

***This document has been prepared for the Sure Start Westminster, Church Street Partnership Board by,***

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# Section 1: Introduction

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## 1.1 Third Annual review 2003 / 2004

This is the third annual review for the Sure Start Church Street local programme and covers the period April 2003 – March 2004. The programme is now in a mature stage of operations and the focus is therefore on maintaining the level of service whilst, at the same time, fine tuning service delivery in response to parent feedback, continually extending the number of families reached and contributing to the mainstreaming of Sure Start through the re-shaping of wider services. The strength of the programme continues to be its 'whole system approach', all team members have developed strong inter-professional relationships that seek to promote and assist families in making connections to the most appropriate sources of help. This is not only beneficial to families but staff find this way of working both satisfying and motivating because outcomes for families are more immediate.

The programme continues to benefit from the support of Westminster Primary Care Trust, who provide a valuable infrastructure within which the programme operates. A very positive result of this partnership is that Sure Start is well integrated into the local health community.

There is again much to celebrate over the last year:

- The development of an NVQ programme in partnership with the Primary Care Trust;
- The creation of new crèche and childminding places;
- More integrated support for families;
- More 1<sup>st</sup> Sure Start visits being offered;
- The development of a Mainstreaming Plan across Westminster;
- Further progress with the capital programme;
- Increasing the monthly reach;
- The completion of 2 further local evaluation studies;
- Supporting the Parents Forum to independence and agreement of a budget for 2004/05;
- The development of a book for young children called 'Brusharama'.

- Plus all the many other activities and services, which are outlined in this document;

## **1.2 Terms of Reference**

The aim of this year's annual review is to:

- Provide the Partnership Board with an in-depth review of the programmes performance over the last year;
- Examine the extent to which the programme has made progress towards achieving the Sure Start targets and objectives;
- Report on outcomes resulting from the programme;
- Make recommendations for the future direction of the programme.

## **1.3 Methodology**

Three sources of information have been used to inform this year's annual review. These are:

- A survey of families, living in the Sure Start area with children under 4 years, to ascertain their knowledge of, usage and quality of Sure Start funded services;
- Feedback reports completed by Sure Start staff;
- A review of the monitoring data collected by Sure Start Westminster and the central Sure Start Unit.

## **1.4 Feedback on recommendations 2003 – 04 Annual Review**

The recommendations from last years Annual Review are listed below with progress towards meeting them in bold under each entry.

## **Community / Parental Involvement**

- To prepare a summarised version of this review by, September 2003, for circulation to the community;  
**A summarised version was completed and circulated within the community in September 2003**
  
- To develop a framework for the recruitment of parents as volunteers within the programme. This will create opportunities for parents to gain new skills that may help them gain employment or entry to further education and it will also support the outreach team and other staff in their ever expanding roles;  
**It has been agreed that Home Start will train and second 2 / 3 volunteers to our local programme, who will undertake specific interventions i.e. breastfeeding support. Sure Start will pay for the training and supervision of these volunteers. Volunteer secondment will commence in summer 2004.**
  
- To repeat the community survey in May 2004, ensuring that issues raised this year are built into its re-design including a specific question about information given on the 1<sup>st</sup> Sure Start visit;  
**This has been repeated and a question on the 1<sup>st</sup> visit was included. The findings of the 2004 survey are reported in section 7 of this review.**
  
- To formalise closer links between the Parents Forum and Church Street Regeneration Forum and the user involvement group within Westminster Primary Care Trust.  
**In the last year the Parents Forum has developed a meeting structure, with a core committee and there is now a systematic way of feeding into the Board. Links with other local initiatives will be a key objective in 2004 - 05**

## **Management**

- To undertake a 'value for money' exercise by December 2003;

This is still outstanding and will be a key objective for 2004 – 05. The Project Accountant, Sure Start Director and Local Evaluation Lead will undertake this work.

- To devise a local plan for involving more fathers within the programme;  
There is now an Action Plan for involving fathers across the 3 Westminster Sure Start programmes and a lead practitioner identified in each area.
  
- To improve the recording of ethnic monitoring data;  
This annual review highlights that there is considerably more work to do to improve the recording of this data.
  
- The Board to monitor progress with overcoming the 'frustrations and obstacles' cited by Sure Start staff.  
Many of the issues cited last year have been resolved. However, the Board has not formally reviewed this and the Sure Start Director needs to ensure that this is incorporated into the Partnership Board agendas.

### **Service Delivery**

- To review the impact of the social work post on working more closely with social services;  
There has been an improvement in the level of contact with social services and in the number of referrals from Frampton Street.
  
- To review the new system of referral meetings, as opposed to direct referral to the outreach team and assess whether families still have adequate support;  
The Sure Start central referral meetings are now an integral part of the programme and ensure a more co-ordinated approach to families.
  
- To continue to work with Westminster Primary Care Trust on improving the uptake of the 1<sup>st</sup> Sure Start visit  
There are now a higher percentage of families being seen for a 1<sup>st</sup> visit. This year 78% of visits were undertaken, last year it was 60%.

- To review the number of crèche places and explore ways of ensuring more local provision;

The number of crèche places, that support adult education classes, has increased by about 40 places but there is still a need for a full-time provision.

### **Training / Group activities / information**

- To improve the publicity of community adult education classes;

Information about adult education classes and crèche facilities has now been collated into a handbook, which is given to all parents at the 1<sup>st</sup> Sure Start visit.

- To assess the need for vocational training;

Work to develop vocational courses is under discussion with Westminster Adult Education. Parents are sign-posted, through the employability co-ordinator, to 'Ambition Construction', which is offered through the job centre and Paddington 1<sup>st</sup> to people interested in plumbing, carpentry etc.

- To explore ways of including some sports and recreational activities within the programme;

This has been explored but there are difficulties in setting up without incurring considerable costs. The programme needs to lobby for some sessions at Seymour Place swimming pool and some provision of exercise classes locally. Parents are still requesting these services within the area.

- To ensure that parents who requested IT classes, after completing the 2003 questionnaire, were contacted and offered classes.

Parents were contacted.

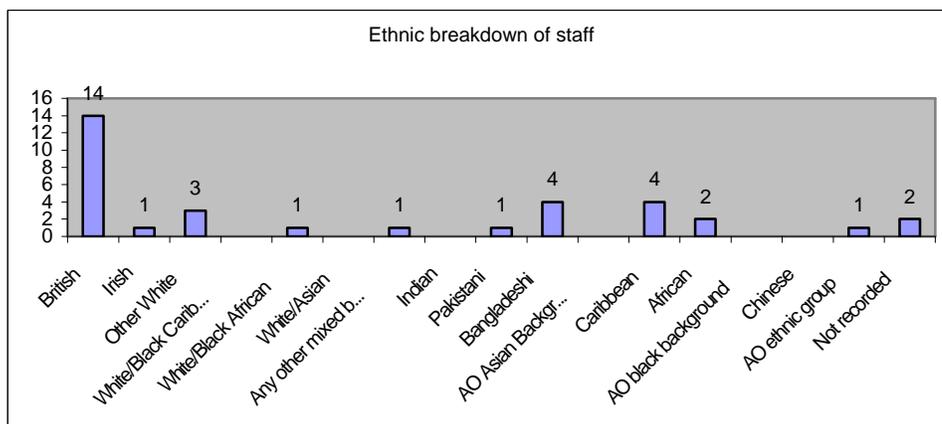
## Section 2: The Sure Start team

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### 2.1 The Staff

Key features of the team are:

- The programme continues to achieve a high degree of staff continuity with the majority of staff (79.4%) in post from the outset. On the 31 March there were thirty-four staff employed by Sure Start, that is 21.5 WTE. There are still only two male workers within the team;
- In the period April 2003 – March 2004 three (3) staff left employment that is 1.5 Whole Time Equivalent (WTE). These were Kids Home Learning Worker (One WTE), family support worker (0.4WTE) and one session of a child psychiatrist (0.1 WTE); all were replaced on the first round of interviews. On 31 March 2003 there were no staff vacancies;
- The staff continue to be based in 3 main sites – Lisson Grove Health Centre, Portman Early Childhood Centre and Church Street Library. Childcare staff funded by Sure Start are also based at Lisson Green Nursery and Church Street Children's Centre;
- Six (17.6%) of the staff live in the local community and speak a community language other than English.
- The ethnic breakdown of staff is shown below:



## 2.2 Staff Supervision

Supervision continues to be seen as an integral part of providing a quality service and all staff are offered supervision in addition to that provided by their employing organisation.

Supervision is provided by 2 external facilitators on a one to one, or within a group setting. One staff member has recorded:

‘I have found supervision with the Sure Start supervisor invaluable. The sessions have helped me reflect on my own practice with the group and looked at how we can support each other in the work that we do. Supervision constantly challenges ways of working and relating to children and families with the emphasis on how to encourage positive constructive relationships that will foster good outcomes for children.’

Sure Start Team member.

## Section 3: Sure Start services

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Details of all the Sure Start services are attached at appendix 1 and feedback from parents, as well as case studies, are attached at appendix 2.

### 3.1 Sure Start Services

The key achievements by service area in 2003 – 04 are listed below:

#### **Parent and Carer Involvement team (outreach)**

The Sure Start outreach team continue to play a pivotal role, through their home visiting programme, in introducing both Sure Start and other local services to all families in the area. Families, who may need extra support in developing a local network are offered up to 3 visits.

Key achievements over the last year are:

- *Improving the percentage of first visits made to families*  
Last year the overall average uptake for first visits was 60%. This year it was 78% (see breakdown by month at appendix 3). This is a visit, which aims to link families into local facilities, activities and friendly support very soon after the birth of their baby. This improvement has been achieved by close working with the local health visiting teams.
  
- *Supporting the Parents Forum to independence*  
Empowering families to come together and have their say about their community. The parents were offered training to develop their confidence enabling them to present their ideas regarding the current and future service provision which effect the families in their community.
  
- *Delivering 3 sets of Fun Tots groups to newly identified 'harder to reach' groups*

The sessions offer family's interactive fun sessions using music and the creative arts. There are no other affordable sessions like these within the borough and we believe that the groups encourage parents to enjoy playing with their children and foster more interaction and understanding between diverse cultural groups. Given the popularity of fun tots it is essential that such provision is central to any mainstreaming plans.

➤ *Co-ordinating a programme of community fun events over the year.*

These have included summer fun in the park and a winter and summer fun day. These events offer fun days out for the whole family and are very well attended. Families experience activities and entertainments that they may not have otherwise been able to access or afford.

➤ *Delivering a Fathers Day Calendar featuring local fathers and facilitating a Fathers Day Celebration.*

To give a higher profile to fathers and let local families know that the father's participation is appreciated and welcome. To draw fathers into activities that are enjoyable and appropriate and to offer events for the whole family. The Fathers Day event provided a fun day out where the dads got pampered whilst the mums and children were entertained. There was also a football tournament earlier and a pub quiz in the evening.

➤ *The Benefit Drop-In and the Sewing, Self Development, Mum and Baby Yoga and Yoga classes.*

These groups and the benefit drop-in were set up in direct response to the needs of the community. Evaluation has shown that appropriate groups enhance self confidence and ameliorate stress, which in turn leads to more positive parenting and progression for the parents, socially, emotionally and in offering up ideas for future career prospects.

## **Dental**

A dental service continues one day a week (Wednesday) at Lisson Grove Health centre for children aged 0 – 4 years. The number of known registrations for children aged 0 – 2 years prior to Sure Start was 1% (30 children) and for children aged 3 – 5 Years it was 33% (222). In the last year the Sure Start dentist has registered 123

new children aged 0 – 4 years and 64% of children seen in 2002 –03 returned for either a check up or further treatment. This suggests that parents in the area are beginning to access dental services at a much earlier age.

### **Oral Health Promotion**

Over the last year the oral health promotion worker has:

- Developed a children's book in partnership with the Sure Start Literacy Development Worker. The book is called *Brusharama* and has a dental theme aimed at the 18-month plus age group. The book will now be included in the Book Start bags at 18 months. The book raises awareness of dental health and contains essential oral health information. At the back it gives details of local dental surgeries with the aim of promoting attendance. The impact of reading the book will promote literacy and make oral health fun while encouraging participation from the child as a tooth brushing chart accompanies the book for them to fill in. Local families were used in the making of the book and their reaction has been very positive. In 2004 the book will be on sale to other Sure Start programmes.
- Extended the *brushing for life* programme by training the Sure Start team and other professionals to deliver the packs. Following training two nurseries had a tooth-brushing programme for 2 weeks before they gave the packs out to raise awareness with parents/carers. Frequently information is not acted upon because parents/carers are unable to access toothbrushes/toothpaste quickly enough and due to the cost involved. The pack enables tooth brushing to commence immediately.
- The oral health promotion adviser also gives out the *brushing for life* packs on a one to one basis and this is very successful for demonstrating techniques. Frequently children are found to be reluctant to let a parent/carer brush their teeth. However when the pack is given to them as a gift they allow the oral health promotion worker to demonstrate tooth brushing in their mouth and comply at home. The packs are also a good motivating tool for hard to reach families.

- An outreach programme for children with high caries rates has been developed. The dentist refers children in the identified at risk group and they are followed up at home as a part of their dental treatment. This has included families where English is not their first language and more time can be given, together with an interpreter. Often in the dental surgery information/advice is not retained due to the stress of the environment and treatment involved. The sessions inform, reinforce and support families to improve their oral health.

### **Child Care Development**

Over the last year the Childcare Development Worker has achieved the following:

- Delivered two training courses in the Sure Start area for prospective childminders. There were thirty- one (31) participants in total, of which twenty (20) were from the catchment area and Sure Start parents. Eleven of the 20 Sure Start parents have gone on to register as child minders. This has created at least fifteen (15) new full time equivalent (FTE) childcare places and an employment opportunity for the parent registering as a childminder. These places provide more choice and opportunities for parents wanting to return to work or study while their children are in good quality childcare;
- Developed a Childminders Drop in at the Portman Early Childhood Centre, which aims to encourage the retention of existing minders. Six (6) of the new childminders have been introduced to the group and use it on a regular basis, and the children are offered new experiences at the Drop in. This session is also open up to parents, who are considering using childminders as their choice of childcare and for those registering as a childminder.
- Some of the newly registered childminders are now providing childcare places for students attending their NVQ in administration.
- Developed a training programme for existing childminders, which has included child protection, use of the multi sensory room and first aid.
- Developed a toy library for childminders at Lisson Green Nursery once a month.

- Sessions have been planned at Portman Early Childhood Centre, in response to the governments Birth to Three Matters initiative, to encourage local voluntary childcare providers and childminders to come and share practical ideas on working with this age group. These will run from May 2004.

### **KIDs Home Learning**

- There has been an increase in referrals to the service in the last 6 months and a lot more families are now benefiting from the Home Learning service.
- A total of twelve (12) children and families used the service in the last year and there is currently a short waiting list.
- The liaison and joint work with other professionals and services within Sure Start has been valuable in supporting the work undertaken with the families and in providing a high quality service; many families now access a range of group activities.
- A new leaflet has been published to promote the service in a post-card format

### **Speech and Language Therapy**

The Sure Start Speech and Language therapists continue to offer:

- A home visiting service to those families referred for speech and language therapy in the area. Three visits are offered and then a decision is made whether the child should remain on a waiting list for further therapy. Parents are equipped during these sessions with written and verbal programmes and advice regarding strategies for them to use to help promote their children's language development.
- Baby Fun sessions in the multi sensory room at Portman Early Childhood Centre. These sessions are aimed at promoting attachment through talking to your baby and are being attended by parents who have been to the Sure Start antenatal sessions. Attendance has become more consistent since the

timing of the sessions have become more frequent; they are now being offered on a term time basis, rather than 4 weeks on and 4 weeks off.

