Burton. Activities were felt to be easily accessible and the mini bus service was particularly useful. All Sure Start activities had been utilised by the participants and were all rated highly, the however the relatively small sample prevents extrapolations to the wider community from being made. Participants felt that sure start provides the sort of activities that they want , in general that sure start listens to parent feedback and that sure Start has made their daily life more enjoyable.

The issue of a lack of information about activities discussed above was again highlighted by those using Sure Start services, a majority of people felt that the level of information was just right however a significant number felt that the information was not sufficient requesting explanations and age ranges of the groups. Wider publicity of the adult training courses is also required a number of people were interested in the suggested courses but had not become involved because they were not aware of the training possibilities.

The third objective of the evaluation was to explore what parents wanted from Sure Start Inner Burton in the future, due to the relatively small sample size of the survey and the level of information required to answer this objective fully further work is required. The two main themes that emerged from the survey

were further opportunities for a variety of adult training sessions and groups for parents around craft and health and fitness activities.

7. Recommendations

- Consideration should be given to starting a buddy scheme with existing Sure Start parents partnering people who don't feel comfortable attending alone or are new to the area. This scheme would hope to both encourage participation and increase confidence and social networks for all parties.
- The suggestion of a handbook giving descriptions and age ranges for the various activities should be passed to programme staff for their consultation.
- The publicity and information currently available around the adult training opportunities should be reviewed

Sure Start Inner Burton

Team Working Evaluation Report

2. Background

2.1 Sure Start Inner Burton incorporates the former wards of Broadway, Inner Burton (Wetmore), Uxbridge and Victoria (south) in Burton on Trent Staffordshire. All of the programme staff are based in one building in the Uxbridge ward of the Sure Start Inner Burton area. These premises on Uxbridge Street have been the temporary headquarters of the Sure Start programme since it began in 2001 consisting of three small offices, a bathroom, a kitchen also used as office space upstairs and an open plan office downstairs with storage space and a small play area. Families can drop in to talk to the various staff members within the interdisciplinary team which includes health, child care and family support professionals. All events and activities take place in various community locations within the Sure Start area. The programme is due to move into a new purpose build facility in April 2004.

2.2 Sure Start Inner Burton's evaluation is led by a core group consisting of parents, Sure Start team members, the programme manager and the evaluation co-ordinator. As part of the programme's evaluation strategy a process evaluation of Inner Burtons 'team approach' to interagency working was undertaken in order to investigate how professionals from different agencies work together, looking at the details and dynamics of this way of working. The core group decided that an evaluation of this 'team approach' to integrated working would provide evidence of the strengths of this way of working and highlight any limitations that need to be addressed.

2.3 This approach to delivering services contrasts to the traditional mainstream approach (and that taken in many other Sure Start programmes) in which service providers work individually on specific projects and services and are rarely co-located.

3. Aims and Objectives

3.1 The aim of this evaluation was:

To assess the team working approach of Sure Start Inner Burton, gaining an insight into the opinions and experience of service providers and families of this approach.

3.2 The objectives of the evaluation were:

- To understand how staff and families view the team approach
- Examine the benefits and limitations of working within the interdisciplinary team
- To investigate people's experiences of this integrated approach to service provision

4. Methods

4.1 In order to gain a realistic picture of the working approach of Sure Start Inner Burton 3 methods of data collection were employed for the evaluation, these were:

- A questionnaire to all team members
- A mapping exercise of how team members worked together
- Focus groups to examine issues in more detail.

4.2 The questionnaire (appendix A) was carried out in the initial stage of the evaluation, distributed to all team members; a structured weighted questionnaire was selected. This offered the opportunity to understand how staff rated different area of their working life. It was felt to be important that all staff had the opportunity to contribute their thoughts and opinions at this stage to gain a clear overview of working in Sure Start Inner Burton. The survey covered 7 areas of working life these are

- Opportunity to help others
- Your work
- The team
- Workload
- Management
- Education & development
- Working environment

The questionnaire was adapted from a questionnaire produced and validated on a large sample (2460) of health care professionals

The survey was circulated to team members via the Sure Start centre. The majority were delivered by hand, but a few questionnaires were posted. A prepaid envelope was attached to the questionnaire so that surveys could be returned easily, and comments kept confidential with return direct to the evaluation coordinator.

4.3 A mapping exercise was also carried out. This visual tool provides an insight into the working structure of the programme identifying where different professionals link up and work together. All staff were asked to plot on a mapping sheet (appendix B) the other staff with whom they worked with to deliver services.

4.4 Focus groups (appendix C) were selected as a follow up tool to provide a deeper insight into working within the Inner Burton integrated team. These small group interviews generate a discussion of similarities and differences among participants, whereas individual interviews provide a detailed account of the person's unique and personal experiences. Purposive random sampling was used to recruit participants within this stage of the evaluation; this method was selected because it allows for the deliberate or strategic

selection of specific cases where the overall potential purposeful sample is larger than that required for the study. This method also reduces bias within the purposeful category. Despite the randomised element of this method generalisations cannot be drawn, the aim of this qualitative sampling method is not to generalise from the sample to the general population but to support the purpose of the study.

All staff members within the Sure Start Inner Burton Team were informed of the evaluation, those wishing to become involved could sign up to a focus group session.

