

INTERIM EVALUATION REPORT

Sure Start Torquay

Barry Sullivan
01803 299356

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BACKGROUND

A history of the evaluation

- 1.1. The internal evaluator who is conducting the evaluation was appointed on the 1st September 2003. As such there has been little opportunity to start gathering data and information in time for the annual evaluation. Hence this report is of a reflective nature as it cannot realistically or accurately refer to activities before this date. The main focus of the report is to look at future directions that the evaluation (and the programme) hopes to take. Much of the information contained herein is descriptive in nature due to the little time there has been to collect and analyse relevant data and statistics.

The evaluation strategy was finalised in April 2003 (please see Appendix A for a copy of the strategy) and outlines three key areas for the evaluation:

- Action research
- Individual service evaluation
- Local evaluation

A high priority has been to arrange the collection of baseline data. MORI are now collecting data jointly across the Sure Start Torquay and Sure Start Paignton areas. The two are very close geographically and face many similar problems (although there are important differences as well), so it is hoped that a larger sample will provide more powerful data and interesting comparisons. Although the two programmes have different lead bodies their respective areas are both governed by Torbay Council and share the same health trust and statutory agencies, so these comparisons will help inform those responsible for the planning and delivery services.

Once MORI has established baselines the action research will focus on a number of key areas, identified as important locally e.g. domestic violence, transience. It is hoped that as a result of the MORI research a number of 'starting points' can be identified, against which longer-term progress can be measured. These specific areas will be revisited in three years to assess the progress being made.

A Best Practice forum is being planned for early 2004 to inform all agencies involved in the work in these two areas what the two programmes have been doing and to look at areas of best practice and learning. This forum will be a regular occurrence and inform different agencies and professionals how to work together to meet shared targets and visions. Mainstreaming is a major concern for all Sure Start programmes and by holding forums like this, it is hoped the mainstreaming agenda can be promoted and the agencies that will need to reshape their practice and integrate new ideas for funding and sustainability can be shown what the Sure Start programmes have proven as Best Value.

Introduction to Sure Start Torquay

- 1.2. Sure Start Torquay began early 2003. It's a community-based project that strives to ensure:
- ◆ a better start in life for all young people in the Sure Start area
 - ◆ improved quality and level of support for parents
 - ◆ better opportunities in life for both children and parents
- 1.3. The 1998 Deprivation Index showed Torbay Council as one of 100 most deprived local authorities. The Tormohun ward which is partly within Sure Start Torquay's boundaries is one of the most deprived wards in the country with a higher than national average:
- ◆ unemployment level
 - ◆ number of households lacking amenities
 - ◆ children in low earning households
 - ◆ households lacking amenities
 - ◆ lack of educational participation of 17 year olds

The Ellacombe and Torwood¹ wards that Sure Start Torquay also serves have a higher than national average:

- ◆ unemployment level
- ◆ number of households lacking amenities
- ◆ children in low earning households²

Table 1 gives the demographic profiles of the three wards that Sure Start Torquay covers and compares them with figures for Torquay as a whole.

Table 1: Demographic profiles for Tormohun, Ellacombe, Torwood and Torquay³

Ward	IMD rank	Resident population	Population under 18 (%)	Population between 18 and 64 (%)	Population aged 65 or over	Ethnic minority population (%)	Single parent families (%)
Tormohun	848	10 935	20.2	62.9	16.9	2.1	8.7
Ellacombe	1 538	7 360	24.2	61.3	14.6	1.5	10.2
Torwood	990	7 622	11.1	56.2	32.7	1.6	3.7
Torquay	n/a	63 998	20.9	58.3	20.8	1.5	3.3

1.4. September saw a massive influx of staff and the following staff are now based at the main office:

- ◆ programme manager
- ◆ administrator (part-time)
- ◆ finance officer (part-time)
- ◆ specialist health visitor (drugs and alcohol) (0.5)
- ◆ two community development workers
- ◆ link worker for special needs with portage and inclusion
- ◆ childcare worker
- ◆ play and learning worker
- ◆ research and evaluation officer (0.5)
- ◆ midwife
- ◆ outreach health lead

In addition the programme has Service Level Agreements (SLA) with

- Relate
- A paediatric chiropractor
- Ellacombe Childcare Centre
- Speech and Language Therapy
- Homestart
- Torquay Library services
- Midwifery

Capital build projects

1.5. The programme is in the process of purchasing a former nightclub, ZigZags, in Torquay's town centre. It is planned that this will be converted to contain a play café, crèche facilities, group rooms, kitchen, offices, a Rainbow library and an internet alcove. The building is being purchased at this stage so work is to begin early in the New Year. Extended use of the building is being looked into, with a Scout group already expressing an interest to use the premises during some evenings.