In the last year the following has started or further developed:

- Input into the postnatal reunion sessions run by the midwife. A video and presentation is given on the importance of talking to your baby; these sessions are held every 6 weeks.
- Increased support to local Nurseries and Playgroups, offering training, support and advice;
- A rolling programme of training in Makaton, use of the Multi-Sensory Room and Community Early Years Speech and Language Therapy training. Parents are increasingly taking up all this training.

## **Midwifery**

Over the last year:

- A weekly Yoga class for pregnancy has been provided since January 2004 and has been very popular (12 – 16 women attend each week). An informal group and refreshments follow the classes. This provides somewhere for pregnant women to meet. Women who have had their babies bring them back to this group and provide support for others. Specific labour sessions are also provided every 6 weeks after the yoga classes, specifically designed to encourage women to remain mobile during labour, in an attempt to reduce epidural and caesarean section rates.
- Antenatal classes are also now provided in Arabic and Bengali as required. These are advertised locally and referrals are taken from the community midwives. Tours are also provided in these languages at St Mary's Hospital as part of these classes.
- Nine (9) women who had experienced antenatal depression were interviewed for the purpose of a small research project into depression in pregnancy (with the help of a Sure Start small Grant). The results showed that women in the local area identified a need for contact with other pregnant women,

particularly those who were experiencing difficult pregnancies. *The 2004/05 objectives will work on fulfilling these service development needs.*

- A consultation survey in November 2003 showed that many women were mixed feeding due to breastfeeding problems. Women particularly valued the home/telephone support they received from the Sure Start health team on discharge from hospital;
- Eight (8) breast pumps have now been purchased and are loaned at low cost. This is combined with breastfeeding support;
- Maternity (bravado) bras are fitted and supplied to pregnant women throughout the Sure Start area. These are attractive and comfortable sports – style bras designed to interest and encourage young women to try breastfeeding.
- Homestart volunteers have been trained to offer breastfeeding support;
- Antenatal breastfeeding sessions are provided in three languages to all women who intend to breastfeed.

### **Health Visiting Team**

The health visiting team consists of a full-time health visitor, nursery nurse and part-time family support worker. Key team achievements in 2003 –04 were:

- *The development of a systematic way of identifying women at risk of developing postnatal depression.*  
This has included the establishment of a steering group with user involvement, devising an Integrated Care Pathway and overseeing a pilot, which started in the Church street area in January 2003 and will finish in May 2003. A detailed evaluation will be presented to Westminster Primary Care Trust and it is hoped that this will then be rolled out across the Trust.
- *Increasing the level of breastfeeding support to new mothers*  
Information is obtained from St Mary's on women newly delivered, who live in the catchment area and all postnatal women are then contacted on discharge

from hospital. Those breastfeeding are offered support and advice at home, in the child health clinic, at the health centre and by telephone. Many families using this service have commented on how valuable this early support is to them. In addition, weekly breastfeeding sessions are held in conjunction with the child health clinic.

➤ *Accident Prevention and Gastroenteritis*

All families with babies between 4-7 months of age have been offered a home safety assessment. Initially this was by letter but telephone contacts are proving more effective. Thirty (30) assessments were offered in the last year. In addition, one to one and group sessions on home safety and hygiene were held at various venues.

➤ *First Aid training for parents*

It is planned to offer first aid training on a rolling basis to all families. Ten (10) parents attended the initial first aid training.

➤ *Baby Massage*

The Sure Start Nursery Nurse has set up a baby massage group at Paddington Green Health Centre, where she is based one day a week to provide extra support to the health visiting team in the practice;

➤ *Key Campaigns*

The following key events have been supported:

- A health promotion event was held in Church Street market to promote health and safety in the home on National Child Safety week and 200 people were seen and given advice;
- World Mental Health day was promoted and targeted families experiences of post natal depression;
- National Breastfeeding Awareness campaign was held in conjunction with national Breastfeeding Week.

## Family Therapy

- Forty –four (44) families were seen for family therapy over the year.
- The family therapist has attended the Webster Stratton parenting programme and as a result a parenting programme has been delivered to parents requiring some training in appropriate parenting skills.
- The delivery of a Webster Stratton course to 12 colleagues from across social care agencies in North Westminster. This is an evidenced based behaviour modification programme, which uses a variety of techniques and strategies to turn around difficult and unsocial behaviour in young children. The programme makes use of simple homework, video vignettes and role play to encourage parents to play with their children in a particular way. The programme takes a step by step approach covering areas such as praise and reward, effective limit setting, ignoring of unwanted behaviours, timeout etc. The programme is taught to colleagues keeping integrity with the original ideas, in order that they can deliver it in the same way to the parents they work with.
- In partnership with St Mary's department of child and adolescent psychiatry, a second training programme is also being run for colleagues across Westminster:
- A local evaluation of the work of the family therapist over an 18-month period has been completed. Copies are available from the Sure Start office at Lisson Grove Health Centre;
- The family therapist also sees patients in Paddington Child and Adolescent Mental Health Service (CAMHS) working alongside a multi-disciplinary team. The team is systemically orientated, so the therapist is able to make use of an observing team to support her work;
- The family therapist offers supervision to 2 family support workers from the Portman Early Childhood Centre, who are now delivering a parenting programme.
- The family therapist has represented Sure Start Church on the Home Start management committee and offers consultation to the Home start Co-ordinator and other staff members, when requested;
- Monthly supervision is also now offered to the manager of the local Newpin Branch.

## **Child Psychiatry**

The programme continues to benefit from one session of child psychiatry per week and this post holder links closely with the family therapist.

In addition the programme has been fortunate to secure the services of a consultant child and adolescent psychiatrist, with a special interest in post natal depression, who has worked with the health visitor in developing a systematic way of identifying women at risk of or suffering with postnatal depression.

## **Literacy Development Worker**

The main areas of achievement were the set up of a Satellite library on the Lisson Green Estate and the continuation of the BookStart drop in at Church Street library.

- The satellite library opened in July 2003 and provides parents/ carers with the opportunity to not only borrow books, toys and videos but also the opportunity to find out about local nursery schools, how best to support learning at home and courses available with Sure Start. The advice given to parents/carers on how best to start reading with their baby/toddler often eases anxieties about their 'child falling behind'. The Satellite library also provides parents with young children the chance to meet and chat (especially valuable for those children who are still awaiting nursery places). Since the beginning of February there have been 9 new members and between 6-8 parents/carers who regularly drop in. This has contributed to the increase in the number of 0 – 4 year olds registering with the library, a rise from 291 in March 2003 to 347 in March 2004.
  
- The BookStart drop in at Church Street again provides parents/carers the opportunity to seek advice on how best to begin reading with their child but also the chance to have access to such websites specifically aimed at pre-schoolers e.g. cbeebies. On some occasions this has actually provided a parallel learning experience where the child and adult improve their computer skills!!

## **Toy Library**

Over the last year 409 children were active members of the toy library, which represents 50% of children aged 0 – 3 years in the catchment area.

The toy library is located in Portman Early Childhood Centre and continues to provide a toy loan scheme as well as an informal space for parents to meet others as well as enjoying play opportunities with their children. Members of the toy library now enjoy the use of the centre garden and multi sensory room.

A satellite toy library opened one day a week on the Lisson Green Estate (run jointly with the satellite library) in July 2003 and from then until the end of March 2003 forty - one (41) children used the service, many of these children having multiple contacts.

## **Lisson Green Nursery**

Sure Start continues to fund 6 full-time equivalent places for children aged 0 – 2 years at Lisson Green Nursery. Part-time places were introduced in 2002 / 03 to provide more flexible options for parents and in the last year, Westminster Children's Society has secured funding for 3 new 0 – 2 places. For this an extra member of staff has been recruited. This has enabled children to be taken from a wider area outside of the Sure Start boundary. Despite the increase, the demand still outweighs the availability of places.

In the last year Sure Start provided funding for more multi-sensory equipment and an infinity hut was purchased. This complemented the existing studio and has proved popular with the under 2s. When staff undertook an annual review of the area it was felt that the room needed to be softened. We have worked towards this and introduced many more fabrics and materials. We have lowered areas of the room by suspending fabrics from the ceiling.

Westminster Children's Society annual training day focused on the under 3s. Following on from this 'island time' was introduced, where children sit with an adult and a basket of objects is presented and explored. This is one of their favoured structured activities.

### **Church Street Children's Centre**

Crèche provision has been consolidated and is now provided every weekday afternoon, which supports 9 classes. The number of places is age dependent but averages 12 – 15 children per day

A pre-school continues every morning for children aged 2.5 – 4 years and is oversubscribed, despite the slight increase in fees, which indicates a real need for provision. There are 20 places but again this is age dependent.

Staff have made a great commitment to training in the last year, with particular focus on the under 3 age group.

### **Marylebone Bangladeshi Society Parent/Carer Drop In**

This group continues to meet 3 times a week, twice at Portman Early Childhood Centre and once in the library. Two of the sessions incorporate a basic skills training element provided by Westminster Adult Education. Fifty-four local parents have attended the group in the last year.

### **Smoking Cessation**

Smoking cessation support via one to one and group counselling has enabled a number of pregnant women / mothers and fathers of children to stop smoking.

Referral have increased leading to more one-to-ones. Thus quit rates have doubled between February-March 2004.

### **Employability**

There are now three (3) employment drop-in sessions within the catchment area. The one at Lisson Grove Health centre has been changed to Tuesdays to coincide with the baby clinic and fall into line with the same time as the Library on a Thursday. Our Sure Start Childcare Development worker also joins us at the Health Centre every Tuesday and the Children's Information Service attend alternating weeks on Thursdays. We have also added an additional session at the Neighbourhood Centre on Wednesday; so all sessions are now 1-3pm on Tuesday, Wednesday & Thursday, with support from JobcentrePlus every week.

A range of new courses have been included into the provision locally within Church Street Ward, these include Cookery, Sewing with ESOL, Raising Boys/Raising Girls, Story sacks & bags, yoga for pregnant women, NVQ Administration.

To help parents find the suitable class locally, we have produced an Adult Training Manual that includes all local training providers and their community courses.

A significant leap forward for parents hoping to go into work is the new initiative to deliver NVQ in Administration Level 2 in partnership with WAES, JobcentrePlus, Westminster Primary Care Trust (PCT) & Sure Start. We have enabled 16 local parents to gain paid employment or work placements with the partner organisations

### **Social work**

The social worker has built up a full caseload of twelve (12) families to which a preventative social work service is offered together with extra support visits. In addition the Sure Start social worker has developed / co-ordinates the following:

- Weekly Sure Start team referral meetings are now taking place where referrals are discussed and allocated to the professional who can best address the families needs;
- Closer links have been built up with Frampton Street in all the key areas - management, social work teams, and the Child Protection Unit. More families are now being referred to Sure Start from social services and some of the areas more vulnerable children are benefiting from the services. A total of twenty (20) referrals, from social services, have been received in the period May 2003 – March 2004. Prior to this there had been only one referral.
- Regular meetings have taken place with the Child Protection Unit which has built the foundations for Sure Starts involvement in Core Group Meetings where seen to be appropriate.
- The Child Protection Unit has provided Child Protection Training for the Sure Start Teams and further training is planned. The training aims to help staff feel more confident in dealing with Child Protection concerns and in obtaining the right support for children and their families.

- Family group conferences have been introduced to the team and promoted as a tool for working with families. The system is in place for referrals to be made to Westminster Child Protection Unit for family group conferences.
- Consultation is available to other Sure Start team members where cases can be discussed and appropriate advice given on how best to meet a families needs. Team members regularly take this up now.
- Advice and support is also offered to outside agencies within the Sure Start area. This has resulted in a piece of work being undertaken with the library on child protection and referrals to Social Services.

### **3.2 Group activities**

Sure Start continues to offer the following group activities:

***For parents (all classes are supported by a crèche):***

- Yoga
- Listening and communicating, asserting yourself, writing skills etc.
- English language classes
- Computer classes
- Sewing classes
- Support to give up smoking
- Antenatal classes, evening and daytime
- Childminding courses

***Activities for parents / carers and children to enjoy together:***

- Baby Fun
- Tiny Fun
- Fun tots

All of the above are interactive fun groups for parents and children. Groups are focused around music songs and rhymes, drama and movement, puppets, storytelling and art and making things.

- Activities in Church Street Library
- Book Start Plus drop-in
- Summer activities in the park

***New activities in 2003 – 2004***

- Mum and Baby Yoga
- Antenatal Yoga

**3.3 Children seen by service**

Tables 1 – 4, which follow, give a breakdown of children seen by the individual services. For health visiting and outreach the contacts relate to home visiting activities only. The programme experienced problems with the Sure Start database in January / February 2004 and as a result the data for the outreach team may be slightly lower than that actually achieved.

Table 1: - Children seen by service from April 2003 – March 2004

Service	FTE <sup>1</sup>	Start date	Under 1	Over 1 but under 2	Over 2 but under 3	Over 3 but under 4	Over 4	Total seen	Total contacts, if recorded
Toy Library (From 11/01)	1.2	09/01	81	130	102	76	20	409	2147
Outreach team	3.2	05/01	221	59	26	20	4	330	451
Dentist	0.2	09/01	10	39	54	65	46	214	371
Oral health	0.3	01/01	39	26	32	94	71	261	304
Health Visiting Team	2.2	07/01	87	18	14	18	NR <sup>2</sup>	137	343
Speech and language therapy	1.4	06/01	24	12	17	14	NR	69	234
Family therapist / Child Psych	1.1	11/01	15	5	14	9	1	44	233
Social Worker	0.5	12/02	2	4	3	3	NR	12	60
Childcare Development	1.0	11 / 01	7	8	11	6	NR	32	225
Literacy Development	0.8	09 / 01	14	35	65	65	11	190	308
KIDs Home Learning	1.0	04 / 01	0	3	5	2	NR	10	169
Lisson Green Nursery	2.0	09 / 01	5	15	-	-	-	20	NR
MBS Under 5s	0.6	10/01	8	19	15	8	4	54	209
Creche - Portman	0.4	10/01	21	24	22	18	5	90	NR
Creche - Radicle	1.4	2001	21	23	18	22	18	102	NR

<sup>1</sup> FTE = Full Time Equivalent

<sup>2</sup> NR = Not recorded on Sure Start database (information on children over 4 years is not routinely collected).

**Table 2 Total parents seen by service from April 2003 – March 2004**

<b>Service</b>	<b>FTE</b>	<b>Start date</b>	<b>No. of parents seen</b>	<b>Total no. of parent contacts</b>
Childcare development	1.0	11/01	86	491
Smoking Cessation	0.5	02/02	35	84
Family therapy	1.0	11/01	38	171
Social work	0.5	12/02	22	138
Health Visitor	1.0	07/01	191	441
Outreach team	3.2	05/01	272	380
Midwife	0.6	06/01	90	329

**Table 3 Total number of pregnant women / fathers seen**

Total number of known booked pregnancies	364
Total number of live births April 2003 – March 2004	276
Total number of pregnant women seen	90
Number of antenatal classes provided by Sure start	11
Number of parents attending antenatal classes	65

These figures are interesting as there seems to be a large gap between the number of pregnant women, who book and the number of live births. There is some anecdotal evidence to suggest that a high percentage of pregnant women move out of the area added to this there will be

a certain number of miscarriages. However, it is difficult to gain an accurate picture of the number of women seen by Sure Start in the antenatal period and this may need further exploration.

**Table 4      Group Activities**

These figures relate to the number of children / parents not the number of contacts.

	Total children attending	Total adults attending
Baby massage	10	10
Fun tots	60	46
Crèche at Portman	89	
Crèche at Radicle	102	
Yoga		39
Mum and Baby Yoga	66	66
Computer classes		63
NVQ in administration		14
Employment drop-in		72
ESOL at Portman		106
Sewing		24



### 3.4 Referrals

Table 5: Source of referrals to key Sure Start services

Sure Start services							
	Social worker	Family therapy	kids	SLT	Health visitor	midwife	Smoking cessation
<b>Source of referral</b>							
Health visitor	7	40		23	47		3
Com Midwifery	1					36	
Social services	8		4			3	
G.P practice	1	4			6	2	20
Voluntary sector							
Self-referral	1			4	12	46	6
Hosp Maternity						3	
Sure Start colleague	4		4		5		6
Other			6*				

\* 5 from teacher for hearing impaired and 1 from nursery manager

In the period April 2003 – March 2004 the highest percentages of referrals into Sure Start were from the health visiting service and by self-referral. This is the same pattern as identified in the 1<sup>st</sup> / 2<sup>nd</sup> Annual Review, although there are now more referrals from local GPs and social services. It is interesting to note, that despite close links with community organisations, that no referrals have been made to key Sure start services.