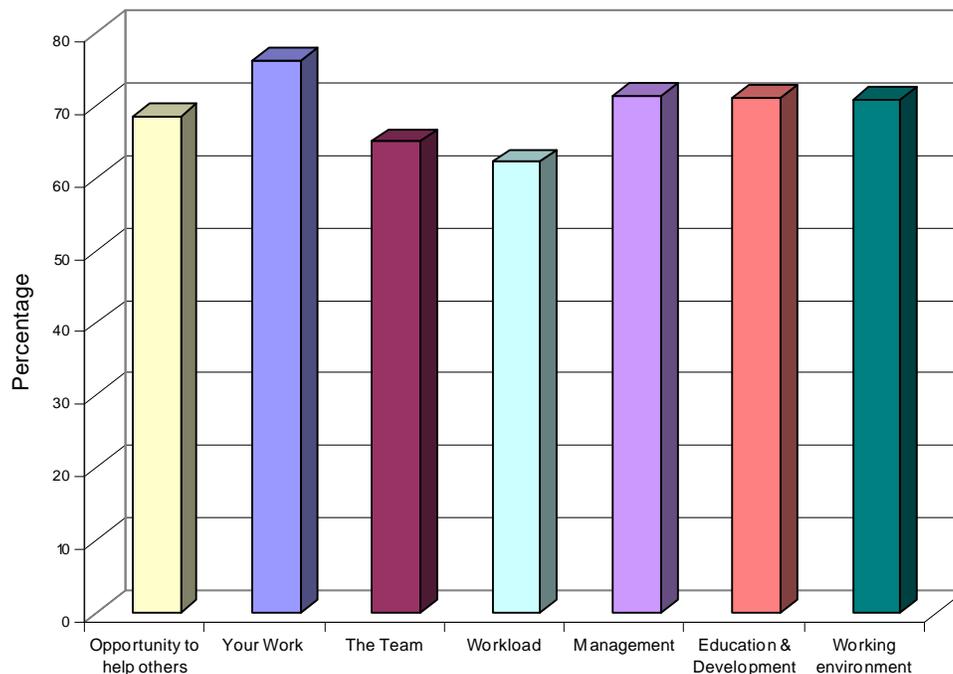
4.6 The focus group interviews were recorded on a digital voice recorder. This was done with the permission of all the individuals, and was discussed before the start of each session. All of the information gathered from the sessions was confidential, and the informants were made aware of this before the session began. They were informed that the files would be kept in password protected files on the researchers PC and not made available to the programme at any time. Confidentiality was important for this study, so the group felt comfortable talking openly about the limitations and benefits of working in the team.

4.7 The interviews were transcribed in full and the method of open coding was used to analyse the data. Any themes and relationships that were identified in the data as a result were compared and contrasted with the other interviews to discover any patterns or exceptions.

5. Findings & Discussion

5.1 The survey was distributed to all of Sure Start Inner Burton's team members during February 2003. Thirty-two copies were sent out in total and 20 completed copies were returned, a return rate of 62.5%, all of which are used in the evaluation. The focus groups with staff members from Sure Start Inner Burton took place between June and September 2003. Three sessions were carried out with 25 employees in total from all areas of the staff team. All focus groups were completed and included in the final report. The group interviews offered people the opportunity to reflect on their experiences of interagency working. The issues discussed were based around the effectiveness of working in a team, the achievements so far, any problematic areas and suggestions of ways in which the team working can be improved.

5.2 The graph below shows each of the topics featured in the survey showing the standardised percentage for each (e.g. a score of 100 = most satisfied). The three topics that team members were most happy with were work, management and education and development. The area that they were least happy with was workload. These findings were confirmed and further developed during the focus group sessions.



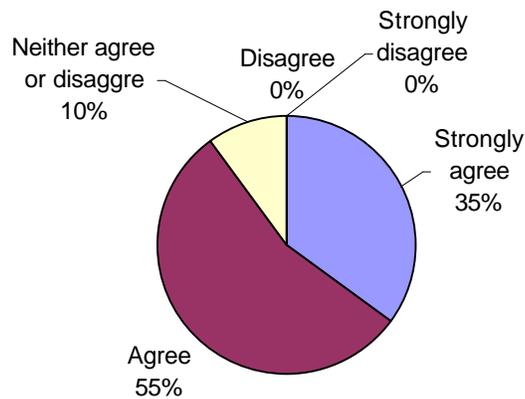
5.3 Within the focus groups staff defined the structure of Sure Start Inner Burton as mini teams within a team, that is smaller groups made up of staff from similar professions working towards joint aims and objectives. The Staff response to this way of working was very positive people felt it had made a

difference to the services they could offer and improved the way they were able to work.
The questionnaire also found that the majority of staff (70%) felt as if they were part of a team

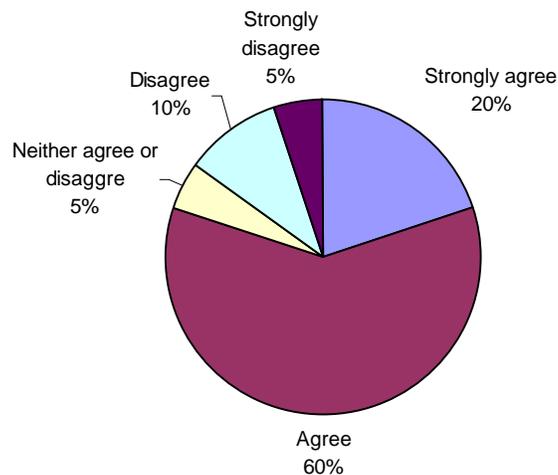
5.3 Benefits of the Team

Approach to work

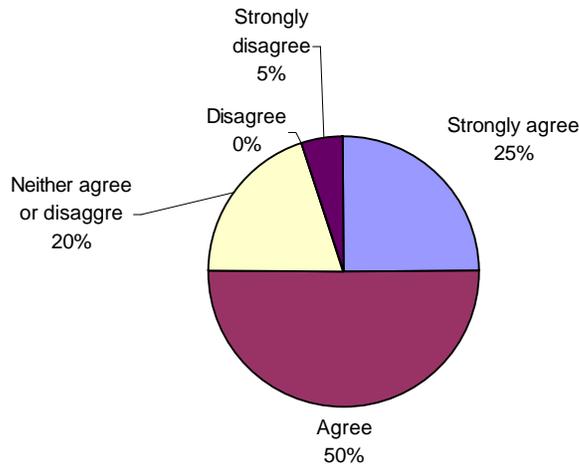
The approach to working within the team was identified as the most positive aspect of work within the questionnaire. In particular people felt their work was interesting,



They feel they had the opportunity to make their own decisions



They also felt able to try out new ways of doing things



During the focus group sessions participants elaborated on these findings, discussing how this way of working allowed flexibility in the ways they work. People felt they were able to see projects through, to use their own initiative to come up with new and innovative ideas both in terms of the services and the ways in which they were delivered.

"There's no pressure on you. Nobody's looking over your back just to see how you're competing, what are you doing. So, I think you give more this way. You work a lot harder. Before you're always constantly thinking somebody's watching you, I've got to achieve this, I've got to achieve that. There's no pressure"

"I came from an education background having worked in schools and from an education background and I've only worked here twelve months but I wouldn't go back now to that way of working. I wouldn't like to, it's much better for ourselves. So, I've learned so much more working the way we do"

"I like it because it's a lot more laid back than where I've worked before and it makes you more comfortable and you're more willing to do your jobs and things like that which won't necessarily be what you would do"

"I've not worked anywhere else like it's this, where it's this flexible, like nowhere else. And that's what keeps us here....and if that went, I think then a lot of us...then we would go. There's no two ways about that. Being able to marry together a really nice job with your family is, like, all important"

Building relationships

The questionnaire highlighted that people found the Sure Start environment to be a friendly place to work, 88% of respondents stated that they either strongly agreed or agreed with the statement. The focus groups highlighted just how strong this bond was. People described how they would all pull together in any difficulties to help out other team members.