¹ Torwood was recently renamed as Wellwood. As the original Sure Start Torquay plan refers to Torwood this report will continue to use Torwood.

² Information obtained from Research and Intelligence Unit, Torbay Council - Deprivation in Torbay

³ Research and Intelligence Unit – 2001 census data

- 1.6. The next project involves attaching a building to the side of a local swimming pool. It is hoped that this will attract funding to renovate the pool as well, which will be used by Sure Start Torquay for a swim session for parents and/or children, aqua-natal classes and aqua-aerobics. Plans are being drawn up so that work can commence in April.

2. METHODOLOGY

- 2.1 The evaluation of Sure Start Torquay is based on their local programme evaluation strategy and is being driven by the in-house Research and Evaluation Officer who is employed by Sure Start Torquay but has a service level agreement to evaluate the Paignton programme on a part-time basis. The evaluation is in very early stages with MORI just being commissioned to collect baseline data in early 2004. MORI were chosen for the baseline research due to the following factors:

- ◆ They have conducted the same research for many other Sure Start programmes. This is advantageous for two reasons. Firstly they are experienced at collecting this data for Sure Start programmes and thus are much better equipped to obtain the data quickly and efficiently. Secondly due to the number of programmes that they have done this for the aggregate statistics that they are able to produce will be useful for progress checks and comparative purposes.
- ◆ They are an impartial agency. As Sure Start Paignton has been running for over two years it would be difficult for anybody internal to be impartial and viewed by the community as impartial. For the statistics to be of any valid use the participants answering the questions will need to be as confident as possible in the confidentiality of the survey. Realistically this would be very difficult for anybody that is connected with the programme.

- 2.2. A participatory action research model is being used so that the community can be involved in the evaluation and the areas highlighted as in need of change can be changed and assessed as shortly as possible. This reflective approach also lends itself well to the future mainstreaming of all Sure Start's services, including evaluation. It is hoped that this will also increase the parents' ownership of Sure Start for it is universally recognised for a Sure Start programme to succeed it needs the full co-operation of all those involved in it.

- 2.3. Individual service evaluations will consist of initiatives integral to local service provision. For the most part Sure Start workers at key points within service delivery will undertake them, for example at the start and end of a particular intervention. In relation to each service delivery area, particular elements of how the service is delivered and what difference it is making will be identified and evaluated. Evaluation methods used will include face-to-face interviews, questionnaires and focus groups.

- 2.4. The local evaluation stage within the evaluation process will be based on the information gathered from the individual service evaluations. The findings of this information will be collated and analysed by the REO and programme manager. They will seek to identify particular trends and themes in relation to the findings from the multi-faceted service evaluations which will be effectively linked back into service planning and delivery. In some instances findings will be considered within workshops attended by relevant members of the teams to ensure that all the implications for service planning and delivery are fully considered.

- 2.5. Evaluation activities completed or in progress at this stage:

- ◆ MORI baseline research
- ◆ Mapping exercise
- ◆ Analysing information collected on e-Start
- ◆ Feedback and anecdotal evidence collected from parents in a variety of settings
- ◆ In-depth evaluation of the Specialist Health Visitor
- ◆ SLA review panel
- ◆ Individual service evaluations

- 2.6. It is envisaged that the evaluation will develop and progress according to the needs of the programme and the priority at this stage is to ascertain what those needs are. The programme has an evaluation sub-group consisting of the evaluation officer and other interested parties. A plan for the future is to form a parental evaluation sub-group so that the parents can be fully involved with the evaluation activities. It is hoped that these groups will become forums for everyone involved in Sure Start Torquay to have an input to and actively participate in the evaluation process.