### 3.5 Key obstacles

The Sure Start team were asked to identify key obstacles / frustrations, which impacted on them achieving their targets. There are some recurring themes from last year, which need further attention. These are:

- A lack of early referrals in the antenatal period;

- A lack of referrals regarding smoking cessation from midwives;
- IT issues, which impact on ability to work;
- Improving links with social services (there seems to be mixed thoughts regarding this issue, some staff registering a significant improvement);
- Insufficient time to meet the needs of families with 'emotional difficulties';
- The demands of time spent chasing 1<sup>st</sup> visits.

## Section 4: Reach

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### 4.1 Sure Start requirements

One of the main aims of Sure Start is to ensure that its services are available to all children under 4 in the catchment area. It is therefore important to monitor that the programme is reaching the intended population.

The Sure Start Unit provide the following guidance for all programmes:

- Once a programme is fully operational, it should be aiming to deliver services to 30% of children each month;
- There will be a decline in the percentage of 'new' children seen as the programme moves towards a 'steady state of operation';
- Programmes are expected to be delivering services equitably to all children under the age of four;
- Programmes are expected to see all children living in their area at least once during the year;
- Programmes are expected to visit 100% of families in the first two months of their baby's life.

The following graphs give details of progress made locally against the above requirements. Tables, which accompany the graphs, are at appendix 3.

## 4.2 Children aged 0 – 3 seen by Sure Start Westminster

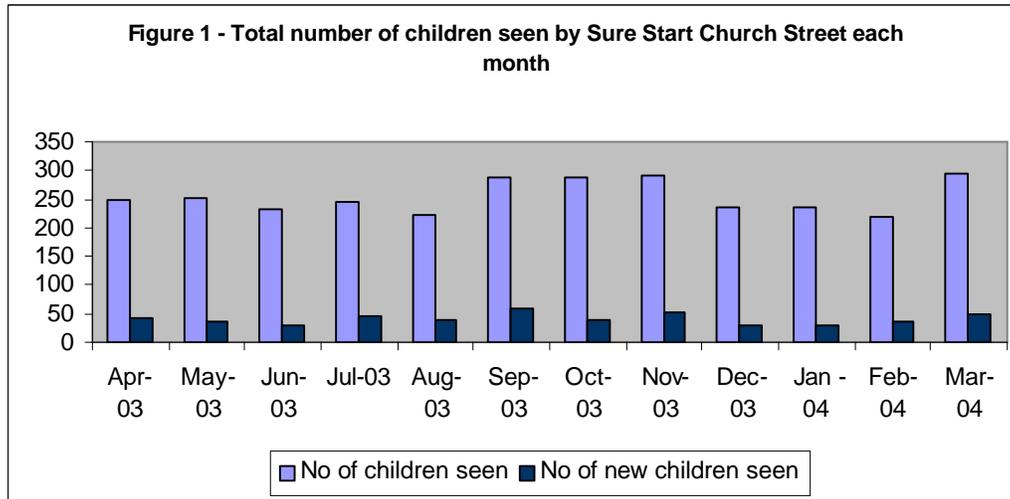


Figure 1 shows the number of children seen each month by Sure Start Westminster, Church Street. The programme has maintained high levels of reach throughout the year, although it is interesting to note some slight seasonal variations, particularly in the winter and summer months. The average number of children seen per month in 2001 – 02 was 68 (8.6%), for 2002 – 03 it was 212 (26.6%) and for the last year, 2003 – 04, it was 253 (30.7%). This demonstrates a continued improvement in the programme's ability to reach children and families in the catchment area.

The proportion of new children seen each month has decreased to a relatively stable level consisting predominantly of new births and movements in. In the period 2001 – 02 the average number of new children seen each month was 58%, for 2002 – 03 it was 28% and for this year, 2003 – 04, it was 15.8%.

#### 4.2.1 Children aged 0 – 3 seen by Sure Start Westminster compared to regional averages.

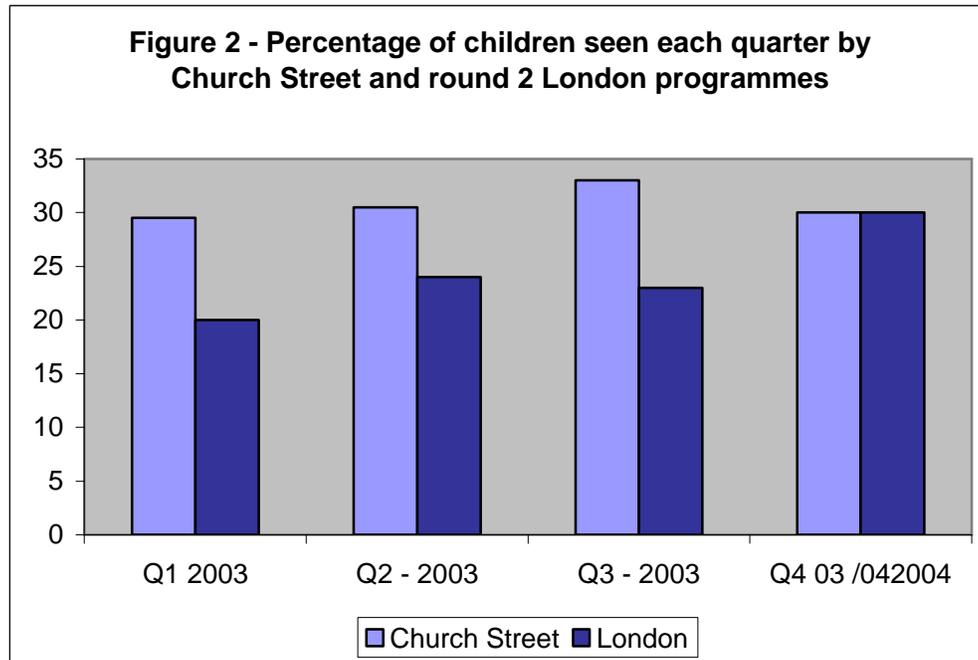


Figure 2 details a comparison between the percentage 'reach' per quarter of the Church Street programme and data collected by the Sure Start Unit for all round 2 London programmes. It demonstrates that we are performing well against other round 2 London programmes and that we have achieved the reach target of 30% for seven months, see appendix 3 for precise figures.

### 4.3 Families visited in the first 2 months of their baby's life

Sure Start Programmes are expected to visit 100 per cent of families in the first two months of their baby's life. Table 6 shows how the Church Street programme has performed against this target over the last year. Although the programme has only achieved 100% on two (2) occasions the figures demonstrate a significant improvement on previous years. In 2002 – 03 just 60% of babies were seen by 8 weeks for this year the percentage has risen to 77.3%. This improvement can be attributed to improved systems between the local health visiting team and the Sure Start outreach team and the commitment of individuals to this process.

The local Sure Start database continues to indicate that many children, who are not seen by 8 weeks, are 'picked up' by one of the Sure Start services at a later stage.

**Table 6: - Families visited in the first 2 months of their baby's life in Sure Start Westminster**

<b>Month</b>	<b>Total number of babies aged 2 month</b>	<b>Total number of families visited</b>	<b>% visited</b>
<b>Apr - 03</b>	24	10	41%
<b>May - 03</b>	17	12	70%
<b>Jun - 03</b>	14	14	100%
<b>Jul - 03</b>	17	11	64%
<b>Aug - 03</b>	22	19	86%
<b>Sep - 03</b>	27	23	85%
<b>Oct - 03</b>	22	16	72%
<b>Nov - 03</b>	27	20	74%
<b>Dec - 03</b>	22	16	72%
<b>Jan - 04</b>	25	21	84%
<b>Feb - 04</b>	18	16	88%
<b>Mar - 04</b>	17	17	100%
<b>TOTAL</b>	<b>252</b>	<b>195</b>	<b>77.3%</b>

### 4.3.1 Families visited in the first 2 months of their baby's life

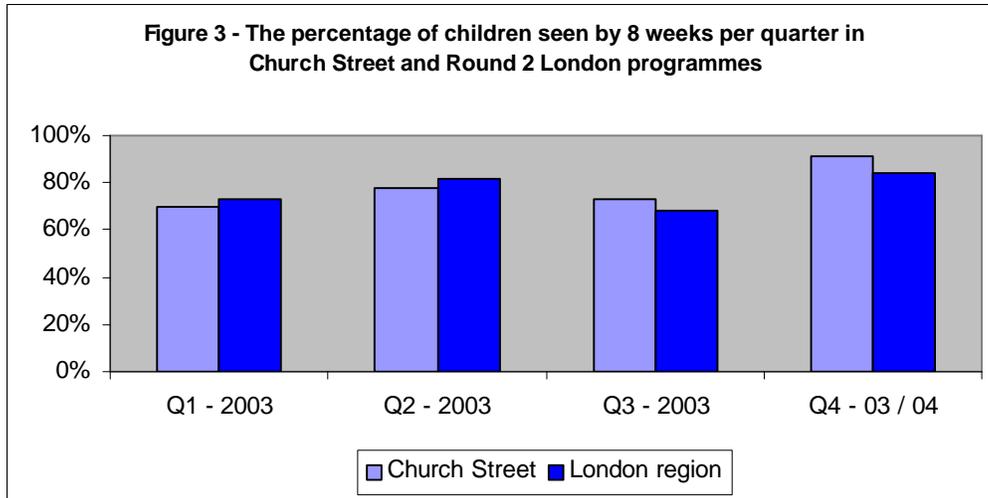


Figure 3 demonstrates the Church Street local programmes performance per quarter against the average for all round 2 London Programmes. Reporting on this target varies across Sure Start local programmes; some programmes record the New Birth Visit undertaken by mainstream health visitors, if information is given to parents about Sure Start, as the measure for this target. Church Street Sure Start believes that an extra visit at 6 – 8 weeks has immense value in assessing the support needs of families, linking them to local services and introducing the outreach team, who often to continue in that ‘brokerage’ role between the community and mainstream provision. However a small percentage of families decline this visit, others move in or out of the area and for others it is difficult to make contact within the timeframe.

#### 4.4 Age breakdown of children seen

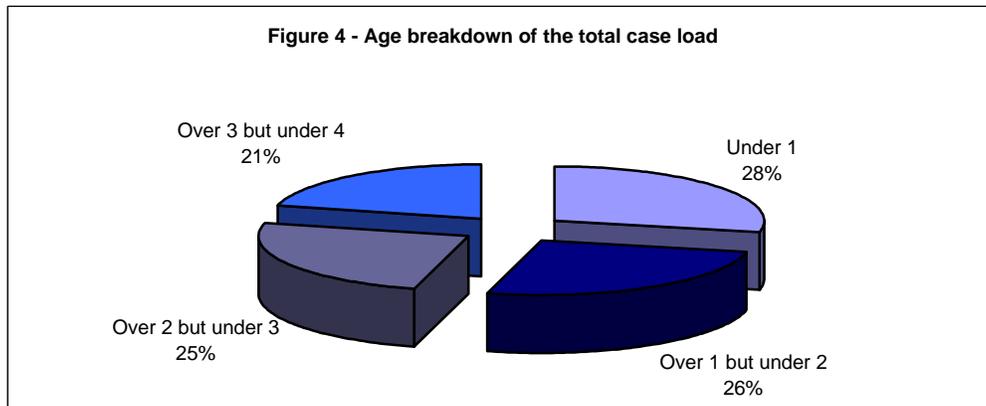


Figure 4 shows a relatively equal distribution of children across the age bands. However, it does indicate that there are slightly fewer 3 – 4 year olds than other age groups, this is explained by a slight drop in the birth rate after the programme had just started. The birth rate has since increased and the 0 – 1 age group is now the largest.

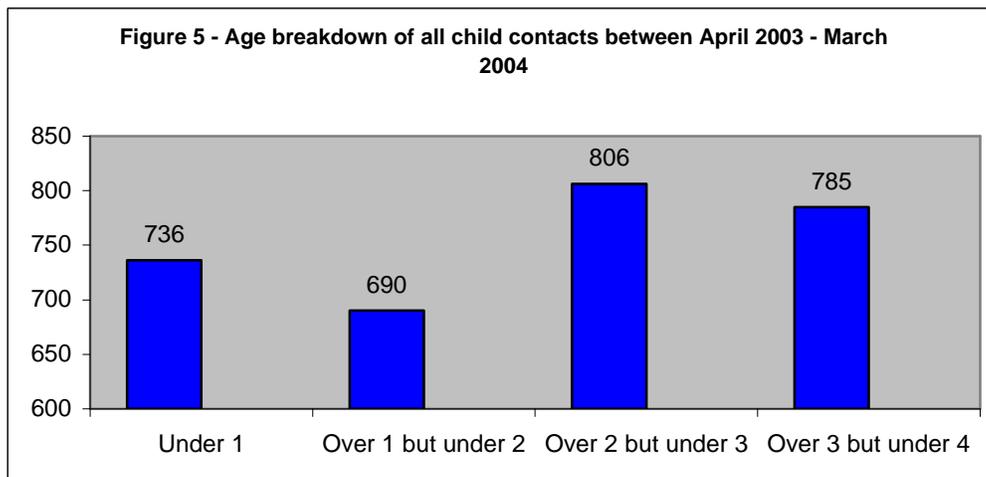


Figure 5, as in previous years, shows that the 'over 2 but under 3' year olds make more frequent contact with Sure Start services than other eligible age groups. The higher incidence of children seen in this age group is in contrast to the national

picture, where data from the Sure Start Unit reveals that round 1,2 and 3 programmes are delivering services to a higher proportion of under one year olds than other age groups.

As stated previously, there may be many advantages to higher contact within this 2 – 3 age group, when many statutory agencies have minimal ongoing contact and Sure Start group activities may be 'filling' a support gap for many families.

Table 4 at appendix 3 gives a breakdown per month of children seen by age group.

#### 4.5 Ethnic break down of children seen

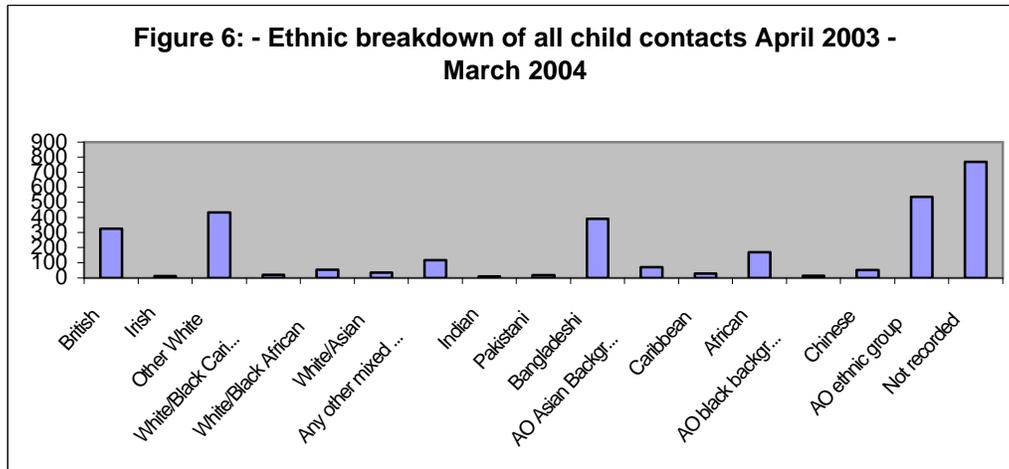


Figure 6 shows the frequency of service take up by ethnicity and again suggests that the Sure Start services are meeting a diverse population group and this is reviewed regularly by the team and some services are rotated to target groups, who may be more difficult to reach.