"The fact that I know everybody so well, I don't mind going and asking advice. Nobody minds, do they and everyone will gladly tell you there and then on the spot, there's no animosity that's going on about it. It's just things have to be fast moving otherwise we won't give a good service"

"I do think as a team and colleagues we've also become friends as well as colleagues which is nice"

"But nothing's beneath anybody is it? If anything wants doing you just get on with it....Everyone just mucks in together don't they?"

5.4 Reasons for successes **Personalities**

This was a very strong theme within all of the focus group sessions, the team was seen to be made up of a very good mix of personalities this was felt to be a very important factor for the success of working in a team. This feeling of a close knit team

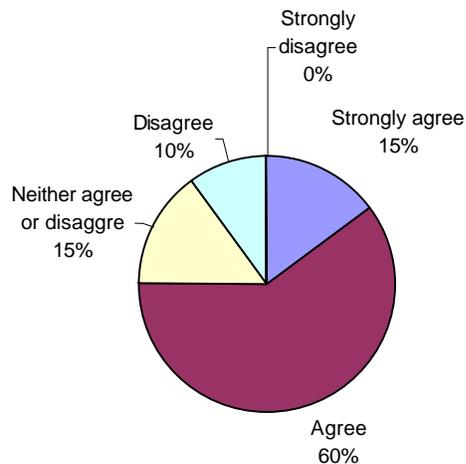
"Getting a good mixture of personalities [is important], there's very few people who have ever been chosen that not everybody gets on with and I think that is a distinct knack that makes a difference to the team, because there's nobody who wouldn't dream of helping, is there?"

"They're such a good mix of personalities. It works well."

"I think it's partly due to the personalities you've got working in the team as well. Using their strengths and, you know, you can see where someone can be extended or expanded"

Management

The questionnaire asked participants if they felt their opinions were listened to. As the chart below shows 75% of participants either strongly agreed or agreed with this statement.



The programme manager was seen as a key factor driving the success of this approach as it was felt that she championed this way of working. This discussion took place in all groups, but it was particularly prominent in the final focus group, which took place shortly after the programme manager had announced her resignation. This was obviously a very traumatic time for the whole team with an imminent period of change ahead.

"And it can build confidence as well because they do give you a chance to do what you'd like to do or they encourage you so you're gaining in confidence aren't you?"

"It's people you work with. They're interested and they're keen, where I worked before you came up with an idea and you just didn't get the support to carry it through, but here you do."

"It has got to do with the way [the managers] led it, it's her vision because she's very laid back, very open to suggestions from the team"

5.5 Limitations of the team Communication

It was felt that communication within the individual teams was good however there were some problems with communications particularly of decision making within the overall structure, this was seen as an inevitable consequence when working in such a large group

"I think sometimes the information sharing isn't deep enough, we get an overview of everybody, but sometimes there are little initiatives that we don't know. So if you're in the office and someone calls in for something you can end up looking a bit clueless"

"They're team decisions but not always all of the team is represented. That's the problem. I just think that 32 people to get together is quite unmanageable. You can't do it"

"Sometimes decisions are made the whole team hasn't been informed, well... the other week... we'd all missed the plot, none of us attended the right meeting to find out if there was one and there were serious implications to our working practices."

Suggestions were put forward by the focus groups of ways the communication issues could be dealt with, these included

"I think we need a big notice board with current things that are on the go that are new. So that, like, if [someone] has been off, she can come in and look and see there's a Tuesday booking for trips, just bullet points what people are doing and which team are doing it so that if somebody does come in, you know, if they've sent some letters out about childminding and somebody comes in about it, we've got a vague idea of what they're talking about"

"I also think that an idea that crosses my mind there ought to be like a front of house person, that's answering telephones, passing information on and is a key holder to all information"

"minutes should be made and then taken back to the next meeting, signed off and then distributed to everybody so that we all know, and if you object to anything on it you've still got the opportunity to say before it's instigated"

5.5 Loss of individual roles

Concerns were raised in the focus groups by some team member that there can be a blurring of roles within the team, some participants discussed feeling pressured to carry out tasks of the wider team before their individual role objectives.

"the pressure's on because we have specific data and targets that we have to meet because of our contract, we don't have a choice in it. We're really trying hard to meet that and it's very difficult because you're doing so many things."

"sometimes if you're downstairs and the phone's ringing and you're the only one there's an onus on you to keep answering the phone and it takes you away from what you're doing big time and you can't get back on track"

"The minute you get into Sure Start, your time is just taken with completely different things. When I often look at what I've done in the month, it's nothing as to what I should have done. In trying to, like, tell managers that oh well, I've spent my time very wisely."

Service providers also talked about feeling a sense of guilt when they were not able to help with tasks,

"if you're the only one down there you're constant and it isn't like the phone's next to my desk. I'm walking round, I answer it, I sort it and I come back I sit down and off it goes again. You can't get any work done. If you don't answer it and somebody from upstairs comes down then they moan 'why didn't you answer the phone?'"

"The other thing is as well, and I don't really like to say this, but you're made to feel guilty if you don't answer the phone"

"Like you're saying cleaning out the stores or whatever.....actually, that's not what you're employed to do at all and you're not meeting your target, you know, how can you meet your target if you're very busy doing these other things"

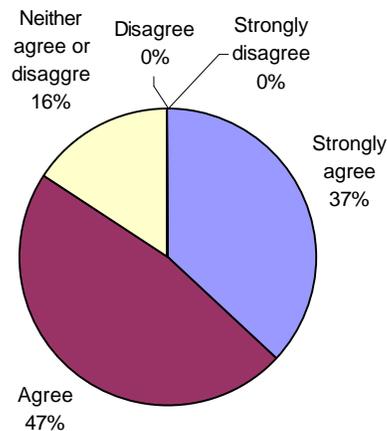
This situation has led to worries about accountability when carrying out tasks that fall outside of individual professional practice.

"I do sometimes worry about if you do go over the edge of your professional responsibilities."

"it's taken me a long time to be able to work practice-wise legally to develop these skills today and I still find that if I'm not careful I could spend my whole week with other children and I'm not doing the work I should be doing because I'm having to do lots of other things"

5.6 Benefits of working as a team Improving Service Quality

Team members felt that working in this joined up way had led to improvements in the quality of service they were able to deliver. The questionnaire asked participants to if they felt that the overall quality of service provided is high.