3. **OBJECTIVE 1: IMPROVING SOCIAL AND EMOTIONAL DEVELOPMENT**

Public Service Agreement Target

To reduce the proportion of children aged 0-3 years in the 600 Sure Start areas who are re-registered within the space of 12 months on the child protection register by 20 per cent by 2005

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

One hundred per cent of families with young children to have been contacted by local programmes within the first two months of birth.

Service Delivery Target

Offer advice and support to those men and women suffering from domestic violence.

Research viability of reducing transience of families in TQ1.

Improve quality of life for parents of children with severe/profound disabilities.

Increase per cent of male carers accessing 0-4 services.

1. There have been no re-referrals to the Child Protection Register in the Sure Start Torquay area and three for Torquay as a whole. The preceding year there had been 4 re-referrals in the TQ1 area and 11 throughout the whole of Torquay⁴. This is promising information as it would appear Sure Start is on target for reaching this first target.

The midwifery team (midwife and maternity care assistant) in place at present are both involved in the early identification ante-natally of families in need of extra ante-natal support and preparation for parenting. This can include extra post-natal visits but it may also involve referral to other professionals. The midwifery team are ideally placed, due to their involvement from a very early stage in the child's life, to help reduce isolation and refer to supportive groups to help reduce the factors in the family that contribute to children needing to be placed on the child protection register. They also ensure a continuity of support from their ante-natal and immediate post-natal support through to other professionals involved in the team.

Members of the team are involved in attending child protection meetings when the need arises. This allows Sure Start Torquay to offer their services and advice at a stage when a parent and child are really in need of input and support. The team can also become aware of specific risks surrounding a family, thereby not only protecting themselves but additionally tailoring their support to protect the child and parent. It also increases the inter-agency working that can be so important in delicate cases by bringing together professionals from different backgrounds to put together an all-encompassing package of care.

⁴ Data obtained from Child Protection Unit, Torbay Social Services

Recently the Community Development Worker (CDW) and the Specialist Health Visitor (SHV) have started to attend child allocation meetings at Social Services. This is a noteworthy development for two reasons:

- i) It is an excellent example of Social Services opening to other agencies' involvement and a genuine effort to increase inter-disciplinary working.
 - ii) The two professionals from the Sure Start team are able to become aware of issues within their boundaries and plan programs of support for the families identified as being in need. This information can then be fed into the team at the weekly families meetings they hold to discuss issues and ongoing work around the families the team works with.
2. Sure Start Torquay's Health Lead has started researching the prevalence of post-natal depression (PND) in the area alongside the Research and Evaluation Officer (REO) and will be setting up services in the New Year. A plan at this stage is to invite key participants to set up a sub-group to look into this issue including a CPN, a GP, a HV, SHV and a mother that has experienced PND. This sub-group will look at what is available, how it can be improved and the best way to provide sustainable support for the sufferers and their families.

At present the programme financially supports 'Breaking Free', a ten-week therapeutic course for mothers experiencing PND. The course is run by two experienced health visitors and Sure Start Torquay funds crèche facilities and the venue.

3. Sure Start Torquay has an agreement with Torbay Primary Care Trust (PCT) to receive information on all live births from the team's area. The midwifery team uses this information to contact and visit all mothers within the first two months. Obviously this is an enormous task to hit target straight away but the team has made excellent progress towards it. In October 75% of the new mothers were contacted and in November the team increased this percentage to 90% of them being contacted. Hopefully now the 'backlog' is nearly clear 100% (of those that want a visit) should be a realistic and achievable goal for the forthcoming year.

At present the Play and Learning Co-ordinator (PLC) is largely responsible for the programme's marketing needs and is developing literature to inform families in the Sure Start area of the new initiatives and services being developed for 0-4 year olds and their families. In addition she produces a bi-monthly newsletter sent out to families and professionals detailing the team's work and how to access the programme. It is hoped that this will encourage people to come to us when they see the support and contact that they are entitled to and will also make for more effective referrals from other agencies and professionals. All the Sure Start Torquay literature adheres to the Crystal Mark standard with an emphasis on everyday English with clear and helpful headings, short line lengths and text supported by appropriate photographs and graphics. Obviously literature does raise issues with levels of literacy amongst the families in the area and this will be addressed in the future.