The high level of children, where ethnicity is not recorded is disappointing and this needs to improve over the coming year.

## Section 5: Progress towards PSA targets

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All Sure Start programmes are required to report to the Sure Start Unit in September on their progress in meeting the national Sure Start targets.

The information below was submitted in September 2003 and covers the period April 2002 - March 2003. Data for the last financial year, 2003 – 04, is currently being prepared for submission. However, updates on progress since April 2003 are in the comment sections.

PSA target	Target for 01 -02	Progress towards target			Measure / Progress
		Achieved	Partially achieved	Not achieved	
<b>Objective 1: Improving children's social and emotional development</b>					
Reduce the proportion of children aged 0-3 in the Sure Start area who are re-registered within the space of twelve months on the child protection register by 20 per cent by 2004.	4% reduction in the number of 0 – 3 year olds re registered on the child protection register (CPR)	Yes			<p><b>Measure recorded 2002-03</b> No children were re-registered on the CPR within a space of 12 months</p> <p><b>Progress 2002 –03</b> The appointment of a Sure Start social worker as the named link is enhancing communication with social services. Joint protocols and referral systems are now established and efforts are being directed towards involving Sure Start at the core group stage, prior to de-registration</p> <p><b>Progress 2003-04</b> The Sure Start social worker continues to bridge the gap into social services. Work has focused on introducing family group conferences as a tool for early intervention. The social worker offers support visits to families and Webster-Stratton parenting courses have been introduced</p>

<b>Objective 1: Improving children's social and emotional development</b>		<b>Achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>	<b>Measure / Progress</b>
All local Sure Start programmes to have agreed and implemented, in a culturally sensitive way, ways of identifying, caring for and supporting mothers with post natal depression (PND)	100% of families with young children contacted by the health visitor within 15 days of the birth, and from October 2001 100% of families receiving an extra Sure Start support visit within 8 weeks of the birth.		Yes		<p><b>Measure recorded 2002– 03</b>            Sure Start visited 60% of families in the period April 2002-March 2003, The Health Visiting Team visited 98% of women within 15 days and gave information on Sure Start            13% of women were identified with PND and of these, 91% received appropriate support</p> <p><b>Progress 2002 –03</b>            An effective referral system is now established for women identified as at risk of developing postnatal depression. A multi-agency working group is currently developing a PCT wide strategy for a consistent approach to the identification and management of PND, which will be sensitive to language and culture.</p> <p><b>Progress 2003-04</b>            The multi agency group, which includes service users, continues to develop integrated care pathways for care of mothers with depression. The project has wide PCT support. A pilot started in January 2004 into the systematic identification of PND and the results should be available in the autumn of 2004. It is hoped this will then be rolled out across the Trust. Baby massage sessions offering extra support have commenced</p>

<b>Objective 1: Improving children's social and emotional development</b>		<b>Achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>	<b>Measure / Progress</b>
One hundred per cent of families with young children contacted within two months of birth by member of Sure Start programme	100% of families with young children contacted by the health visitor within 15 days of the birth, and from October 2001 100% of families receiving an extra Sure Start support visit within 8 weeks of the birth.		Yes		<p><b>Measure recorded 2002 – 03</b> The number of children visited was 60%.</p> <p><b>Progress 2002 –03</b> A more effective communication and referral system is now established with regular joint meetings between services. The number of first time visits can be viewed in the monitoring section of this document.</p> <p><b>Progress 2003-04</b> This year 77% of families have been visited. Several issues (including advertising and discrepancies in support systems) exist with regard to reaching all families</p>

<b>Objective 2: Improving health</b>		<b>Achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>	<b>Measure / Progress</b>
Achieve by 2004 in the Sure Start area, a 10 per cent reduction in the number of women who smoke in pregnancy.	A two percentage point reduction in the proportion of women smoking during pregnancy will have been achieved		Yes		<p><b>Measure recorded 2002 – 03</b> Full data on smoking patterns was not available. 8.4% women reported smoking at their booking appointment but data on whether women continued to smoke during their pregnancies is not known.</p> <p><b>Progress 2002 –03</b> The smoking cessation counsellor is currently in the process of developing a database to record all relevant information and evaluate the work she is undertaking. She has made progress with both one to one and group work</p> <p><b>Progress 2003-04</b> The smoking cessation counsellor has established a stop smoking group at Paddington Green health centre. The Sure Start team have undertaken training in strategies to enable people to stop smoking. Two health promotion events have taken place.</p>

<b>Objective 1: Improving children's social and emotional development</b>		<b>Achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>	<b>Measure / Progress</b>
Parenting support and information available for all parents in Sure Start areas	100% of parents have access to parenting support and information, all offered 2 sure start visits and by the end of the year receiving a central directory of parent support services.		Yes		<p><b>Measure recorded 2002-03</b> 78% of families received information about Sure Start.</p> <p><b>Progress 2002 –03</b> The initial referral system to Sure Start is now established and this information can be viewed in the monitoring section. Several issues exist with regard to reaching all families every month.</p> <p><b>Progress 2003-04</b> Systems are now in place to make an early check on those children registered on PCT database and those not referred to Sure Start. The Sure Start team reviewed caseloads and priorities in July. Advertising and displays have improved and all posters and leaflet s now follow the same format. A n action plan for involving fathers across the 3 Sure Starts has been completed.</p>

<b>Objective 2: Improving health</b>		<b>Achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>	<b>Measure / Progress</b>
To increase by 10% the number of women, who start breastfeeding and the duration of breast-feeding	To see at least a 2% increase in breastfeeding and in the duration of breast feeding to 8 weeks	Yes			<p><b>Measure recorded 2002-03</b> The percentage of women breastfeeding is 77% at birth and of those, 83% are breastfeeding at 8 weeks. Both figures are higher than the national average.</p> <p><b>Progress 2002 –03</b> Antenatal classes providing information about breast feeding are now available to women and partners where English is not their first language</p> <p><b>Progress 2003-04</b> A steering group, which includes health visitors and parents, are developing local guidelines for breastfeeding. All pregnant women are invited to a breastfeeding workshop. The sure start midwife has started training sessions in breastfeeding for a group of Home Start volunteers to enable them to support local parents. An excise/yoga group for pregnant women is due to start in 2004</p>

<b>Objective 2: Improving health</b>		<b>Achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>	<b>Measure / Progress</b>
A 10% reduction in children admitted to hospital as an emergency during their first year of the life with gastro-enteritis, a respiratory infection, or a severe injury.	A four per cent reduction in the number of emergency admissions for severe injury, respiratory infection and gastro-enteritis to hospital to be achieved		Yes		<p><b>Measure recorded 2002 – 03</b> The Sure Start Unit collects this information for all programmes. Evidence from the local A&amp;E department indicates that attendances for young children in Church St have reduced</p> <p><b>Progress 2002 –03</b> The home safety assessment tool and the fitting of home safety equipment began in February 2003</p> <p><b>Progress 2003-04</b> The home safety assessment tool commenced in March and more than 60 parents have been contacted since then. Several have had home safety equipment fitted. 9 parents have undertaken first aid training.</p>
A 20% increase in the number of 0-2 year olds registered with a dentist, and a 70% increase in the 3-5 year old group. 90% of children within a preventative programme by 2003.	A 15% increase in dental registrations in the 0-2year olds And a 60% increase in the 3 – 5 year group. 30% of children in a preventative programme	Yes			<p><b>Measure recorded 2002 – 03</b> The number of children registered has increased from 1.92% to 7.7%</p> <p><b>Progress 2002 –03</b> The oral health promotion worker now offers regular input to all local nurseries sand child care centres and continues to offer free toothbrushes, dental mirrors and feeder cups</p> <p><b>Progress 2003-04</b> The dentist has doubled number of children seen since last year. A home visiting service for children with multiple caries has commenced. One to one advice is offered at local baby clinics</p>

<b>Objective 3: Improving the ability to learn</b>		<b>Achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>	<b>Measure / Progress</b>
Achieve by 2004. for children aged 0-3 a reduction of five percentage points in the number of children with speech and language problems requiring specialist intervention by age 4	A one percentage point reduction in the proportion of 4 year olds with speech & language development delay to be achieved	Yes			<p><b>Measure recorded 2002-03</b> There has been a reduction in the proportion of 4 year olds with speech and language delay. 5% of children are undertaking therapy.</p> <p><b>Progress 2002 –03</b> Plans to train other members of the Sure Start team to undertake home visits and to extend the home visiting programme across the trust are being examined.</p> <p><b>Progress 2003-04</b> Tiny fun sessions for young babies have recently been introduced and up to 17 parents attend each session. Other team members have undertaken training on language development and speech/language interventions. The speech and language therapists have extended their service to local nurseries/childcare centres.</p>

<b>Objective 3: Improving the ability to learn</b>		<b>Achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>	<b>Measure / Progress</b>
100% of children in Sure Start area to have access to good quality play and early learning opportunities, to help progress towards early learning goals when they get to school.	100% of children to have access to good play and learning opportunities	Yes			<p><b>Measure recorded 2002 – 03</b> Membership of the toy library increased by 232 children - a 313% increase on previous year.</p> <p><b>Progress 2002 –03</b> 307 children are now members of the toy library; A satellite toy library is due to open in 2003; A feasibility study for a one o'clock club and/or a Neighbourhood Nursery is being examined.</p> <p><b>Progress 2003-04</b> New activities in the toy library utilising the multisensory room have commenced. A new satellite toy library service opened in July. A new timetable of creative activities at Church St Children's Centre commenced in July and New Fun tots sessions attracted 41 families in Q2. A range of Summer activities took place and were well attended.</p>

<b>Objective 3: Improving the ability to learn</b>		<b>Achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>	<b>Measure / Progress</b>
Increase use of libraries by young families with young children in Sure Start area	<p>2% increase in the number of 0 – 4 year olds who are active members of the library</p> <p>5% increase in picture book issues</p>	Yes			<p><b>Measure recorded 2002 – 03</b> Library membership has increased by 11.6% since previous year and picture book issues have increased from 9,718 to 10,692.</p> <p><b>Progress 2002 – 03</b> Bookstart books are being distributed to 18 month and 3 year old children; A satellite children's library is due to open in July on Lisson Green estate.</p> <p><b>Progress 2003-04</b> The satellite library service commenced in September. The new programme of children's activities has attracted families who might not usually attend. There has been an increase in the number of 0 – 4 year olds registering with the library, a rise from 291 in March 2003 to 347 in March 2004.</p>

Objective 4: Strengthening families and communities		Achieved	Partially achieved	Not achieved	Measure / Progress
To reduce the number of 0-3 year old children in Sure Start areas living in households where no one is working by at least 12 per cent by 2004.	A one % reduction in the proportion of children aged 0-3 living in workless households		Yes		<p><b>Measure recorded 2002-03</b> Data relating to this target is collated by the Sure Start Unit. Employment drop-ins have been established at local venues offering an alternative to the more traditional job centres.</p> <p><b>Progress 2002-03</b> A community co-ordinator employability has been in post since February 2002. Basic skills' training is offered in partnership with Westminster Adult Education Service and includes ESOL, IT and literacy. Enabling families to gain skills likely to be useful to gaining employment The community co-ordinator has forged positive links with the local employment agencies Job vacancies at Westminster PCT and Church St Regeneration Forum are distributed locally.</p> <p><b>Progress 2003-04</b> New NVQ courses in administration have commenced. A new timetable of skills training was developed during the Summer.</p>

Objective 4: Strengthening families and communities		Achieved	Partially achieved	Not achieved	Measure / Progress
All Sure Start programmes to work with their EYDCP to help close the gap between the availability of accessible childcare for 0-3 year olds in Sure Start areas and other areas	The EYDCP aims to open 60 new places across Westminster, Sure Start to develop at least 10	Yes			<p><b>Measure recorded 2002 – 03</b> 80 full time equivalent places have been created altogether. 17 childminders have been trained and are awaiting registration.</p> <p><b>Progress 2002 - 03</b> A drop-in session to provide support and training for childminders has commenced and 6 childminders with 14 children attend regularly.</p> <p><b>Progress 2003 – 04</b> A timetable for 10 new childminders to be trained has been developed and will commence in September. The promotion of childminding as a career is being promoted at local schools.</p>

Objective 4: Strengthening families and communities		Achieved	Partially achieved	Not achieved	Measure / Progress
75% of families report personal evidence of an improvement in the quality of services providing family support.	75% of families report personal evidence of an improvement in the quality of services providing family support.	Yes			<p><b>Measure recorded 2002 – 03</b> 78% of parents report being satisfied with local services for the young. This is a 14% increase from 2001-02</p> <p><b>Progress 2002 – 03</b> Findings from the survey reveal that Sure Start has achieved a high profile in the local community. Local parents received training to participate in the local evaluation and administer the questionnaire. Areas for improvement included a review of crèche facilities and better advertising of services.</p> <p><b>Progress 2003 - 04</b> Signs to promote services are placed in Portman, Lisson Grove and IMPS. All posters and leaflet s follow the same format utilising a main template. Plans for development of a children's centre are underway.</p>

Objective 4: Strengthening families and communities		Achieved	Partially achieved	Not achieved	Measure / Progress
All local Sure Start programmes to have parent representation on local programme boards.	Parents Forum established and formal system agreed for electing parent representatives to the Board		Yes		<p><b>Measure recorded 2002-03</b> The planning and publicity for the parents' forum is ongoing and regular meetings will start soon.</p> <p><b>Progress 2002 - 03</b> The final structure for the parents' forum is being developed. Plans to increase parental representation are ongoing.</p> <p><b>Progress 2003-04</b> Parents wishing to participate in the forum are undertaking training sessions by an outside facilitator. The structure and format of the forum has been agreed and the community café at Portman will act as a meeting place for the forum. The forum has agreed a structure of a core group and quarterly larger network meetings.</p>

Objective 4: Strengthening families and communities		Achieved	Partially achieved	Not achieved	Measure / Progress
All Sure Start programmes to have developed local targets for ensuring links between local Sure Start partnerships and Employment Service Jobcentres	100% families receiving information on the employment service and New Deal initiatives at the 2 <sup>nd</sup> Sure Start visit. -The Sure Start Director to meet quarterly with the business development manager at the local job centre to discuss progress, and changes		Yes		<p><b>Measure recorded 2002 – 03</b> All families who had a first visits are receiving a second visit and information on New Deal. This figure is not yet at 100%</p> <p><b>Progress 2002 - 03</b> Links with job centre plus and new deal are ongoing. Benefit and employment drop-ins continue.</p> <p><b>Progress 2003-04</b> A new employment drop-in session is to commence at The Neighbourhood Centre in September. A Presentation to job centre staff on training/creche facilities took place in September. A representative from the job centre now sits on the board.</p>

## Section 6: Progress with local evaluation

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### 6.1 Introduction

All Sure Start programmes are required to make investment in evaluating what is working well in their services and detailed guidance on this has been issued by the Sure Start Unit. The intention is that findings from programmes across the UK complement the national evaluation and shed light on what the most helpful interventions have been in terms of outcomes for children and families. Local evaluations are to be designed in order that they generate 'bite sized' chunks of information that helps to inform the development of local services and guide mid course corrections to services and activities.

Each year the Programme Director and lead evaluator agree a schedule of evaluation work to be undertaken. Services are selected for evaluation for a number of reasons, but most generally because they offer a largely untested approach to supporting local parents and families. Sure Start Church Street has invested in learning lessons from these projects that it believes need to be documented and shared to generate understanding of what has worked particularly well and who has benefited.

### 6.2 Local Context

Westminster Sure Start continues to make progress with its local evaluation and share lessons learnt across the programme and elsewhere. Evaluations undertaken to date have been well received with positive feedback locally and from the Sure Start Unit itself.