As the above chart shows people were very positive about the quality of service. This issue was developed within the focus groups. It was highlighted as one of the most important results of working as an interdisciplinary team.

"The good thing with having everybody in the same building it's like, well I come from more of a pre-school background, if you'd have had a concern about a child you might have thought speak to the parent, probably a health visitor needs to be involved or "I think it's [working in a team] improved the service we've provided, a lot better quality service. We think laterally because we think I can't do that however so and so could do it or, we're more likely to pull each other in to do things rather than think it's not possible"

something like that and then you've got that bother to sort of get in touch with somebody, whereas we can go to [someone] and say we've got this concern and what have you and it's a matter of just walking upstairs and you're there aren't you?"

You can observe and just pass on straight away that day what you've actually seen instead of waiting months for phone calls, somebody to get back to you.

Participants talked about signposting families directly to organisations or individuals.

"We are very good at signposting... You can give them a name and say talk to so and so, this is what they do and they can help you. Whereas before, you'd say I think there's an organisation called so and so and they might be able to help you"

"And you pull on other people's skills, whereas if you didn't know each other well ... you learn a lot from one another and you know exactly who to go to, to help you with what you need"

Working in an interdisciplinary team has led to people gaining a deeper understanding of various other professions and organisations

Transferring skills

"We can also bounce ideas off other people in the team as well. If you're organising something and you need some ideas, either Catherine or one of the midwives has got an idea, they know somebody and they say "I can get that for you" or "I know somebody who does that".

"It's your ideal scenario isn't it – to be able to physically work with other people. You're always saying it would be really nice to work with other professionals and that's pretty much as far as it gets, apart perhaps from sitting on a committee with somebody. It never gets much further than that. Whereas here you've actually been able to put it into practice. It's bound to have made a big impact, it's great"

Working together in this way has led to some skills being transferred across the whole team; all members of Sure Start Inner Burton have been trained to provide breastfeeding support.

"Things like breastfeeding as well, everybody's trained together, so the support we can give for that is really quite big. I don't think there's ever been an approach like that before. I mean, you wouldn't just be able to walk into your local health centre and the receptionist start giving you advice on how to breastfeed, but if you come into Sure Start"

Child consultation Record Sheet

- **Stage 1: Choosing the Sample**

Choose approximately 7 children by asking them who would like to be involved in the project, with the help of the staff (who are familiar with the children).

Need to think about splitting the group by gender or by friend groups e.g. best friends. Will need to go with what works with the children chosen.

- **Stage 2: Discussion with the Children**

Explain to the children that we would like to know what they like and don't like to do when at nursery, and so ask them if they could they help us by telling us what is important to them at nursery and what are the things they don't like about nursery.

We want to understand their daily routine.

Could ask them to describe what things they would tell a new child at the nursery – best / worst things about the nursery.

Explain to the children that we would like them to show us what they like and don't like to do by a variety of methods; they can tell us; show us by taking us to the places they like/dislike; take pictures with cameras; make pictures / symbolic maps.

The **aim of the first stage** is to start to build a rapport with the children and get them thinking and telling us about their routines and likes / dislikes. By asking them about their daily routine, this will highlight to us the things they remember and therefore what stands out in their mind as a major part of childcare, indicating to us what may be important and can also lead to further discussion.

Questions asked of parents as used by Clark & Moss (2001), these can be adapted to be used with children:

What would be a good day for you in the nursery?

What do you think would be a bad day in the nursery?

What do you like playing with in the nursery? (Lancaster 2003).

Basic questions for children e.g. what do you like about this? Which do you prefer? Not why questions (Sweeney 2003).

Other questions for children:

Favourite activities? Indoors? Outdoors?

Activities don't like to do? Indoors? Outdoors?

What is most important for the children at nursery?

What do grown ups do at the nursery? What should grown ups do?

- **Stage 3: Creating Pictures**

The initial discussion will have refreshed the children's memories about their likes / dislikes of the nursery and therefore will prepare them for creating pictures. The children will be provided with a variety of arts and crafts materials and will be asked to create pictures / models to illustrate what they like / don't like at nursery – activities / areas / people etc.

- **Stage 4: Child Led Tour**

The children will be asked to take the researchers on a tour of the nursery showing us various areas/activities they feel are important and therefore wish to highlight to us. Each child on the tour will be given a disposable camera and will be asked to take pictures as they lead the tour. Need to work with each child to show them how to use the camera.

Ask the children about the photo's they had taken – what did they see? What did they like or dislike about something? What happened? Children's comments will be recorded. Can ask them what would they like to show Mummy & Daddy about their nursery? (Lancaster 2003).

- **Stage 5: Creation of Symbolic Maps and Child Consultation**

The researchers will return to the childcare setting and will ask the children to choose the pictures / photographs that they want to include on their symbolic maps. At this stage it is important to listen to the children as they describe and explain their choices of pictures in order for the researchers to understand what is important to the children within childcare settings

(Clark & Moss 2001). The session will be tape-recorded and statements / quotations from the children will be noted alongside their pictures.

- **Stage 6: Staff Consultation**

Need to ask key workers whether they consult with the children for their ideas on activities/setting (Lancaster 2003).

Ask staff what the children prefer to play with / what are their favourite areas within the childcare settings / favourite activities / least liked activities – areas etc. and why? Male / female dominated activities / areas?

Could use the table to calculate the number of times the categories are mentioned e.g. use of bar gates.

The first three columns (initial discussion, picture drawing, tour & cameras,), the number of children talking about these categories is recorded – for picture drawing this is recording the object of each picture, this may include two different things e.g. playing outside and friends. The third category is observational and asking the children what they are taking photos of, but this is difficult to follow when there are 7 children running in different directions. For the fourth column (symbolic maps & child consultation), the children are asked to pick their 10 favourite pictures, their 10 reasons for choosing the pictures will be recorded in this column on the table. For the last column (staff consultation) the key worker(s) will be asked the children's favourite activities and will be recorded on the sheet.

During the consultation process where the children are actually making symbolic maps more detailed information can be collected, via field notes and quotations from the children.

P/O 1794438 Consultancy & training: Consumers as researchers

Sure Start Detectives: Parents as researchers training programme

By Dr Elizabeth Boath & Ali Spender

SureStart

Staffordshire
UNIVERSITY



SureStart Detectives: Parents as researchers training programme

The sessions have been used to train SureStart parents and staff in basic research methods and each group has been encouraged to devise a research project or evaluation, in conjunction with SureStart staff that is appropriate to their local needs. For example, the Burton group revised an existing summer activities questionnaire, and all groups are currently considering options, such as why more families do not attend SureStart events.