4. The CDW is setting up a system of after-care support for women leaving the refuge. This will include the opening of the Sound Parenting support group (which was designed and presently serves mothers with substance abuse issues and their children) to women who have suffered from domestic violence. The SHV who is responsible for the Sound Parenting group (which will be discussed more later) is enthusiastic about this development due to a number of the issues faced by those recovering from substance misuse being similar to sufferers of domestic violence, e.g. low self-esteem, low self-efficacy, mental health issues, bonding and attachment to the child.

Unfortunately there is no support for men suffering domestic violence in the area but the CDW is setting up a service that responds to the needs of both men and women that have suffered from domestic violence. The service will be offering:

- Support for families with children under four who are affected by domestic violence
- Information and support available for referral to the police and refuges.
- A befriending service to support the sufferer to build their confidence and move on.

- Practical help with issues such as benefits, housing,... etc
- More information on Sure Start Torquay activities.

People will access this via a mobile phone contact number that can be called or texted.

The midwife has made contact with the women's refuge and has visited to hand out leaflets and cards with telephone numbers and she aims to remain approachable and offer a confidential service.

5. The SHV and CDW are working closely with the housing department at identifying transient families early. They have formed good communication links alongside the midwifery team with three recognised temporary housing projects (Steepway, Coverdale and Stone Court). Their ongoing support with transient families involves empowering them by giving information on finding appropriate secure housing.

For the future the REO is planning to complete an in-depth piece of evaluation on the issues that transience raises and how the programme can work towards reducing it.

The Portage and Inclusion Worker (PIW) has been making contact with services in the area and home-visiting families that have children with special needs. The local hospital unit for children with special needs, John Parkes, has requested that the worker forms an evaluation sub-group for parents to evaluate the services presently available in the area. Although this will not be completed until February at the earliest it is a promising step. The visits are used to assess the families' needs and ascertain what services they are presently receiving. The PIW will then liaise with other services on behalf of the families and ensure they are receiving the support that they are entitled to. Case Study 1 gives an example of the PIW's work.

Case Study 1

One notable example of this is a recent case involving a child with special needs being refused a place in a local nursery. This is obviously against inclusion policy and the worker supported the family in the following way:

- i) She liaised with the Pre-School Advisory Teacher from the education department on behalf of the family.
- ii) She arranged one-to-one support for the child in question while he attended a childcare centre.
- iii) Home visiting to give advice and support with regard to the child's needs and transition to a new setting.

As a result of this support and input the child has been offered a place at the original nursery at no extra cost the family.

The PIW is also researching the viability and location of a sensory room in the capital build project ZigZags. If this does become possible it will be a big step towards inclusion for families with children who have special needs as it will be provision in an informal parenting play-café.

6. A Dad's Club has been recently formed by the CDW to start to involve fathers in services with Sure Start. It has been based on a model used by Sure Start Paignton that has proved to be very successful. The setting is very informal and every attendee is offered a free bacon sandwich! Where a father is present all professionals involved in home visiting and other services actively promote the Dad's Club. It is hoped that the informal nature of these groups will allow the fathers to become more comfortable and confident with their involvement so that they can start to be 'fed' into other services and groups where appropriate. The Dad's Club has so far seen five different fathers with their children and has an average attendance of two fathers and two children. While this does not seem very many it is worth noting that there was only seven clubs last year so it is hoped that it will expand in 2004. The whole team promote Dad's Club to all the families they come into contact with so that the group can grow and begin to look effectively at how to increase the inclusion of fathers/male carers in the work of Sure Start Torquay.

4. OBJECTIVE 2: IMPROVING HEALTH

Public Service Agreement Target

Achieve by 2005 in the Sure Start area a ten per cent reduction in the number of women who smoke in pregnancy.

Service Delivery Target

Parenting support and information available for all parents in the Sure Start area.

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

Ten per cent reduction in the Sure Start area aged 0-3 admitted to hospital as an emergency with gastro-enteritis, respiratory infection or a severe injury in 2005.

Locally monitored targets

To extend the use of ante-natal education to those who would not normally attend.

To promote and provide for family mental health.

To develop programmes to reduce substance abuse and support families.

To increase the opportunities for play and physical activity for children and parents.

To ensure all professionals and associated workers in the Sure Start area are fully aware and competent in working with and developing relationships with families from diverse cultures and those with disabilities.