Sure Start staff are regarded as partners in evaluating their own work and are engaged in the design of studies and collection of data from their own records and elsewhere. Presentation of findings have been organised so that staff are supported to share their work with the Board and answer questions arising from the evaluation report. These occasions provide valuable opportunities to celebrate the achievements that staff have made and recognise the contribution they make to the programme overall.

With the Boards agreement, all evaluation reports are sent to the Sure Start Unit in order that they can be posted on their web site enabling widespread dissemination to other Sure Start projects and interested parties.

### **6.3 Evaluation Studies and Projects 2003/4**

1. The Family Therapy Services: Lessons Learnt by Westminster Sure Start. Presented to the Sure Start Board on the 15<sup>th</sup> September 2003;
2. Lessons from Employment and Employability Initiatives: Westminster Sure Start. Presented to the Board on the 17<sup>th</sup> May 2004;
3. Contribution to the Thematic Study of Activities to Improve Parent's Employability. National Evaluation of Sure Start. Awaiting publication;
4. Parent as Evaluators: A training and development project to support the annual community satisfaction survey.

### **6.4 Evaluation Summaries**

Full evaluation reports are available by request from the Sure Start office or can be found on the National Evaluation of Sure Start web site – [www.ness.bbk.ac.uk](http://www.ness.bbk.ac.uk)

#### *(A) The Family Therapy Service*

The aim of this study was to provide an overview of the Family Therapist's role and evaluate the post in terms of meeting the original aim of addressing the mental health needs of very young children and associated support and intervention with parenting. The study drew from multiple sources of information including demographic profiling of families using the service, analysis of significant life events taken from a random sample of files and interviews with allied professionals and families with personal knowledge of the service provided.

The study concluded that the Family Therapy Service had made a significant contribution to enhancing the resilience and coping abilities of some families through early intervention. Factors influencing success included the flexibility of the service in terms of appointment times and place of meeting, the ability to work in a whole family

context, therapeutic help to assist individuals and families to mark the beginning of a pathway out of isolation and entrenched family patterns, and the capacity of the service to work with cultural diversity.

### **(B) Lessons Learnt from Employability and Employment Initiatives**

This study mapped the range of employability and employment initiatives developed by Sure Start and recorded mid course corrections made to work over the past two years. Further, it examined the relationships developed with mainstream agencies and looked at what strategies had worked well and why. The study involved the Sure Start Employability Co-ordinator, Childcare Development Worker, Jobcentre Plus, Westminster College and the Outreach Team. The study drew from information recorded on the Sure Start database, information gleaned through semi-structured interviews, records held by Sure Start staff as well as statistical data collected by the Sure Start Unit.

Findings revealed Sure Starts Employability and Employment projects to be well connected with allied agencies. The Sure Start 'whole system' approach to sharing information and pin pointing sources of help was identified as an important factor in success. An initial and successful emphasis on increasing adult education and job searching had been built upon in a new phase of the project involving job creation through work placements linked to NVQ training. This approach has generated much interest, is being expanded locally with the possibility of replication in other areas. Close linkage with childcare recruitment and provision of crèche services has been an important factor in gains made to date, although it is acknowledged that there is much more to do particularly with child care provision.

### **(C) Thematic Study of Activities to Improve Parent's Employability**

Sure Start with its emphasis on giving children the very best start in life is a central strand in the Government's drive towards helping parents aspire to achieve and sustain financial independence. To this end employability has become one of the four core Sure Start targets and a theme within the national evaluation.

The Church Street programme was one of fifteen local programmes chosen by the Sure Start Unit to participate in a thematic study of employability projects as part of

the national evaluation. Church Street was chosen because of the financial investment it had put in place to help achieve the Sure Start employability objective, and its practical experience of delivery from which others might learn. The results will be presented in a report due for publication this year. The report will not identify individual local programmes included in the study but will present results as themes taken from the experience across several areas. The report will focus on examples of good practice that could be adopted in other areas.

#### **(D) Parents as Local Evaluators**

Sure Start Church Street has invested in developing local parents to undertake a satisfaction survey within the local community. The aim of the survey is to find out if parents think local services have improved in the past year and whether they have made a difference to children and families in the area.

A survey of parents with children 0-4 was undertaken over a two-week period during May 2003 and repeated in 2004.

Local parents have developed the questionnaire used in the survey with some guidance from external trainers. The questionnaire has been subject to revision following each survey based upon the experience of gathering data. Parents undertaking the survey attend a local evaluation course to learn and practice skills in working with the public and administering the questionnaire.

Thirteen (13) parents joined the 2003 course based upon seven linked sessions. These sessions allowed the group to 'gel' and build a sense of teamwork. The sessions were participative and based upon parents gaining practical experience in using the questionnaire and bringing this to the course to share with others. The Outreach Team, in partnership with community organisations, helped to recruit parents by personal contact and a promotional flyer. By the closing date 110 completed returns had been made to the Sure Start office.

Twelve (12) parents had hoped to join the 2004 course but due to a range of issues 6 actually started at the end of April. Some of the parents who had attended the 2003 course were unable to participate because they had found employment, work placements or full time study. This meant that many of the new parents were

undertaking a survey with less than half of the training input compared with the previous year. Despite this they did revise the questionnaire and complete 73 returns between them, just over 10% of known Sure Start families.

A full account of the 2004 survey along with key findings can be found in Section 7. The discussion at the end of this section highlights some recommendations to strengthen the survey next year and ensure that the sample of views taken include a greater number of community sites and seek the views of parents who might constitute the harder to reach groups.

## Section 7: Parent feedback

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### 7.1 Background

The 2004 community survey took place in May and once again was conducted by local parents who had attended three development sessions led by an experienced external trainer (Lucy Seifert). The aim of the community survey was to find out whether parents considered that local services to children under 4 years had improved in the past 12 months and whether they had made a difference to children and families in the area.

### 7.2 Parent Evaluators

Development sessions started at the end of April and were organised in order that the survey could be started early May. The Outreach Team worked with the external trainer to identify and recruit parents who had an interest in undertaking the survey and could make a time commitment to the training sessions and administer the questionnaire afterwards

Twelve (12) parents were initially identified but due to a variety of reasons concerning family commitments and personal circumstances six were able to commence the programme. Training sessions were held at Lisson Grove Health Centre with a crèche provided at Church Street Children's Centre.

### 7.3 Fine Tuning the Questionnaire

As part of the programme parents revised the survey form taking into account feedback from previous years. One particular parent had worked in market research in Japan and had extensive experience of questionnaire design that proved invaluable and led to several important changes in the way questions were sequenced and presented on the survey form itself. These changes included listing all main Sure Start services on the form requiring the respondent to indicate those that had been used with a tick in the appropriate box and making sure all words were easily understood. A specific question targeted to parents with children under 14 months was introduced to elicit feedback on the Sure Start first visit by members of the Outreach Team and a new section inserted at the end of the survey to record the

name of the interviewer and the time and place the survey was conducted. Overall it was felt that the form and supporting materials were far easier to use when compared to previous years.

#### **7.4 Testing the New Format**

After completion of the second session parents practiced using the questionnaire within the various groups and services they attended. This helped to ensure that those conducting the interviews were familiar with the new layout of questions and had gained some practical experience with introducing themselves and the survey to other parents. By the end of session three thirty (30) completed questionnaires had been completed and submitted.

#### **7.5 Sample Size**

Seventy- three (73) completed survey forms were returned to the Sure Start office by the closing date. This represents a sample population of 11% of eligible Sure Start families known to live in the area. This is at the lower end of the total number of responses that we had hoped to receive and some caution should be applied in interpreting responses as data were collected from a relatively small number of sites that may not serve a representative section of the community. For example, despite Church Street being the home to the largest Bangladeshi community in Westminster the survey only recorded 3 responses for this section of the community. One explanation for this has been that at the time of the survey specific groups serving the Bangladeshi community were in recess and consequently were unable to take part. Another contributory factor could be the small numbers of parents administering the 2004 survey and an over reliance on their own networks to obtain views.

#### **7.6 Population Profile**

71 (97%) lived in the Sure Area and 67 (92%) had children aged 0-4 years. 63 (86%) were mothers of young children, 3 (4%) were fathers, 1 (1%) were grandparents and a further 1 (1%) were relatives, carers. 5 (7%) people did not record their relationship to the child.

## Ethnic Background of Respondents

White Other	14 (19%)
White British	13 (18%)
White Irish	4
White/Black Caribbean	1
Bangladeshi	3 (4%)
Caribbean	3
Chinese	1
African	2
Indian	2
Any Other Ethnic Background	5
Not Recorded	25
Total	73 (100%)

## 7.7 Key Findings

### Awareness and Up-take

**“I got to know the services and got to know where I can take my children”**

NOTE: Most respondents gave more than one answer to the question about how they heard about the Church Street programme.

- 68 (93%) had heard of Sure Start Church Street and 60 (86%) said that they are currently using the services of the programme;
- 26 (36%) said that had heard about Sure Start by word of mouth and 31 (42%) recorded hearing about the programme via a local professional. 20% said that they had heard by contact with the Outreach Team;

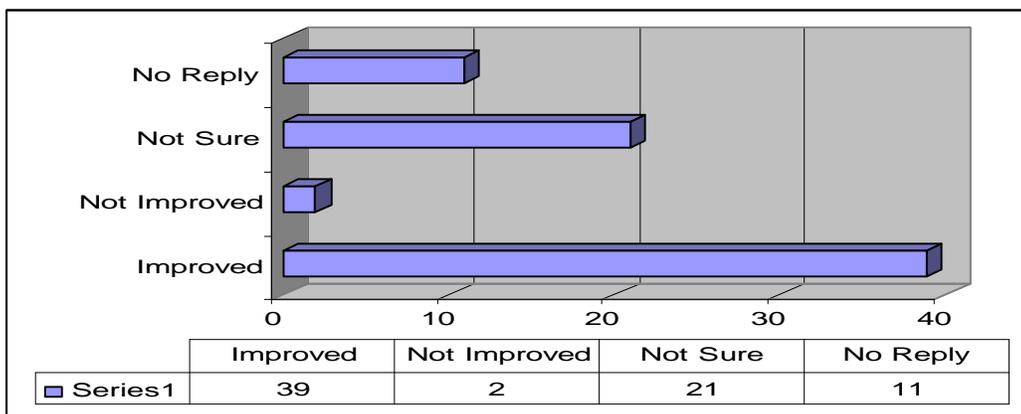
- 23 (32%) said that they heard about Sure Start by posters and 20 (27%) by leaflets;
- 11 (15%) had heard through another source and the most frequently mentioned was Newpin.

### Impact of Sure Start

#### “Sure Start has helped my daughter develop many new skills and has sparked her imagination”

- Just over half of all respondents (39) believed that services for children 0-4 had improved in the past year;
- 46 (63%) said that they believed that Sure Start had made a positive difference to their child’s life. 96% of these considered that the opportunity to meet other children had made a difference and 27 (59%) said that in their opinion their child was more confident;
- 29 (63%) of parents who answered said that they felt that their child was learning new skills as a result of involvement with Sure Start activities;
- 51 (70%) said that Sure Start had made a positive difference to their life as a parent/carer. 7 (10%) disagreed with this and 15 (20%) did not register a reply.

Graph 1: Have Services for Children 0-4 Improved?



## The First Sure Start Visit

### “The first visit was very polite”

- Over a third of parents who participated in the survey had children under 14 months old;
- Two thirds of these parents remembered their first visit;
- From the 12 parents who remembered their first visit 7 (58%) said it was excellent, 2 (17%) said it was good and 3 (25%) said it was average;
- 6 parents with children under 14 months said they did not remember a first visit and 4 of these parents (who were not new to the area) were confident that no first visit had taken place.

## Overall Quality of Sure Start Services

### “Sure Start is very friendly and they have excellent services”



- 25 (34%) parents surveyed considered Sure Start services to be excellent, a further 25 (34%) rated them as good and 7 (10%) said that they were of average quality. 16 (22%) parents did not register a response to the question.

## **7.8 Discussion**

Sure Start Church Street appears to have maintained its high public profile with an impressive 93% of people surveyed having heard of the programme and 86% registering use of at least one Sure Start service. Both these figures show a slight increase on findings taken from the 2003 survey but need to be viewed with some caution as interviewers are known to have engaged their own person networks that may not fully reflect the harder to reach groups.

The 2003 survey was undertaken by a larger pool of parents who met on seven separate occasions to learn about questionnaire design and practice working with the public. Many of these parents later went on to find work placements, study or full time employment. This acted to significantly deplete the number of more experienced parent interviewers available to take part in 2004. For 2005 it is recommended that recruitment of parents begins in March and that a full programme of training and support commence mid April to allow data collection in May.

As in the 2003 survey the numbers of fathers taking part in the survey have been very small and reflects the need to continue building on work to engage them as a constituent group in their own right. It is recommended that for the 2005 survey we consider ways to involve fathers as parent interviewers.

Findings from the 2003 survey suggested that a question concerning the first Sure Start visit might be helpful. This recommendation was acted upon and findings from this year reveal that most parents who remembered their visit rated it as excellent or good. In addition some qualifying comments were recorded on survey forms that again suggest that most visits have been informative and helpful. The survey revealed 4 parents eligible for a first visit and said that they had not been visited but were unable to explain why. They were not new to the area and had not declined contact. The Sure Start programme has worked hard to ensure that all eligible parents are known and contacted following a review of contact rates last year. Cases that come to light where first visits have not occurred should continue to be monitored and remedial action taken.

The listing of Sure Start services individually on the survey form seems to have helped reduce confusion over Sure Start and mainstream services as seen in previous surveys. However, the issue of under-reported use of Sure Start services on survey forms has not been resolved and the margin of error in findings is presently unknown. Last year many parents gave their names and contact details for information about Sure Start and this enabled us to make a direct comparison between services recorded as being used on the survey form and the Sure Start database. However, as part of the 2004 survey requests for additional information were completed on separate forms and it has not been possible to match these with the survey forms themselves. We recommend that further consideration be given to this next year so that the question of under reporting can continue to be monitored.

As in previous surveys 'word of mouth' continues to play an important role in the sharing of information about Sure Start and its activities. However, this year proportionally more parents mentioned hearing about the programme via professionals and specifically the Outreach Team. It is also interesting to note that more people mentioned the impact of posters and leaflets and this may reflect on the efforts made to promote Sure Start services at displays in public amenities such as in the library and foyer of the Health Centre as well as other specific information such as adult education promotion and leaflets.

Just over half of all people taking part in the survey believed that services for children had improved in the last year. This is the same percentage found in last years survey and it is encouraging to note that Sure Start has maintained this position. As time passes it may be hard for the programme to maintain this feedback, as services become part of the fabric of Church Street.

63% of all parents surveyed believed that Sure Start had made a positive difference to their child. Proportionately, more children were said to be benefiting from social contact and time with peers than in the 2003 survey. This increase can also be seen in the numbers of children said to be learning new skills.

Benefits to parents/carers were spread over a number of categories. Most notable were benefits arising from meeting new people (76%), being more involved in the life of the community (48%) and discovering new interests (28%). Half of all parents

answering this section reported being less stressed and this is a significant increase on the 2003 findings where a third of parents recorded reduced stress levels. 7 (10 %) of parents said that Sure Start had not made a difference to them but a number of these responses were also associated with additional written comments indicating that the parents themselves had chosen not to use the services because they felt they did not need them, were at work or involved in supporting older children at home or in school/community activities.

Previous surveys have found that parents find questions concerning quality of service hard to answer. This may be because the question implies previous knowledge of services and/or assumes that they have a 'yard stick' through which they can assess improvements. Despite this we have continued to use a rating system to provide a general 'snap shot' of public perception and recollection of specific services and also enabled feedback to be given to the Sure Start Unit.

Overall, 68% of those taking part in the survey rated Sure Start as good to excellent. 7 (10%) said that services were of average quality and 16 (22%) respondents did not register an answer to this question. As in the 2003 survey a star system to indicate satisfaction with performance was used.