The training consists of face-to-face interactive workshops, lectures and small group work and is tailored to the individual needs of each cohort. Each group has sessions of consultancy time that they can draw on when required to support the research / evaluation that they choose. This is currently outstanding for all cohorts. An outline of the training sessions is shown below.

Introduction to research and critical appraisal

What it is? Who does it? How do they do it? Where is it done? The research process. Investigating the research of others and assessing the quality of research that informs the way services are delivered.

Literature searching, research questions, and developing a research protocol *Reviewing and defining the topic area, establishing a manageable research/evaluation question.*

Sampling

Selecting who is to be researched, issues in selection and generalisability.

Data collection, interviews

What are they? Why use them? Best practice for interviews.

Data collection, focus groups

What are they? Why use them? Best practice for focus groups.

Research / evaluation project support

Time set aside to support individual trainees in their own projects.

Data collection, questionnaires

What are they? Why use them? Best practice for questionnaires.

Data analysis

An introduction to the more common analysis techniques for the types of data collected via questionnaires, interviews and focus groups.

Dissemination

Report write-up and publicising findings.

Ethics

Ethical considerations in research, applying for ethical approval.

Research / evaluation project support

Time set aside to support individual trainees in their own projects.

Programme summary

A round up of skills covered during the programme

Recruitment of participants

In order to facilitate recruitment, a flyer was developed by AS and EB in conjunction with SureStart staff and parents. The flyer is shown in Appendix 1. This was placed in SureStart venues and included in SureStart Newsletters, mail shots and handed out to parents. SureStart staff also telephoned and approached individuals who they felt would be interested in attending the group.

Where & when the course is running

The 'SureStart Detectives: Consumers as Researchers' course is currently ongoing in Burton, Cannock and Newcastle. The training sessions will run during the following periods.

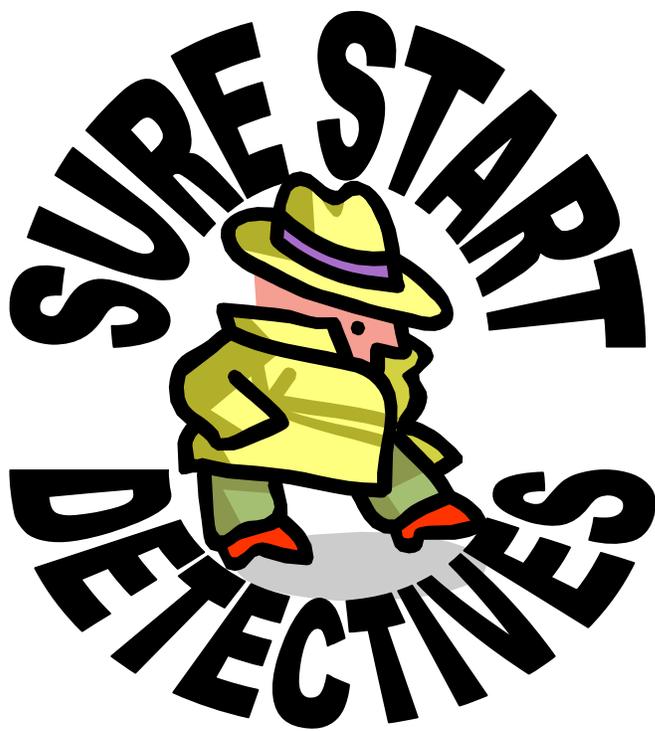
- Burton runs from 29th Sept 2003 through to 29th January 2004.
- Cannock runs from 6th Feb 2004 to 6th April.
- Newcastle runs from 23rd Feb 2004 to 10th May 2004.

Evaluation of the training

Participants will be asked to complete an evaluation form at the final training session. The evaluation form is shown in Appendix 2. This evaluation is currently in progress.

In addition participants have been asked to complete a Rosenberg self-esteem questionnaire the first and final teaching sessions. Data collection is currently ongoing.

PARENTS WE NEED YOU!



A group of parents and Sure Start staff and volunteers are meeting on a 10 week course to learn how to get their views and the views of others heard.

The course will help them become 'detectives' who will seek out and research important

The course is run by two researchers from Staffordshire University, Liz Boath and Ali Spender.

Liz and Ali will talk about different ways that research can be carried out, demonstrate the ideal ways to do a research project and help the Sure Start 'detectives' start up a project.

Course Feedback Form

We'd really like to hear your views about how you found the course. This information will help us plan courses that will be most helpful and useful to others in the future.

What have you found most useful about the course?

What have you found least useful about the course?

Can you name three things you've found out whilst on the course that you didn't know before?

1.

.....

2.

.....

3.

.....

Can you think of anything that wasn't covered on the course that you think would have been useful?

Do you think the venue of the course was appropriate and convenient?
(If no - please can you say why)

Were the refreshments OK? (If no - please can you say why)

P/O 1801459 Infant massage.

Infant Massage: An evaluation

**By Ali Spender & Dr Elizabeth
Boath**

SureStart

Staffordshire
UNIVERSITY



The Project Team

The project team consisted of:

Dr. Elizabeth Boath (Psychologist & Research Methodologist)

Dr. Carol Henshaw (Perinatal Psychiatrist)

Ali Spender (Researcher & Qualitative expert).

Dr Eleanor Bradley (Senior research fellow)

Acknowledgements

We are grateful to SureStart for providing the funding for this work. Jackie Redhead for administrative support and transcribing the audio tapes. Catherine Doyle who facilitated our access to the group and to the women who gave so freely of their time in participating in this project.

Background

Field (2000) reviewed the research relating to infant massage and infant development and mother-infant interaction and found that infant massage had a positive effect on mother-infant interactions, improved maternal mood, improved weight gain, improved sleep patterns, reduced distress behaviour and increased motor behaviour in infants (Scafidi et al., 1993; Wheeden et al., 1993; Field et al., 1996; Scafidi et al., 1990; Onozawa et al., 2001). Other evidence suggests that infant massage can improve mother-infant bonding, relax both the mother and the infant, stimulate the infant's respiratory, immune, digestive, circulatory and eliminatory systems and so relieve colic, wind, constipation and mucous (Field et al., 1986; Ottenbacher et al., 1987; White-Traut et al., 1988; Field et al., 1995; Field et al., 1997).