1. The midwifery team identify all pregnant women who smoke and offer nicotine replacement therapy and discusses the risks to the child involved with smoking. They provide support and encouragement and are able to refer to a smoking cessation midwife employed by the PCT.

The SHV identifies those who smoke and offers support to any that wish to stop smoking, either through one-to-one sessions or by referral to support groups. A large part of her work in this area is concerned with identifying alternative coping strategies for parents, so that smoking can be replaced with other methods.

2. As has been discussed previously literature is produced detailing Sure Start Torquay's work and what it has to offer. It is hoped that other agencies as well as members of the team pass this on to all families so that they can be as informed of the programme's work as possible. Each new registration will receive, if wanted, an individual home visit where the programme's aims and resources can be discussed more fully with the family. This visit is also used as for assessment as well and families identified with a need are offered appropriate support or referrals.

The programme has a SLA with Homestart a volunteer befriending agency that provides families with support, much of which is practical in the home. Many parents have benefited from this service and it is viewed as invaluable by those lucky enough to receive it. In addition the programme has a SLA with Relate to deliver a training course to the management board and parents, drop in counselling at a parent and child play group and 36 hours of counselling for individuals or couples.

Again the Sound Parenting group can be mentioned here but will be discussed under the SDA target "To develop programmes to reduce substance abuse and support families".

The PIW has requested that all special needs services in the region to pass out information with regards to Sure Start Torquay and the services that the worker has set-up and is delivering.

3. The maternity team provide advice on hygiene in the home including making up bottle feeds and sterilisation. They encourage breastfeeding and promote its benefits such as reducing childhood stomach upsets. All ante- and post-natal women are provided with safety packs that include:
 - Drawer/cupboard catches (x6)
 - Socket inserts (x12)
 - Video lock (x1)
 - Corner cushions (x8)
 - Fridge lock (x1)
 - Door finger protector (x1)

The team jointly ran a Health and Safety event in September with the Police, Fire Brigade, Smoking Cessation, Community Education and the Primary Care Trust (PCT). It involved giving out a free safety pack to all parents that attended and a multitude of information was available from the aforementioned services, as well as demonstrations on paediatric first aid and food hygiene.

4. Much of the work towards this target is encompassed by success in the above target. The following data was provided by the hospital's information team.

Table 3: Accident and Emergency attendance from Sure Start Torquay area

	Sure Start Torquay area		
	2001-2002	2002-2003	Projection 2003-2004
Total A&E attendance	323	317	326
No of inpatient admissions following A&E attendance	71	72	63
% of admissions following A&E attendance	22.0	22.7	19.4

The data in Table 3 shows that there has been a reduction of 2% from 2001-2002 to 2002-2003. It is hoped that in future the data received will be more detailed then this so that action plans to reduce significant reasons for A&E attendance can be implemented.

5. In a review of the Service Level Agreement (SLA) with the Speech and Language Therapists (SALT) the board representatives that sit on the review panel decided that as an enhancement of existing services the SALTs would start a new scheme of home visiting families that have not attended appointments. This is to be carefully monitored by the SALTs and the figures reported to the programme manager so that the effectiveness of this policy can be assessed. If it does prove to be a successful policy the programme would hope to see the Speech and Language Therapy service mainstream it so that the SLA funding could be used to look into other service enhancements.

The midwifery team also provide ante-natal education to the temporary housing projects, who are transient and so tend not to be picked up by other services as quickly, as well as women socially isolated for such reasons as drug use, disability and homelessness. The education involves taking videos and charts to the homes and discussing concerns.

6. The 'Breaking Free' course previously mentioned and Sound Parenting (see below) would impact on family mental health. Obviously the fact that Sure Start professionals are home visiting and offering support, advice and guidance and the services that Sure Start Torquay runs for families to access will all benefit a family's mental health.

The programme's SLA with Relate to provide counselling for parents will also benefit their mental health. Homestart's contribution will also help to ease some of the stresses family life can have, which will positively affect the mental health of that family.

7. The SHV as is already mentioned is involved in case consultation for cases identified as having a substance misuse issue. She is also used as a resource by other agencies that need advice or guidance on substance misuse issues. Frequently another professional will request a joint visit at which the SHV will use the Framework for Assessment to assess the case and identify need. She would then offer a plan or strategy for this family to move forward.