Specific Sure Start services receiving high levels of praise included Fun Tots, Dental Service, Toy Library, Health Team and Adult Education Classes. Antenatal services, Outreach Team, Employability Projects, Speech and Language Services, Sure Start Social Worker, Family Therapy, KIDS and Smoking Cessation had fewer comments recorded but from those received were all generally rated between three (good) and four stars (excellent).

The one specific area receiving less favourable comment was community Fun Days with 38% of people expressing a view giving a two star rating of average. The last Fun Day was at Christmas that whilst attracting many local people showed that such events require a detailed level of planning to cater with the number attracted.

### **7.9 Service Development Issues**

Comments written on completed survey forms included requests for the following services:

- More services for dads (these comments were made by two fathers);
- More creative activities that parents can do alongside their children;
- Provision of more sporting activities including swimming and football for children (the two activities most frequently requested);
- Provision of day and educational trips for families, including visits to the zoo and museums;
- Increase in the number of IT and computer classes available in the area;
- Provision of services to older children (aged over 4 years) to allow parents more time with younger members of the family;
- Request for additional childminders and crèche provision.

## Section 8: Mainstreaming

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Now that the programme is embedded in the community it is essential to ensure that the lessons learnt inform the development of future children's services and that individual projects are continued beyond the life of Sure Start.

### **There are therefore 2 questions that need to be addressed**

- How will the expected improved outcomes for children be sustained in Sure Start areas? How do we sustain the benefits of the programme?
  
- How can the lessons learned from Sure Start be applied to other areas of Westminster?

### **What do we mean by 'mainstreaming'**

Mainstreaming is not the same as dissemination, although this is an important part of the process. Mainstreaming refers to the actual use of project findings and the adoption of new practices / policy direction. For many, however, mainstreaming has come to mean, who will pick up the tab on the new services once central government money dwindles, and as Sure Start is just one of many initiatives this has prompted a very real anxiety. This fear, however, can prevent *the real opportunity that Sure Start offers to reshape and fundamentally change, the often fragmented and uncoordinated delivery of children's services, within existing budget levels.*

### **Local setting for mainstreaming**

Westminster has a good partnership framework in which mainstreaming can begin to develop. It has a Local Strategic Partnership, the re-launched Children and Young Peoples Strategic Partnership (CYPSP), an active Early Years Development and Childcare Partnership (EYDCP) plus real commitment from the existing Sure Start Partnership Boards. In addition, the planning and implementation of the Sure Start Local programmes have created local environments, which are committed to and convinced of the need for ongoing integrated services and thus these areas are ready for the natural progression of further joined up services.

## **First Steps in Westminster**

A **Mainstreaming Strategy group** was established in Westminster in January 2003. It has been agreed that the group will act as a sub group of the Early Years Development and Childcare Partnership (EYDCP) and send progress reports to the Children and Young Peoples Strategic Partnership (CYPSP). The main aims of the group are to ensure that the lessons from Sure Start are mainstreamed across all agencies and to oversee the implementation of Children's Centres. Jackie Harrop, the Assistant Director of Education, chairs the group and the preparation and co-ordination of the meetings are the responsibility of the Sure Start Director, Church Street. The group has good representation from all key agencies. The group have developed a Mainstreaming Plan for 2004 /05 and the key priority areas are outlined below:

The Mainstreaming Group have discussed the key lessons learnt from the local Sure Start programmes and agreed to focus on *3 objectives in the period 2004 – 05*. As a starting point, all agencies have been asked to reflect on how they will develop their work in these 3 areas. These are:

- To ensure that all appointment systems are flexible and support equal access to services
  
- Improving Children's ability to learn through the promotion of early speech and language development
  
- Strengthening the involvement of families and communities in the design and delivery of services

## **Themed evaluations**

The Sure Start evaluation team are undertaking regular themed evaluations. Their recent research entitled '*Fathers in Sure Start local programmes*<sup>3</sup> highlighted that the majority of Sure Start local programmes reported low levels of father involvement in programme activities. In response to this the Mainstreaming Strategy Group have agreed to focus on an awareness-raising program for all organisations working with

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<sup>3</sup> National evaluation of Sure Start, Institute for the Study of Children, Families and Social Issues, Birkbeck College, University of London

families as well as holding workshops, which will celebrate and share existing good practice in engaging with fathers.

### **Children's centres**

Children's Centres are programmes based on the concept that providing integrated education, care, family support and health services is a key factor in determining good outcomes for children and their parents. The success of this approach will be dependent on practitioners and organisations trusting and working with their local partners to find new and integrated solutions to need. Training will be key to making this shift in culture and ensuring that everyone has a shared philosophy and are working from an agreed set of principles.

### **Local examples of Mainstreaming in Church Street**

One of our experiences is that parental involvement at the mainstreaming stage is vital. Parents play an important role in helping to create a shift in culture within organisations, which goes beyond the absorption of the new activity or service into the mainstream. Examples from the local programme are as follows:

- Three of the group's activities, which have been running successfully and were initially financed by Sure Start, are now being 'mainstreamed' through Westminster Adult Education (WAES). These are the Mum and Baby Yoga class, the sewing class and the self-development classes. All new classes are now developed directly in partnership with WAES and these include a mixed yoga class for men and women and a cookery class. This will ensure that the classes are well embedded into the community before the end of Sure Start.

We are continuing to work with Westminster Adult Education to ensure that the new community classes reflect the needs of the community and that any existing systems in place do not act as a barrier to participation.

- The childcare development worker is working in partnership with WAES and the EYDCP to deliver courses in the community. These were previously at centralised venues, with outside providers, and are therefore now more accessible to local families. In addition, as a result of lessons from Sure Start, more home visiting is being promoted before the registration of childminders.

The number of registrations in the Church Street area demonstrates the success of this approach.

- The mainstream midwives are now alternating the delivery of some of the antenatal classes with the Sure Start Midwife.
- We are now encouraging the key statutory agencies to ensure that the Sure Start staff is given permanent contracts and exploring how their roles will be incorporated into mainstream provision.
- Sure Start staff is now more integrated into mainstream provision, when planning services and a representative from the health visiting team, Portman Early Childhood Centre and the Community Health Development Team regularly attend Sure Start team meetings. It is hoped that a member of the local social work team will attend from the autumn. This creates a wider integrated community approach.
- Developing a whole systems approach to the development of a child's speech and language versus the one to one therapy approach, by training early years staff in the promotion of early language.
- Preparing local Homestart volunteers to promote breastfeeding and support families expecting a baby.

## Section 9: Finances

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### *Sure Start Westminster Actual Spend against Budget 2003/2004*

	<b>Actual</b>	<b>Budget</b>
	<b>2003/2004</b>	<b>2003/2004</b>
Outreach & Home Visiting	<u>103,459</u>	<u>102,953</u>
Support for Parents & Families	<u>7,990</u>	<u>8,500</u>
Play, Learning & Childcare	<u>192,214</u>	<u>192,843</u>
Community Healthcare	<u>202,185</u>	<u>201,714</u>
Special Needs Support	<u>84,605</u>	<u>85,000</u>
Revenue Expenditure on Buildings	<u>0</u>	<u>0</u>
Management & Administration	<u>112,502</u>	<u>112,500</u>
Development & Evaluation	<u>15,457</u>	<u>15,990</u>
Additional Activities	<u>31,382</u>	<u>30,500</u>
<b>Total Sure Start Costs 2001/2002</b>	<b><u>749,794</u></b>	<b><u>750,000</u></b>

Sure Start Westminster Church Street is now fully utilising its budget from the Central Sure Start Unit. The revenue budget covers all local and community activities undertaken by Church Street for the benefit of the community.

<b>SURE START CAPITAL EXPENDITURE 2001/2004</b>	<b>Actual Cost 2003/2004</b>	<b>Project Cost To Date</b>	<b>Total Cost of Project</b>
Setting Up Of Management Team for Project Operation	<u>£36</u>	<u>£14,959</u>	<u>£15,000</u>
Improvements to Lisson Green Nursery 0 – 2 yrs area		<u>£46,999</u>	<u>£47,110</u>
Lisson Gardens Outdoor Play Area		<u>£31,974</u>	<u>£32,000</u>
Setting Up Of A Toy Library		<u>£20,877</u>	<u>£21,025</u>
Development of Sensory Studio at the Portman Centre		<u>£26,548</u>	<u>£26,670</u>
Equipping and Furnishing Parents Area at the Portman Centre	<u>£35,286</u>	<u>£35,286</u>	<u>£36,045</u>
Redevelopment of Lisson Green Tenants Hall			<u>£46,631</u>
Improvements to External Space Church Street Library			<u>£27,610</u>
Contribution to Portman Centre Garden		<u>£60,000</u>	<u>£60,000</u>
Setting Up Of A Satellite Toy Library		<u>£2,760</u>	<u>£7,500</u>
Contribution to Play Area at Fisherton Street	<u>£1,080</u>	<u>£1,080</u>	<u>£50,000</u>
Equipping and Furnishing a Computer Suite at Portman Centre	<u>£16,016</u>	<u>£28,649</u>	<u>£30,000</u>
Contribution to Play Area at Orange Park	<u>£50,000</u>	<u>£50,000</u>	<u>£50,000</u>
Providing A Self-Contained Children's Area at Church Street Library	<u>£3,917</u>	<u>£27,478</u>	<u>£27,478</u>
Refurbishments of Toilets at Al Madina Nursery	<u>£5,710</u>	<u>£5,710</u>	<u>£5,710</u>
Improvements to Parent & Child Facilities at Lisson Grove Health Centre	<u>£54,044</u>	<u>£54,044</u>	<u>£56,000</u>
Parsons House Outdoor Play Area			<u>£50,000</u>
Construct Pram Shed at Our	<u>£2,236</u>	<u>£2,236</u>	<u>£2,236</u>

<b>Lady's Church Drop-In</b>			
<b>St Paul's Church Centre - community kitchen, screens</b>	<u>£8,000</u>	<u>£8,000</u>	<u>£8,000</u>
<b>Improvements to Outdoor Space at Church Street Childrens Centre</b>	<u>£2,580</u>	<u>£2,580</u>	<u>£11,684</u>
<b>Lisson Gardens Sensory Room Update</b>	<u>£4,188</u>	<u>£4,188</u>	<u>£4,921</u>
<b>Tresham Crescent Play Area</b>			<u>£43,665</u>
<b>Lisson Green Nursery /One 'O' Clock Club</b>	<u>£3,768</u>		<u>£310,000</u>
<b>IMPS Pre-School garden and equipment</b>	<u>£3,768</u>	<u>£15,404</u>	<u>£26,057</u>
<b>Sundry Small Community Grants</b>	<u>£11,636</u>		<u>£44,451</u>
<b>Create Flexible Community Meeting Space at Portman Centre</b>			<u>£27,360</u>
<b>Multimedia Equipment for Parents Forum and Sure Start</b>			<u>£7,847</u>
<b>Total Capital Programme</b>		<u>£438,772</u>	<u>£1,075,000</u>

The above is a summary of the first three years of expenditure on Capital Projects for Sure Start Westminster Church Street and details of the total projects both completed and planned.

The map on the next page details the location of the capital projects.

## Section 10: Recommendations

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The recommendations can be grouped under the following headings:

### **Community / Parental Involvement**

- To prepare a summarised version of this review by, September 2004, for circulation to the community;
- Prepare the 2004/5 annual reviews in two parts. Part 1 to report on Sure Start activity and Part 2 to profile local stories and examples of where the programme has impacted on the lives of children and families;
- To embed and fine tune the use of volunteers into the programme;
- To ensure that all parents are informed of the Parents Forum at the 1<sup>st</sup> Sure Start visit and that the forum is supported to expand by both practical and financial assistance;
- To undertake the community survey in 2005 with an extended number of parent interviewers, a proportion of which will be local fathers;
- To ensure that contact forms are completed at the time of the community survey to provide follow up as required.

### **Management**

- To identify a random sample of parents to examine their use of Sure Start services and the inter-connection between the use of services / activities.
- To undertake a 'value for money' exercise;
- To work towards mainstreaming all staff contracts;
- To continue to implement the action plan regarding involvement of fathers;
- To improve the collection of data on outcome measures for example – the number of newly registered childminders caring for children, the number of parents, who have entered employment and progression routes into employment.

### **Service Delivery**

- To explore ways that the programme can increase contact in the antenatal period and to set a target for this increased contact;
- To improve the collection of Ethnic Monitoring data.

### **Training / Group activities / information**

- To invest in further training and support to develop a pool of local parent evaluators, who are available to undertake the community survey.
- To extend and develop the programme of NVQ training opportunities;
- To mainstream all courses through WAES;
- To develop a programme of family learning opportunities;
- To ensure there are at least 2 sporting activities set up for parents and to maximise the number of recreational activities.

# Appendices

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## Appendix 1 The Sure Start Services

The Sure Start Services actively delivering services are:

### **Parent and Carer Involvement team (outreach)**

Employing organisation: Voluntary Action Westminster  
Base: Portman Early Childhood Centre

The outreach team comprises of a parent and carer involvement co-ordinator, supported by four part-time outreach workers. Two of the workers speak a local community language. The team aims to ensure that all parents and carers of children under four participate in the design, delivery and evaluation of the Sure Start Westminster programme. The team also support and befriend isolated parents and carers, through home visiting, encouraging and enabling them to access new and existing services.

### **Dental and Oral Health**

Employing organisation: Westminster Primary Care Trust (PCT)  
Base: Lisson Grove Health centre

The dentist provides a surgery one day a week for children 0 – 3 years, and an oral health promotion worker provides outreach health education sessions in a variety of community settings. Both are aimed at improving children's oral health.

### **KIDs Home Learning**

Employing organisation: KIDs  
Base: Portman Early Childhood Centre

KIDs offer a home learning service. This is based on the portage model, and is targeted to families of children Under 4, who have significant developmental concern or a recognised disability.

### **Speech and Language Therapy**

Employing organisation: Westminster Primary Care Trust  
Base: Lisson Grove Health Centre

The speech and language therapists aim to promote language development through much earlier intervention and through the training of other community based staff, and to provide a service, which is more accessible to parents.

### **Midwifery**

Employing organisation: St Mary's NHS Trust  
Base: Lisson Grove Health Centre

The midwife aims to offer a framework of antenatal classes for parents, and more targeted interventions into families, who do not access mainstream midwifery services.

### **Health Visiting Team**

Employing organisation: Westminster Primary Care Trust  
Base: Lisson grove Health Centre

The team comprises a health visitor, a nursery nurse and a family support worker. They aim to provide targeted interventions into families, where a health need has been identified. The health visitor is leading on developing a home safety assessment tool, developing a more consistent approach to the identification of postnatal depression and promoting extra support to breast-feeding mothers. The nursery nurse has established a crèche within Portman Early Childhood Centre to support the English as a second language classes.

### **Family Therapy and Child Psychiatry**

Employing organisation: Brent, Kensington, Chelsea and Westminster Mental Health trust  
Base: Lisson Grove Health Centre

A family therapist is employed to provide therapy for families, who have a range of needs, and are ready to engage in a therapeutic relationship to make changes in their life.

The child psychiatrist offers regular clinical supervision to the family therapist and other members of the Sure Start team as appropriate, and runs teaching workshops on topics relevant to the Sure Start team i.e. autism.

### **Literacy Development Worker**

Employing organisation: Westminster Library Services, Westminster City Council  
Base: Church Street library

The literacy development worker promotes the use of the library amongst families / carers, and is coordinating the implementation of bookstart plus.

### **Toy Library**

Employing organisation: Marylebone Bangladeshi Society  
Base: Portman Early Childhood Centre

The toy library is open 3 days a week to offer toys to borrow and a range of play / music sessions.

### **Lisson Green Nursery**

Employing organisation: Westminster Children's Society  
Base: Lisson Green Nursery

Lisson Green Nursery, with Sure Start funding, has developed 6 places for children aged 0 – 2 years.