However, there are a number of problems with this work. Field's work is based in tertiary care in the USA and so is not transferable to a UK community based setting. The generalisability is further limited by the fact that one study was limited to low social economic status, single, depressed adolescent mothers (Field et al., 1996a) and another on pre-term infants (Scafidi et al., 1993) and another on pre-term cocaine-exposed infants (Wheeden et al., 1993).

Many of these studies were group based, and clinical experience suggests that women find groups threatening, difficult to attend and prefer individual care. Indeed, only 25 out of 59 women who agreed to take part in the infant massage pilot study by Onozawa and colleagues (2001) completed the study. In addition it is not possible to distinguish which aspects of massage classes are beneficial.

Postnatal depression can have far reaching effects on mother-infant interaction and on the subsequent emotional and cognitive development of the child (Wrate et al., 1985; Coghill et al., 1986; Caplan et al., 1989; Ghodsian, 1994; Stein et al., 1991; Murray & Cooper, 1996; Murray et al., 1996; Sinclair & Murray, 1998). Treatment of postnatal depression has been directed solely at the improvement of maternal mood (Boath & Henshaw, 2001). However, in the absence of any specific attention to the mother-infant relationship, this does not indirectly improve the quality of mother-infant interaction (Cooper & Murray, 1997; Seeley et al., 1996).

It is hypothesised that training mothers to massage their infant and to understand the infant's cues and responses will improve mother-infant interaction, attachment, infant cognitive and emotional development, and by improving any maternal depression that may be present, help prevent the long-term negative consequences of postnatal depression on the child.

The aims of this work were to:

- assess the outcomes for women attending the group using valid and reliable scales;
- assess the acceptability of this intervention using a semi-structured interview.

Methods

Subjects & Recruitment: All women attending the infant massage course were eligible to take part in the study. A patient information leaflet was developed to facilitate recruitment (See Appendix 1). AS attended the 1st session of the 6 week infant massage course, explained the

study to the women and invited them to participate. Informed consent was then obtained. Ethical approval was given by East Staffordshire Local Research Ethics Committee

Infant Massage Group: The massage training sessions lasted for 1 hour over a period of 6 weeks.

Assessment measures: Women were assessed using the battery of measures described below at session 1 (Time 1) and at session 6 (Time 2).

- **The Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987)** a 10 item self-report scale, specifically designed to screen for postnatal depression in the community. The EPDS has been specifically validated for use with postnatal women, is well received, quick to complete and easy to score. It rates the intensity of depressive symptoms present during the last seven days and repeated applications of the scale can be used to provide a measure of change in depressive state over time.
- **Postpartum Bonding Questionnaire (PBQ) (Brockington et al, 2001)** a screening questionnaire that can be used by midwives and health visitors for early diagnosis of mother-infant bonding disorders. The PBQ assess changes over time.

Telephone Interviews: A semi-structured interview schedule was designed to explore women's satisfaction with, concerns about and attitudes towards, infant-massage and to investigate their perceptions of its impact on their infants and their relationship with their infants (See Appendix 2). The telephone interviews were all carried out by AS, were audio-taped and later transcribed to facilitate analysis.

Data Analysis: Full transcripts of the interviews were produced. The transcripts were independently read by AS and EB to acquire an overall view and prevent one perspective dominating the analysis. Systematic content analytic techniques were used to identify key themes emerging from the data as discussed by Weber (1990). Quantitative data was analysed using SPSS-PC.

Results

Five women attended the group and four agreed to participate in the study and completed the EPDS and the PBQ at time 1. However, only one woman completed the EPDS and the PBQ at time 2. Changes in pre and post scores on the EPDS and the PBQ were not therefore suitable for analysis. However, only one of the four women scored above 12 on the EPDS, which is the threshold for indicating the presence of a depressive disorder.

Two women were available for the follow-up telephone interview. Systematic content analytic techniques were used to identify themes emerging from the qualitative data (Weber, 1990).

Telephone interview results

Woman 1 attended all of the sessions, woman 2 attended two sessions. On the whole the women enjoyed the experience of the baby massage group but were concerned with the poor attendance. A number of key themes emerged from the interviews in response to the areas of questioning:

- awareness of the group
- access to the group
- group dynamics
- massage activity
- benefits of the group and the massage activity

Awareness of the group

One woman had previously asked her health visitor about a baby massage group and thought she had been put on a list in preparation for a planned group. Both women were informed of the group via an information leaflet which gave details of when and where the group was taking place and information about the benefits of baby massage. There was disagreement between the women regarding the adequacy of the information. One felt it was sufficiently informative, however, this woman also mentioned she had received a telephone call about the group too. The other was concerned that the information implied that the group was for women suffering from post-natal depression and those experiencing problems and that this could be off-putting to some mothers.

Where it was saying, do you bond, does your child sleep, to me it was more like a post-natal depression sort of follow up as opposed to just a baby massage and some people may not have wanted to go because they're already bonding or they weren't sure of it. (woman 2)

The same woman highlighted the need for the information to express the flexibility of the group to avert mothers' concerns about taking older children and being able to feed their babies at the group.

And the feeding thing 'cause you always think to yourself oh god I'm going to get there and they'll want feeding so I won't be able to do it anyway so what's the point. You don't realise how flexible the group is – you don't realise there's going to be people there to look after your older ones. It's only if you ring and ask those questions. (woman 2)

Access to the group

Both women said they were satisfied with the group venue and access. However they did recognise that some people may have had difficulty with the time, transport and/or car parking. One woman acknowledged that it would be difficult to have a time that would suit everybody. She reiterated what she had said about the flexibility and that if people had been more aware of this it may have been less of a barrier to attendance.

I think what I said to her as well is maybe if you could have on the leaflet – don't worry if your baby is sleeping when you get there because there's a doll there – you don't know that until you actually get there. You could just think to yourself – well there's no point going there because he's going to be having his dinner, but if you were aware that there was somebody

there that could feed him and that you could use a doll then that would make it more beneficial. (woman 2)

The transport provided (mini bus) seemed to be popular although on one occasion a problem was experienced by one of the women arranging this transport. It was recognised that the venue was easily accessed on foot.

Group dynamics

Both women indicated they had enjoyed the group and had felt comfortable and relaxed. They agreed that the initial number of mothers attending was about the right amount (5 or 6).

It was just the right amount of people. Otherwise if you had too many people it could have been quite difficult. (woman 1)

Probably about half a dozen would be an ideal group number and it's trying to get those people to stay. Then you're in a smaller group and you can talk to each other more and you can get to know the people in the group who were with you and then the people who are doing the course can concentrate on 6 as opposed to a larger number and not really see everybody. You don't feel afraid to ask when there's a smaller amount. (woman 2)

Knowing other people at the group, whether that be another mother or the staff, appeared to help the women feel comfortable.