The SHV runs a group called Sound Parenting alongside the CDW, PIW and Social Services. They will be evaluating Sound Parenting in the New Year, so more will be reported later in the year. Basically Sound Parenting is a ten week program for families that have substance issues. It uses fun activities that both the children and the mothers participate in. The following is what it aims to achieve:

- Develop self-esteem and confidence
- Engage with services
- Identify risk and boost resilience
- Improve family communication as a whole
- Provide a safe environment and quality time for the family (domestic violence is a common theme with these families)

What sets this group apart from others is that the team work with the children as well as the mothers; it is not just a childcare facility. Unfortunately due to the domestic violence issues fathers or male carers have been unable to attend.

8. The programme is represented by the PLC on the council's working party looking at Torbay's Play Strategy. The team have been involved in a community development programme at a local park and supported the project financially. At present the PLC is also in discussion with Groundwork about the development of other parks within the Sure Start Torquay area and plans are being made to visit parks around the country that have successfully provided for children under the age of four.

Sure Start Torquay provides a crèche regularly at the local swimming pool offering parents the opportunity to swim by themselves or take older siblings swimming while the younger ones are looked after in the crèche. This is a very popular session; since the 16th October the session has seen 127 parents and 157 children. On average this is 12 parents and 14 children per session. If the capital build project at the swimming pool goes ahead, this very popular service will be expanded and developed.

In October the programme ran an innovative Child Consultation Day to assess children's choice of toys so that the Sure Start crèche could be stocked with toys chosen by the children. For a copy of the REO's report see Appendix B.

9. There is a program to offer all employees, parents and associated workers training in Equal Opportunities and Equality and Diversity. In addition the programme manager is liaising with the EYDCP to access their training for all childcare workers in area. Finally when the MORI research is completed any deficiencies will be identified and a focus made on resolving them.

Baby massage

10. Many of the members of the team have now attended a baby massage training course that qualified all participants to show mothers how to massage their babies. This is a useful tool for the team as their support helps the mothers to build a strong attachment with their child. A research project conducted by Hammersmith Hospital showed the following benefits of baby massage:

- Reduced levels of cortisol
- Greater weight gain in pre-term teens
- Better performance on the Brazelton Neonatal Behaviour Assessment Scale after 15 minutes of massage three times a day for ten days. Their orientation scores were better, suggesting increased responsiveness to social stimulation, their motor behaviour was more organised and they received better habituation scores, suggesting they learned more quickly to ignore irrelevant stimulus.
- Eight months on these babies were still showing a weight gain advantage and were performing better on the Bayley Mental and Motor Scales. It is speculated that their superior growth and development resulted from better parent-infant interactions that were facilitated by the babies being more responsive during the newborn period.

The study, which focussed on preterm new-borns, estimated the potential savings for the hospital per child at \$10 000. The training programme cost £3000 to train fifteen workers. This would provide a considerable saving of resources and the health trust should note these findings.

Paediatric chiropractor

10. Sure Start Torquay has a SLA with a paediatric chiropractor who specialises in cranial osteopathy with infants. It is difficult to categorise the work that the chiropractor does under one or even two of our targets. The chiropractor receives referrals from health visitors mainly to treat infants with colic. The main outcomes accomplished with the families⁵ are:

- A much happier child. 80% of children that the chiropractor sees show a significant improvement.
- A reduction in PND amongst mothers due to their happier child and a removal of the anxiety that they are doing something wrong.
- An easing of pressure on other services such as GPs and health visitors.
- Low-level counselling for the families: the chiropractor listens to the problems the family have been having with the child.

The SLA was reviewed in December and the panel decided that to enhance the service so that the chiropractor is paid to make 150 assessments of children under 6 weeks as well as 50 full courses of treatment. The early assessments are an idea that has not been properly developed before now and the idea is based on the chiropractor's 'ideal world' of being able to see a child when they are much younger, before any existing trauma is made worse.

It is worth noting at this stage that the SLA panel functions to ensure the SLA funding is used to trial enhancements or new services, not to pay an organisation for work that they would be carrying out regardless of Sure Start's input. Their task is also to ensure that mainstreaming is a real result: if an enhancement paid for by a SLA is proven to be a more effective or efficient way of working, other agencies will be expected to take this on board and develop in this way. SLAs are not indefinite and will be stopped if the above is not taken on board by the organisation receiving the money.