### **Under 4s Drop-in**

Employing organisation: Marylebone Bangladeshi Society  
Base: Portman Early Childhood Centre / Church Street Library

The drop-in provides an opportunity for children to learn through play and for parents to meet other families.

### **Church Street Children's Centre**

Employing organisation: Radicle  
Base: Church Street Children's Centre

The centre offers a pre-school, and provides a crèche every afternoon, to support a range of group activities for parents.

### **Outreach Worker - childminding recruitment / Childcare development**

Employing organisation: Westminster City Council  
Base: Lisson Grove Health Centre

The outreach worker to recruit new childminders aims to encourage people to think about childminding as a job in their homes. Training will be provided. The worker is also developing the policy framework for the Sure Start crèches.

### **Community Coordinator Employability**

Employing organisation: Westminster Adult Education (WAES)  
Base: WAES at Amberley Road

This post was established in response to the new Sure Start target regarding a 'reduction in the number of households where no one is working'. The aim is to coordinate the local opportunities for parents, and to provide support to parents / carers returning to work.

### **Smoking Cessation Counsellor**

Employing organisation: Westminster Primary Care Trust  
Base: Lisson Grove Health Centre

The smoking cessation counsellor provides information, advice and counselling to pregnant women, and to the parent / carers of very young children. The interventions are either one to one or in a group setting.

### **Social worker**

Employing organisation: Westminster City Council  
Base: Lisson Grove Health centre

The social worker aims to provide support to families at an earlier stage than is possible in mainstream services.

## Appendix 2 Examples from the Projects and Parents

Each Sure Start service was asked to give examples of their work and any parental feedback. These are listed below by project:

### 1. Parent and Carer Involvement Team

→ A client who had many health problems needed to set up contact arrangements for her son and ex-husband. This added problem was making her feel very worried and upset. She needed contact to be near her home and I was able to set up contact arrangements at the Portman Early Childhood Centre through joint work with the family support team. The client was very thankful for the convenience of the arrangement as it was close to home and eliminated her anxieties about the situation.

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→ S is a refugee from Sierra Leone who was referred by her child's health visitor to the team. The family had just moved into the area and were experiencing difficulties in accessing services, especially early years services for S's daughter N. N is a very active and bright toddler who needs to be constantly stimulated. At my first visit with the family, S, who was unemployed, told me about her experiences during the civil war in Sierra Leone, about losing her family and being displaced and how she ended up being a refugee in the UK. She also expressed her anxieties about being alone parent and the difficulties in engaging with other people.

The family were invited to 'Fun Tots' and this provided them with the opportunity to meet with other families. From the first session, I noticed that N mixed well with the other children and was also very quick at memorising the songs. Her mother later informed me that she noticed a change in N from that first visit and that she was always eager to attend the next week's session.

During my visits, S told me about the struggles of being a lone parent and expressed that she would like her daughter's father to be involved in N's life. I supported her in contacting him, getting his name on N's Birth Certificate and

receiving child support from him. S is now in part-time employment and is hoping to start a course in social care work when N starts nursery. With my support, she has also applied for Social Services Day Care for her daughter.

In the 3 months that I've been involved in the family I have noticed significant changes in both mother and child.

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→ **Fun Tots** has had an impact by using music, singing, story telling, drama, movement and art to encourage parents to interact and play with their toddler in a relaxed and friendly setting. These groups, which are videoed, have increased parent/child interaction, learning through play, and have offered a space for culturally diverse groups who may not have normally got together to share a common theme – their child. The activity card for each session is taken home and helps the parent to recreate the activity, i.e. puppet-making from a sack. A video film of six sessions is edited and given to the parents and we have been told how popular these are, with both parent and child, who often sit and watch it together and sing the songs. Evaluations have been very positive with parents wanting more and longer sessions. They have told us they feel more lively and less inhibited about playing with their child and that they have had fun doing things together. Shared experiences were beneficial to the group who co-operated to rock each other's children in the parachute and the children developed new skills and enjoyed learning new concepts, such as big and little, over and under and learning language through songs. Parents have told us that it has altered their ideas on parenting and we are now beginning to train parents to co-facilitate these groups so that they will be able to offer these groups to their communities in the future.

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→ **First Visits:** Families, especially isolated or new to borough, say these make quite a difference to their lives. They are surprised that there is so much help and support. They say they like the joined up approach and are very positive about one person being able to listen and link them into so many services.

→ We are constantly evaluating our services through feedback forms, face to face contact, video evaluation and through the Parents Forum, and we respond to feedback by beginning new groups, changing times or venues and altering content. We have also begun compiling video footage of parents telling us how

and why they have become involved in our services. We are particularly interested in areas where we could do better, i.e. fathers and teenage parents are already identified.

## 2. Dental

- A little girl called A attended for the first time in August 2002. She was screaming and crying and was impossible to examine in the surgery. She refused to sit in the dental chair and eventually after three more appointments with much play and attention, she let me have a look in her mouth sitting on mum's lap. She had grossly carious deciduous teeth, due to bottles of Ribena and milk at night. After one year of appointments and gradual confidence building, she now comes into the surgery and sits in the dental chair by herself and has all her treatment carried out without any problems. Also, mum tells me that she brushes her teeth by herself without being reminded and is very motivated and actually looks forward to her dental check up.
- 
- Little boy named B. Initial appointment very frightened. Just had his MMR vaccination. Refused to sit in dental chair. Ran out of the surgery. Second appointment had lots of play activities with Ben. Managed to look at B's teeth and brush with a small torch, sitting on mum's lap. Third appointment. Had a polish sitting on mum's lap. After further two visits, sat in dental chair by himself and had polish. After two more appointments, started fillings and now his dental treatment is complete and he is great to treat.
  - Parents and families have responded with very positive feedback and think that the dental service for 0-4 year olds is very positive as this service cannot be given by the local GDP (General Dental Practitioners) as they don't have the time in their surgery to treat nervous/frightened children of this age group.
  - Parent comment: 'extremely child-friendly. Being A's first time, the atmosphere was very relaxed. I was able to get an update on A's first teeth after being checked. All my questions were answered with simplicity and both staff were extremely friendly and gentle, making Oliver relaxed.'

### 3. Oral Health

→ As part of the Brushing for Life programme I liaised with Newpin, in order to deliver the brushing packs and information. It was decided that it would be beneficial and have more of an impact if one of the service users could deliver the information. This was in line with Newpin's goal of empowerment for their users. Consequently I trained a user by means of a one to one session and supported her with background information and a training pack. I explained the processes of decay and it's prevention and supplied supporting information for her talk. She gave the talk to 15 adults, utilised the supporting pack, answered their questions and gave out the packs. She also demonstrated how to brush a child's teeth. The manager of Newpin informed me that she received positive feedback from the group and that it was a beneficial experience for her. It has been decided that this will continue with a different user talking to a new group in the forthcoming year.

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→ A barrier to children's dental health is that the parents are not always the only carers and are often influenced by older family members. One example is where I liaised with the Bengali link worker to arrange a session with her older women's Bengali speaking group. This can be a difficult group to promote oral health messages due to ingrained beliefs and culture. Despite a few sessions being cancelled when it finally went ahead it was a very successful session, good attendance despite very cold weather, (12 adults attended). I was also able to target paan chewing and it's association with oral cancer to the group - a difficult topic to stimulate interest due to cultural practices. A number of the group members were so interested in the session that they suggested that I arrange a future session for their daughters and daughters in law to make them more aware and to enable goals of reducing sugar consumption, increasing toothbrushing and visiting the dentist to be achieved.

This will be arranged as soon as possible with the Bengali Link worker.

Such sessions for mums have been arranged previously (a few times) with low attendance, it will be interesting to see if attendance increases following this session.

I have received a significant amount of feedback with regard to the Sure Start dental service ceasing for children once they reach 4 years. Parents are not happy with this and find it difficult that siblings can't attend the same dentist. Consequently this issue and possibilities for continuity of care are to be investigated during the forthcoming year.

## 4. KIDS

→ Child A is now 2 years 6 months and has been receiving the KIDS Home Learning service since December 2003. He has improved a considerable amount. Four (4) months ago, A found eye contact difficult, preferred to play alone had obsessive behaviours and did not respond to others. His mother was finding the situation frustrating and regarded his behaviour and play in a very negative light. She had become accustomed to continually preventing him from doing things both verbally and physically. This response was extremely confusing and upsetting for A who has no functional language with which to express himself.

With Home Learning, A's mother was able to watch another adult interact with her son in a calm manner and see the difference in his response. We have spent a long time cutting down the amount we say during the sessions and replacing our words with encouraging actions. A is happier to have someone playing with him now providing they aren't too directive. A's mother now understands the importance of following her sons lead and joining in the activities which interest him in a positive way.

We have also spent time working on A's eye contact which is now excellent. By playing games that require looking such as 'peek a boo', mirror play etc, A has learnt to relax when seeing someone and now uses eye contact as a means to gain attention.

To encourage A to include others in play we have taken advantage of the many aunties A has and is familiar with! We have used toys that require another person such as bubbles that need blowing, switch toys that need operating etc and until they are brought to us, they remain unused. A now takes toys he wants help with to familiar people.

We are currently working on the Picture Exchange Communication System (PECS) with A and he is doing very well. We hope that by the time he reaches nursery a communication system will be in place to ensure A can access his environment with confidence.

A's mother is delighted with the Home Learning service as it provides her with the support and advice she was so desperately in need of. A is more aware of people now, he has experienced the positive aspects of playing with others and although his obsessive behaviours are still prevalent, his mother no longer prevents him from doing them. She is learning to use them to introduce him to other toys and games e.g. if A is obsessively spinning an object, we will extend the experience by finding other things to play with, including one that spins to entice him (such as water play). 4 months ago, the object would have been taken away from him with no explanation.

Home Learning has provided ideas and encouragement to this family when they needed them most.

**Parents took part in an annual evaluation of the KIDs service in September/October 2003.**

**The following quotes from parents have been lifted from the report:**

- Worker A has been able to model and help me implement strategies without making me feel inadequate as a parent.
- New toys every week and good advice! I am asked my opinion on activities, which is pleasing. All activities are directed to my child's needs.
- I like the way I have total involvement in the choices that are given to my child.
- Aims and targets are discussed with parents and in accordance with the aims set by the Physiotherapist and Nursery.
- A very personal and specific service.
- The friendliness and adaptability of everyone.

- Every session ends with bubbles being blown into the air, emphasising the end of the session.
- The way we can monitor their learning and push one-on-one playing (as they are twins)
- Everything. It is a very good. I am learning how to play alongside my son. I never used to play with my child before but now I do because my HLW tells me what to do every week. She sets aims, which enable me to play with my son and see the results.
- The service is delivered at home where the child feels confident, there is moral support for parents and activities are proposed that are different from the ones at home. The child gets to know and play with someone else, which also encourages social development.
- It's a step in the right direction towards giving parents ideas and also the variety of toys is very useful and helps save us money in buying the toys.
- It would be useful if the Home Learning Service works together with the child's nursery and does regular visits. This would be useful for the child and for the nursery staff (who would learn how to deal with him) and also for the Home Learning worker.

## 5. Health Visitor

- Ms A was referred to me by her family health visitor because she was experiencing postnatal depression. After my assessment Ms A agreed that I should carry out weekly listening visits for 6 weeks and review progress. Ms A has two children including a new baby. Her partner left the relationship when Ms A became pregnant with her second child. They live in a one bedroom basement flat with an open plan kitchen. The baby disrupts the older child's sleep as they all share one room.

This is what she said after completing my work with her.

- 'Talking to someone with a lot of experience has helped me to try and make time for myself and helped with my children how to give them a bit of my time alone so they could feel I am there. I feel less stressed now; I try and get out more. Knowing there is someone there to listen and help and give advice'.
  - 'It has been really helpful, feel much better and she was really good listener and the advice she gave has made my life easy'.
- Mrs Q was a follow up from St Mary's Hospital discharge and was also referred by her health visitor for breastfeeding support. The baby was four weeks old and Mrs Q had already started offering 2-3 bottles of formula feeds daily. Mrs Q agreed to my visit and expressed her desire to breastfeed. We discussed about the benefits of exclusively breastfeeding, positioning, latching on managing her cracked nipples and how she can cut out the formula feeds.
- Mr Q was present at the visit and he fully supported his wife in exclusively breastfeeding. They felt privileged to have a health professional coming in to offer them breastfeeding support. They followed the advice and I observed the baby being fed. At the second visit Mrs Q was exclusively breastfeeding. A week later she hired a breast pump and began to express her breast milk. She is exclusively breastfeeding with a positive outcome for the family.

Here is her feedback:

- I was really happy with the assistance for breastfeeding. It helped me going on breastfeeding and how to clean baby things.
- I think women who had their first baby must have the largest help from the health visitors about the breastfeeding and how to clean baby things.
- I have to say that I feel guilty because I feel that I didn't do my best for my first baby- I didn't find anybody who encouraged me to go on breastfeeding.

→ Feedback from another client on breastfeeding:

- 'The encouragement that was given of the benefits and importance to breastfeeding was most helpful.
- I did not get enough support from midwives in the hospital
- If I had got referred earlier or immediately after I came out of hospital it would have been more useful.
- I am sorry Oma did not get to me sooner for I know breastfeeding would have been successful'.

## 6. Speech & Language Therapists

Child R first came into contact with the Speech and Language Therapy service when his name was randomly picked out at 2 years old to be included as one of the children in the Sure Start Language Measures. At the time of visiting, the Speech and Language Therapist (SLT) who visited had some concerns about R's communication, but his Parents were not overly concerned. The SLT agreed to contact the family when R was 2 years and 4 months, to see what progress had been made, and at this contact, his parents agreed to a communication assessment.

At the assessment it was observed that R had poor communication and play skills, and the family agreed for R to be referred to KIDs Home Learning, who were able to start work with him immediately. He was visited jointly with the KIDs Home Learning Worker and was referred for audiological assessment, and supported in applying for a nursery placement at the Portman Early Childhood Centre.

R was seen regularly by KIDs, and after intensive input with them, it was decided with the Health Visitor, and subsequent SLT visits, that R should be referred to the Child Development Team at St Mary's Hospital.

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- Child N was almost three and a half years of age when she was referred to the speech and language therapy service in September of last year by the family health visitor because of concerns about her not saying many words and an irrational fear of strangers and faces.

When N was seen for an initial assessment it was clear that she had significant difficulties with communication, play and interaction. As the first child of parents who had no experience of young children, Mr and Mrs X were not fully aware of N's difficulties. The family received supportive visits from the Speech and Language Therapist in order to develop their awareness of language development and strategies for developing N's communication skills. Referrals were also made to St Mary's Child Development Team, Portman Family Support Services and KIDs Home Learning Service and Education were sent a report in order to begin the process which would establish how much support N would need once she entered the school system.

N has made significant steps in her development and the family are being supported in introducing N into environments which were previously avoided, due to her distress e.g. Portman Community Drop In.

## 7. Midwife

- Mrs C is an Ethiopian woman, who came to the UK 3 years ago and recently married. She was referred to me by her social worker. Her main problems at that time were an inability to discuss personal problems with midwives at St Mary's hospital, as the interpreter they booked for her was male and known to her from her church. Mrs C was 25 weeks pregnant when I first met her, and living in temporary accommodation.

The first priority was to find a female interpreter and to change her clinic day at St Mary's so that this interpreter was available to attend with her. Secondly was the need to inform Mrs C and her husband of the local English classes, and to help her to complete various official forms and apply for appropriate maternity benefits. I liaised closely with her health visitor, social worker and counsellor

during this time, and prepared her for the birth over several additional sessions with the interpreter.

After the birth Mrs C was significantly depressed, mainly due to the death of close family members in Ethiopia and I visited regularly during this time. Assistance was given with breastfeeding and she is still breastfeeding the baby at 7 months. Spoken English has improved so much from attending the classes that interpreters are no longer necessary. Mrs C regularly attends Baby Fun where she enjoys the company of other mothers, baby massage, the toy library, literacy classes where she makes use of the baby crèche, and is keen to start IT classes.