I knew one of the other mums from previous groups and that was OK I at least had somebody else to talk to – it was better that I knew somebody else. (woman 1)

I only knew one other mum, it didn't really bother me whether I knew somebody else there or not because I knew the Sure Start crèche staff and I knew the health visitor too which helped. (woman 2)

However, one woman felt the group didn't 'gel' and that this was important to the success of the group.

We were all there for the purpose of the baby massage but I don't think there was too much of a chemistry between most of the people there. There could have probably been more of an ice-breaker where the group can actually gel where the mothers can actually get to know each other. I know it was about baby massage but sometimes if it's an actual group you need to help the mothers feel relaxed and comfortable with each other so maybe for next time they can explain who they are, where they come from a bit about their children and what they'd like to learn from the sessions – that would be beneficial. (woman 1)

One woman identified a language barrier for one mother which she felt influenced that mother's lack of attendance at subsequent groups. She likened the language difficulty experienced by the mother to not feeling welcome at a group and suggested having a dual language worker present to overcome this problem.

It was suggested people may have concerns regarding why a professional was at the group.

...everybody has an idea of what a health visitor is and if you've got a leaflet that says do you not bond with your baby, is your baby not sleeping and then you're going to go to a group and people may think, well what's a health visitor doing there, what are they looking for – ulterior motives and that. (woman 2)

She went on to clarify that she had not experienced this feeling at all and that in her opinion the staff and mothers attending were all fine. She explained that she was speculating about the reasons for mothers not attending the group and suggested that a follow-up call to reassure mothers about the group activities may have helped.

Massage activity

There were no problems identified with what the women were instructed to do during the baby massage demonstrations. Both said they understood what they were being asked to do and were comfortable with this. A difference in opinion seemed to arise regarding the opportunity to ask questions.

I wasn't there for all the sessions and there were some specific questions I wanted to ask, like if the baby was having digestion problems, you know, what type of massage could be used in order to help them. Or if they had a cough or something, were there any kind of massages that could help for cold symptoms – just different things like that. They may have been covered in later sessions, but that would have been something I really would have liked to know. (woman 1)

And if you didn't know or were unsure then you could just ask and she would show you again... Because you don't feel uncomfortable asking or saying, what are you doing, or, could you show me – and they would show you. (woman 2)

It appeared to be important to the women that they were able to concentrate on what they were doing and their child. One woman suggested that the other older children should be looked after in a different room to help this.

An improvement would be if the 'other' children could be in another room from the ones actually taking part in the baby massage because that would help the mothers focus solely on the child having the baby massage. Also the baby could focus as well instead of having the distraction there. (woman 1)

Benefits of the group and the massage activity

The women indicated that they both had used baby massage with their children prior to attending the group. They said that they were already aware of the benefits it could have and hoped that what they were doing was having a positive effect. Both specifically mentioned relaxation, one mentioned an aspect of bonding.

I think it helped the baby to be calmer... And also it helped relax the baby when I did the small little movements that we learned. (woman 1)

The massage was supposed to be relaxing so hopefully he will have a better sleep and also for you to have one-to-one time with your child as well. (woman 2)

Both also talked about learning, building on what they knew and the reassurance that what they were doing was beneficial.

But it was good to learn some different ways of massaging especially around the ears and fingers – just some new little things that helped...Yeah – it was good 'cause you're actually learning something even though I did it for myself at home, it was good know that it did have some benefits even though I always thought it did, you know but this made it clearer what the benefits are between mother and child. I would say I felt the benefit of knowing what I was doing was correct and also that it was benefiting the child. It was good. And knowing that the gentle massage I was doing was probably having some health benefits. (woman 1)

I mean I felt that I was already doing all of that so I felt I was building on what I was already doing... you were learning something that would be beneficial to you and your child for loads of issues and any issues that may arise. (woman 2)

When specifically asked whether they felt it was attending a group or the massage activity from which they felt most benefit, the women disagreed.

I think it was the actual massage itself that I found beneficial rather than the group because it was the actual learning. (woman 1)

There was mutual support at the group and also the fact that you know there is a health visitor there so if you did have any other queries such as food or different things, then you felt comfortable asking about something else. So it's a case of seeing your health visitor not just about the group but also to be able to ask about any other things. (woman 2)

General issues

Both women expressed conditions under which they would attend a baby massage group in the future. Woman 1 said that she would attend if more specific information was available about particular massage techniques relating to particular health and well-being conditions. Woman 2 said she would only attend if she felt she and her baby had a problem that she had been unable to deal with on her own first. However, both said she would recommend baby massage to other mothers.

Discussion

This work was limited by the extremely small sample size and the fact that only one woman was available to complete the follow-up assessments and only two women were available for the follow-up telephone interview. The recruitment to the baby massage group and the evaluation suffered from the relative infancy of the initiative offered by the Sure Start programme. The evaluation was initially carried out to assess the impact of infant massage on alleviating postnatal depression and mother-infant interaction. The lack of Time 2 quantitative data and the fact that only one woman met the threshold for postnatal depression meant that these initial aims could not be addressed. Given the mothers' perceptions that the group was

for mothers suffering from postnatal depression, assessing participants of future infant massage groups using the above scales would be a useful continuation of this work.

Despite the methodological problems, the evaluation revealed useful findings that can inform the future developments of baby massage initiatives whether it be targeted at women experiencing postnatal depression or not. The telephone interviews provided some indication of why the group encountered poor attendance and suggestions to overcome this problem and recommendations for future groups are outlined below.