Miss B is another Ethiopian woman, unfortunately speaking a different dialect from Mrs C. When I first met Miss B she was very unhappy to be pregnant but due to family pressure she had been forced to continue with the pregnancy. Her main reservation about having a child is the depression she has suffered since she experienced torture in Ethiopia. In addition, she has put much time and effort into firstly learning English, and secondly attending a health and social care course which she feels she will now be unable to finish.

A referral to the Sure Start Employability worker then suggested the possibility of moving her course to Westminster college where she can apply for child care as she is a lone parent, and continue her course. Miss B was greatly cheered by this news and then attended Arabic antenatal classes and a translated hospital tour where she met other young women who spoke her language and who live nearby. Since her college term ended she has also been attending antenatal yoga classes, which she seems to enjoy. She intends to breastfeed and has attended an antenatal breastfeeding session where her improved English was evident. Miss B's backache has also been greatly improved by being able to sleep in her bedroom again thanks to help by the "Healthy Homes" team who liaised with the council for extra heaters in February.

Miss B has not yet had her baby but I am aware that she has an increased risk of postnatal depression, and intend to visit regularly over the first month, liaising closely with the health visitor.

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The first evaluation from the new antenatal yoga classes has been very positive, although 3 parents commented that they would have liked a crèche to be available for their under-school age children to enable them to attend regularly. However, demand needs to be high enough to warrant a crèche worker from WAES to work on-site. At present women have access to a WAES crèche at Amberley Road.

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Feedback from 3 community midwives lately regarding Arabic and Bengali-speaking women who have attended antenatal classes provided through an interpreter has been very positive. Women who have attended the classes self refer to hospital appropriately and seem more confident in labour, making full use of active labour positions and non-pharmacological methods of pain relief. Tours of the labour ward in appropriate languages are planned for the coming year, where women will be encouraged to "try out" birthing equipment such as birthing balls and stools.

## 8. Family Therapist

→ Ms A is a single parent of two young sons. I first began working with the family when the eldest child was only a couple of months old. Ms A was suffering from postnatal depression and had recently found that she was 4 weeks pregnant. This was a great shock to her as it meant that she had become pregnant only a month after the birth of her first child. Although she had wanted to be a mother from a very young age, she found the reality of motherhood very different from the notions she had held prior. She was emotionally distant and negative to the child she had, and could not talk about her second pregnancy. She was very distressed. Because of religious beliefs, she was not able to consider a termination, but instead became increasingly depressed. She would speak of wanting to 'end it all' or having the baby adopted at birth. Ms A's depression was profound. She was often tearful and extremely negative. To make matters worse, shortly after the birth of her second son, Ms A's parents decided to leave London. They were her primary support and at around the same time she was moved to temporary accommodation in another borough. This meant changing the GP she had been seeing since she was a child as well as a change of health visitor. These were difficult days for her. With her agreement I presented her case to a multi-disciplinary team of professionals including the family GP. Within

this context I was able to get a better understanding of the family history and was therefore able to develop some useful hypothesis about how she was presenting. This in turn enabled some different ideas about how approach the work with her.

The flexibility of my post as family therapist meant that in discussion with the programme director, I was able to conclude that it would be right to continue to offer Ms A therapeutic support, giving her some sense of consistency and continuity. The fact that she was able to continue to access our Sure Start services considerably lessened her feelings of abandonment and isolation. Soon I was able to comment on my observations that she was doing an excellent job of looking after her two young sons.

With family therapy support Ms A has moved, from a position of a depressed parent who believed she was not capable, to someone who sees her abilities and who has been able to deliver very positive parenting to her children. She now recognises when she has low periods, and uses her sessions to think about what small steps she can take to deal with her feelings at that time. At the time of commencing work with Ms A, many within the professional system were convinced that a second baby spelt disaster. The opposite has proved true. Ms A's partner is back living with her and he has begun to make himself more visible, even recently coming out to meet and briefly chat to me. The family system is altogether appearing rather more cohesive.

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→ Ms B a young mother from Yugoslavia was referred to me following her decision to place her new baby daughter with foster carers with a view to adoption. It was initially difficult to figure out who was commissioning the therapy. Ms B was fervent in her wish that her child should be adopted, so what was to be my role. The social worker (the referrer) intimated that therapy might bring forth some different thinking from Ms B. In other words, therapy might help her to recognise that she did not really want her child to be adopted. So I wondered whether I was being placed in the role of coercive therapist. I met with Ms B who at first insisted that what she wanted to talk about was her relationship with the father and not about her child, as she was sure she had made the right decision by placing the child in foster care to await adoption.

In working with Ms B it emerged that she had arrived in England with a view to undertaking a degree in alternative therapies. Soon after her arrival she met and fell in love with an older Pakistani man. She said it was a very good relationship and she found her new man to be charming, until the day she found that she had accidentally become pregnant. She said his attitude changed almost immediately and he walked out of her life, telling her he wanted nothing to do with the child.

Ms B explained how her life took a completely different direction than what she had planned. She was pregnant, had no home, no income, the father was not interested and she was in a new country, with no family and a single friend. She said that she felt overwhelmed.

Therapy acknowledged how disappointed and upset Ms B must have felt being abandoned in this way. Therapy explored the idea of making far-reaching decisions based on the behaviour of others. When I had met with Ms B on 2/3 occasions, I began to explore with her what different decisions she might have taken regarding the long term care of her child, had she for example been still living in her country. Who would help or advise her? What levels of practical support would she get?

It was important in the work not to put any kind of pressure on Ms B to change her mind, whilst at the same time finding sensitive ways of exploring with her how comfortable she was with her decision. Questions to ascertain whether she would make different choices regards her daughter if she were offered appropriate support etc. was useful in bringing forth a clear picture that Ms B did not want her child fostered or adopted, but was simply reacting to the situation in which she found herself.

I saw Ms B for 6 sessions. On the 6<sup>th</sup> session she arrived with her 6-month-old daughter who I had not seen before. She announced that she had made the decision to return to her homeland, taking her daughter with her. She said there she would be supported by her parents and siblings in the care of her child and she could then return to either study or work. She appeared very happy and relaxed about her decision.

## 9. Social Worker

→ Miss A and daughter aged 2 years were a referral to me from a colleague within the Sure Start team. The aim was that I should intervene to substantially improve the living environment of the family, thus having a significant impact on parents mental health, emotional wellbeing and ability to parent child.

Miss A is a young single mother with a child of 2 years old. Miss A has little family support and no support from the child's father. She suffered a traumatic childhood of deprivation and physical and emotional abuse. I was asked if I could intervene to help support her and her daughter move from temporary accommodation to permanent independent living.

I advocated for the family highlighting their deficit and need, which resulted in obtaining substantial financial assistance from charities for A which has enabled her to live independently with a good standard of living for her and her daughter.

I was then able to work in partnership with her to empower her to make appropriate choices about how best to utilise the monies for the best choice for her and her child.

This piece of social work has been instrumental in creating a safe nurturing environment for the child and a positive environment for the mother. Miss A now feels better about herself as an individual and in her role as a parent.

Outcome- Miss A is now able to function as an individual and mother to her daughter. She is now attending college part-time, and with Sure Start support she now has her daughter settled into childcare.

Miss A has made remarkable changes since the move into her flat, she has been afforded the opportunity to obtain all the basics that she needs for the home and as a result is managing to meet her own needs as an adult and increasing the life chances of herself and her child.

## 10. Childcare Development Worker

→ Individual support given to a Lebanese woman during the 'Introducing Childminding' course when her husband was admitted to hospital seriously ill with meningitis. Made 2 home visits to cover the 2 sessions she missed and gave extra support with written assignment that she successfully completed. She was delighted with the outcome that also gave her an enormous boost in confidence with her spoken English as she had been anxious about making contacts with parents. She went on to be registered and has worked on a regular basis covering crèche provision in the community and is now combining this with part-time childminding. She has also worked at the Amberely Road crèche for WAES at my recommendation. She offers excellent care to the children and is now interested in further training. Outreach work enabled me to support this woman during a very difficult time for her and her children. She has had positive experience of learning that has led in turn to her being able to offer a valuable childcare service to local families and to paid employment for herself that is improving the opportunities for her own children.

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→ The informal nature of the Childminder Drop in at the Portman Centre has made it easy for parents just to drop in and have a chat and see the good work that childminders do. Parents have used childminders at the Drop in emergency situations. One parent had a series of medical appointments as part of her treatment for depression and was able to leave her child at the Drop in a place he was familiar with and people he knew. On occasion we have also had all the children and staff from the crèche join in the Drop in sessions.

## 11. Smoking Cessation Worker

→ I started seeing Ms A, a registered childminder to 2 children, in February. After 4 weeks, she quit smoking. She then referred her mother and sister to my service., who have also now quit. This would mean that Ms A's small child and her sister's 4 children will benefit from Smoking cessation as their passive smoking will be radically reduced. The grandmother quitting will not only benefit these children, but her other grandchild also, as she does a lot of babysitting within the family.

The total number of people affected so far, is 10 people. But this figure will rise, the more children Ms A looks after. Also, friends and family may be moved to quit smoking as a result of these 3 quitters.

→ “You’ve helped change my life for the better.”

→ “Now I don’t have to feel guilty every time I look at my kids and light up!”

## 12. Toy Library

→ The H family make a long journey to use the Toy Library at the Portman Early Childhood Centre. The eldest child is six years old and is autistic. He attends mainstream school and is progressing well. Their second child is also male aged two years. He has no special needs requirements. Mrs H uses the service on a weekly basis. Mrs H has expressed how happy she is that this service is here. She enjoys the way the children are entertained by staff. She has made friends and finds relief in sharing her concerns about her children, sharing ideas, reflecting on childhood events, laughing and joining in with creative and singing, which she recognises is good for his social and emotional development. She likes this play environment and finds it relaxing for her and her child. For her two-year old son, the Toy Library provides an opportunity to interact with other children of similar age and experiment with a variety of toys.

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→ Mrs B finds the Toy Library an advantage. She lives in a one bedroom flat. She finds the Toy Library a larger, safer place where her two children to play. The fact that she can access other Sure Start services in the same building is also beneficial. The staff at the Toy Library have been the first point of contact and we have been able to direct her to the appropriate person to deal with housing issues. She was able to negotiate her appointments with the outreach worker whilst visiting the visit the Toy Library.

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**Appendix 3            Reach Figures April 2003 – March 2004**

**Reach Figures April 2003 – March 2004**

**Table 1: - Children aged 0 – 3 seen by Sure Start Westminster**

<b>Month</b>	<b>Total Number of 0 – 3s seen</b>	<b>% Of total children seen<sup>4</sup></b>
<b>Apr - 03</b>	248	30
<b>May -03</b>	251	30
<b>Jun - 03</b>	233	28.3
<b>Jul - 03</b>	246	30
<b>Aug - 03</b>	223	27
<b>Sep - 03</b>	288	35
<b>Oct - 03</b>	289	35
<b>Nov - 03</b>	290	35
<b>Dec - 03</b>	235	28.5
<b>Jan - 04</b>	235	27
<b>Feb - 04</b>	219	27
<b>Mar - 04</b>	295	36

**Table 2: - ‘New’ children seen each month by Sure Start Westminster**

<b>Month</b>	<b>Total number of new 0 – 3s seen</b>	<b>% Of new children seen</b>
<b>Apr - 03</b>	44	17.9%
<b>May - 03</b>	36	14.3%
<b>Jun - 03</b>	28	11.9%
<b>Jul - 03</b>	45	18.2%
<b>Aug - 03</b>	40	17.9%
<b>Sep - 03</b>	58	20.1%
<b>Oct - 03</b>	39	13.4%
<b>Nov - 03</b>	52	17.9%
<b>Dec - 03</b>	28	11.9%
<b>Jan - 04</b>	30	13.3%
<b>Feb - 04</b>	35	15.8%
<b>Mar - 04</b>	48	16.2%
<b>TOTAL</b>	<b>483</b>	<b>15.8%</b>

<sup>4</sup> This is calculated using data collected by the Sure Start Unit on the number of child benefit claimants in the catchment area – 822 children

**Table 3: - Families visited in the first 2 months of their baby's life in Sure Start Westminster**

<b>Month</b>	<b>Total number of babies aged 2 month</b>	<b>Total number of families visited</b>	<b>% visited</b>
<b>Apr - 03</b>	24	10	41%
<b>May - 03</b>	17	12	70%
<b>Jun - 03</b>	14	14	100%
<b>Jul - 03</b>	17	11	64%
<b>Aug - 03</b>	22	19	86%
<b>Sep - 03</b>	27	23	85%
<b>Oct - 03</b>	22	16	72%
<b>Nov - 03</b>	27	20	74%
<b>Dec - 03</b>	22	16	72%
<b>Jan - 04</b>	25	21	84%
<b>Feb - 04</b>	18	16	88%
<b>Mar - 04</b>	17	17	100%
<b>TOTAL</b>	<b>252</b>	<b>195</b>	<b>78%</b>

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**Table 4: - Age breakdown of children seen**

<b>Month</b>	<b>Aged under 1</b>	<b>Over 1 but under 2</b>	<b>Over 2 but under 3</b>	<b>Over 3 but under 4</b>
<b>Apr - 03</b>	47	58	75	68
<b>May - 03</b>	55	66	73	57
<b>Jun - 03</b>	50	67	59	57
<b>Jul - 03</b>	58	55	71	62
<b>Aug - 03</b>	55	55	62	51
<b>Sep - 03</b>	78	63	84	63
<b>Oct - 03</b>	74	68	74	73
<b>Nov - 03</b>	73	61	72	84
<b>Dec - 03</b>	59	53	57	66
<b>Jan - 04</b>	59	53	57	66
<b>Feb - 04</b>	39	40	57	48
<b>Mar - 04</b>	89	51	65	90
<b>TOTAL</b>	<b>736</b>	<b>690</b>	<b>808</b>	<b>785</b>

**Table 5: - Ethnic Breakdown of all children seen April 03 – March 04**

	Apr 03	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 04	Feb	Mar	Total
<b>British</b>	26	21	26	29	25	40	25	33	22	22	25	31	325
<b>Irish</b>	1	1	1	1	3	1	0	1	1	1	0	0	11
<b>Other White</b>	36	40	39	34	31	46	39	35	31	31	34	37	434
<b>White/Black Caribbean</b>	1	2	1	1	2	3	2	2	2	2	1	1	20
<b>White/Black African</b>	3	3	1	4	5	6	8	5	4	4	5	5	53
<b>White/Asian</b>	3	3	3	2	2	2	4	2	2	2	4	7	36
<b>Any other mixed background</b>	12	12	11	14	9	9	7	5	10	10	8	10	117
<b>Indian</b>	2	2	0	0	1	1	2	1	0	0	0	1	10
<b>Pakistani</b>	3	2	2	2	4	2	2	1	0	0	0	0	18
<b>Bangladeshi</b>	38	33	33	35	28	36	41	35	29	29	21	34	392
<b>AO Asian Background</b>	5	4	5	5	8	4	10	9	3	3	6	9	71
<b>Caribbean</b>	3	3	2	2	2	2	2	4	1	1	2	3	27
<b>African</b>	12	8	14	20	16	18	17	15	13	13	11	12	169
<b>AO black background</b>	1	1	1	2	0	3	2	1	0	0	1	2	14
<b>Chinese</b>	2	2	6	5	3	6	5	6	5	5	3	3	51
<b>AO ethnic group</b>	51	59	33	44	35	49	51	51	43	43	34	45	538
<b>Not recorded</b>	49	57	43	46	49	60	72	84	69	69	63	48	768
<b>Total</b>	<b>248</b>	<b>251</b>	<b>233</b>	<b>246</b>	<b>223</b>	<b>288</b>	<b>289</b>	<b>290</b>	<b>235</b>	<b>225</b>	<b>219</b>	<b>295</b>	<b>3052</b>