Recommendations

- The group was advertised as appropriate for those experiencing problems – this was an original aim of the group however, one woman didn't perceive she had those problems and therefore questioned its suitability for her. Clearer advertising, perhaps involving previous group members in designing the adverts, and the opportunity to ring someone for clarification of the purpose of the group may improve attendance and ensure that it is targeted at an appropriate group.
- Access did not appear to be a considerable barrier to attendance and the group was centrally located, could be accessed on foot, by car and via the provision of SureStart transport. Making this clear in adverts may facilitate greater attendance in future.
- Although expressed differently, both women seemed to agree that knowing someone else at the group helped. Attending with the support of a friend appears to make a huge difference to how confident the women felt in accessing a group in the first place and the consistency of attendance subsequently. A buddy system could be considered to facilitate increased attendance at future groups.
- There was a difference in opinion regarding asking questions that could be due to woman 1 only attending two sessions, whereas woman 2 attended all sessions. Confidence to ask and discuss the massage appeared to emerge as the sessions progressed. An informal question and answer session at the beginning and end of each group might facilitate this. In addition, the group facilitator could approach each mother individually during the group to see if they have any issues they want to raise.
- The women had a different perception of the group, one felt the mothers didn't 'gel' (woman 1) the other thought the group offered 'mutual support' (woman 2). Although this may have been a result of the different numbers of sessions attended, ice-breaking activities at the first session could help facilitate group dynamics.
- One woman felt that the benefit came from the group and the other from the massage activity. This may be due to the agendas each had for attending. Woman 1 had actively sought out a baby massage group. Woman 2 seemed to believe she was already achieving the aims and objectives of the group by massaging her infant at home. She felt the group was actually targeted at those suffering from postnatal depression but decided to go along to 'see what it was like'.
- Both interviewees highlighted the benefit of reassurance that what they were doing was right and was probably having a positive effect. This could be viewed as a success of the baby massage group for these women who were probably not experiencing postnatal

depression or problems with their child. This supports the argument for baby massage groups for all mothers rather than a targeting of the initiative at postnatal depression sufferers alone.

References

- Boath, E.H. & Henshaw, C. (2001) The treatment of postnatal depression: a comprehensive review. *Journal of Reproductive and Infant Psychology*, 19(3),215-235.
- Brockington, I.F., Oates, J., George, S., Turner, D., Vostanis, P., Sullivan, M., Loh, C. & Murdoch, C. (2001) A screening questionnaire for mother-infant bonding disorders. *Archives of Women's Mental Health*, 3, 133-140.
- Caplan, H., S. Cogill, H. Alexandra, K. Robson, R. Katz, and R. Kumar. 1989. Maternal depression and the emotional development of the child. *British Journal of Psychiatry* 154:818-823.
- Cogill, S.A., H.L. Caplan, H. Alexandra, K. Mordecai Robson, and R. Kumar. 1986. Impact of maternal depression on the cognitive development of young children. *BMJ* 292:1165-1167.
- Cooper, P.J., and L. Murray. 1997. The impact of psychological treatments of postnatal depression on maternal mood and infant development. In *Postpartum Depression and Child Development*, edited by L. Murray and P. J. Cooper. London: The Guilford Press.
- Cox, J.L., J.M. Holden, and R. Sagovsky. 1987. Detection of postnatal depression: development of the Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.
- Field, T. (2000) Infant Massage Therapy. In *Handbook of Infant Mental Health* (2nd ed.) Guilford Press, Guilford.
- Field, T., Grizzle, N., Scafidi, F. Abrams, S., & Richardson, S. (1996). Massage therapy for infants of depressed mothers. *Infant Behaviour and Development*, 11, 109-114.
- Field, T., Schanberg, S., Davalos, M., & Malphurs, J. E. (1996). Massage with oil has more positive effects on normal infants. *Pre- and Perinatal Psychology Journal*, 11(2), 75-80.
- Field, T., Schanberg, S., Davalos, M., & Malphurs, J. E. (1997). Massage therapy effects on infants. *Pre- and Perinatal Psychology Journal*, 12, 73-78.
- Field, T., Schanberg, S., Scafidi, F., Bower, C., Vega-Lahr, N., Garcia, R., Nystrom, J., & Kuhn, C. M. (1986). Tactile/kinesthetic stimulation effects on preterm neonates. *Pediatrics*, 77, 654-658.
- Field, T. (1995) Massage therapy for infants and children. *J.Dev.Behav.Pediatr* 16(2): 105-111.
- Ghodsian, M., E. Zajicek, and S. Wolkind. 1984. A longitudinal study of maternal depression and child behaviour problems. *Journal of Child Psychology and Psychiatry* 25:91-109.

- Murray, L., P.J. Cooper, and A. Stein. 1991. Postnatal depression and infant development. *BMJ* 302:978-979.
- Murray,L., Fiori-Cowley,A., Hooper,R., Cooper,P. (1996) The impact of postnatal depression and associated adversity on early mother-infant interactions and later infant outcome. *Child Development* 67(5): 2512 - 2516.
- Onozawa, K., Glover, V., Adams, D., Modi, N. & Kumar, R.C. (2001) Infant massage improves mother-infant interaction for mothers with postnatal depression. *J Affect Disord.* 63(1-3), 201-7.
- Ottenbacher, K. J., Muller, L., Brandt, D., Heintzelman, A., Hojem, P., & Sharpe, P. (1987). The effectiveness of tactile stimulation as a form of early intervention: A quantitative evaluation, *Journal of Developmental and Behavioral Pediatrics*, 14, 68-76.
- Scafidi, F.A., Field, T. & Schanberg, S.M. (1993) Factors that predict which preterm infants benefit most from massage therapy. *J Dev Behav Pediatr.* 14(3),176-80.
- Scafidi, F., Field, T., Schanberg, S., Bauer, C., Tucci, K., Roberts, J., Morrow, C., & Kuhn, C. M. (1990). Massage stimulates growth in preterm infants: A replication. *Infant Behavior and Development*, 13, 167-188.
- Seeley, S., L. Murray, and P.J. Cooper. 1996. The outcome for mothers and babies of health visitor intervention. *Health Visitor* 69 (4):135-138.
- Sinclair, D., and L. Murray. 1998. Effects of postnatal depression on children's' adjustment to school: Teacher's reports. *British Journal of Psychiatry* 172:58-63.
- Stein,A., Gath, D.H., Bucher,J., Bond,A., Day,A., and Cooper,P.J. (1991). The relationship between postnatal depression and mother-child interaction. *British Journal of Psychiatry*: 158, 46-52.
- Weber, R.P. (1990) Basic Content Analysis (California, SAGE).
- White-Traut, R.C. & Nelson, M.N. (1988) Maternally administered tactile, auditory, visual, and vestibular stimulation: relationship to later interactions between mothers and premature infants. *Res Nurs Health.* 11(1):31-9.
- Wrate, R.M., A. C. Rooney, P.F Thomas, and J.L. Cox. 1985. Postnatal depression and child development. A three-year follow-up study. *British Journal of Psychiatry* 146:622-627.
- Wheeden, A., Scafidi, F.A., Field, T., Ironson, G., Valdeon, C. & Bandstra, E. (1993) Massage effects on cocaine-exposed preterm neonates. *J Dev Behav Pediatr.* 14(5), 318-22.