5. **OBJECTIVE 3: IMPROVING THE ABILITY TO LEARN**

Public Service Agreement Target

Achieve by 2005 in the Sure Start area a reduction of 5% points in the number of people with speech and language problems requiring specialist interventions.

Service Delivery Target

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

Increase the use of libraries by parents with young children in Sure Start area.

1. During 2002 the Speech and Language Therapy service saw 55 children from the Sure Start area. In 2003 they saw 58 children, an increase of 5.2%⁶, although these figures are low so significance cannot be attached at this stage. The SALT service feels that Torquay's figures will begin to decrease at a slower rate than Paignton's this year. This seems unlikely. Once the Torquay team have received the training that is included in the new SLA with the SALTs it is highly likely that the Torquay figures will see reductions of similar magnitude as it is this training that is reducing the need for specialist intervention. The training enables workers to identify speech and language delays and train the parents how to offer appropriate stimulation to the child to overcome this delay. This frees up the SALTs to work with those children that

⁵ Taken from the report delivered by Dr Phoebe Bavin to the SLA review panel

⁶ Figures obtained from Speech and Language Therapy Service.

have identifiable problems, as opposed to a lack of stimulation. When a SALT is involved that becomes specialist intervention, so it is through training of other professionals and workers that this figure is reduced, not through increasing SALT client time. The new SLA with the SALTs focuses on delivering this training and investigating potential enhancements to the excellent service they already provide.

2. Sure Start Torquay is raising the awareness of the Birth to Three Matters Framework. A member of the team will be attending the Training for Trainers course on the Birth to Three Matters Framework in the New Year and this will allow the team to support practitioners working with children aged 0-3.

The Family Link Librarian and the Play and Learning Co-ordinator visit pre-school groups to raise awareness of the importance of sharing books with a child and organise Music, Rhythm and Rhyme session at several community venues. The family link librarian works under a service level agreement 17.5 hours per week for Sure Start Torquay.

The Childcare Worker arranges and provides nursery care for children in need of extra stimulation and interaction.

3. Sure Start Torquay has developed the Torquay Ten (a Sure Start to your children's reading), which encourages three-year olds to join the library. Pre-school groups are gifted a selection of books and pre-school workers are encouraged to use the books and act as role models to promote reading and enjoyment of books from an early age. Each child receives a passport and a bookmark. The child can then borrow books from the library or from the pre-school group and complete the scheme once they have borrowed ten books. Upon completion of the scheme the child receives a certificate and a book. All of this is without any charge to the family (even overdue fines are suspended for the under-fives at the library!) and is designed to encourage a pattern of reading and library usage from an early age.

The Portage and Inclusion Worker visited all the major nurseries in the area since taking up her post, to assess them for suitability and access for disabled children. This has allowed her to advise and recommend nurseries to parents who have children with special needs from a position of knowledge and experience.

6. **OBJECTIVE 4: STRENGTHENING FAMILIES AND COMMUNITIES**

Public Service Agreement Target

Reduce by 12 per cent the number of children aged 0-3 in Sure Start areas living in households where no-one is working.

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

All Sure Start programmes to develop a local target to ensure links between the local Sure Start partnership and Employment Service Job Centres

All Sure Start programmes to work with their EYDCP to help close the gap between availability of accessible childcare for 0-3 year olds in the Sure Start area and other areas.

Service Delivery Target

75 per cent of families reporting personal evidence in the quality of services providing family support.

Locally monitored target

Improved involvement of fathers in the Sure Start project.

1. The programme manager has been liaising with Jobcentre Plus on how best to approach this target. At this stage of service development it would have been difficult for any employment expert to work effectively until the programme is more established and is running more groups and sessions. Parents from the Sure Start community have been accessing training and received funding for courses such as NVQs and the programme is developing close links with Community Education.
2. At present there are 9 parents on the management board, compared to 17 professionals. Three members of the team (the Programme Manager, Finance Officer and Research and Evaluation Officer) are non-voting members of the board. Unfortunately no fathers are officially listed at this stage, although one father has expressed an interest and is in the volunteer recruitment process.
3. This is to be developed in 2004 alongside the work to target 1 in this objective. The figures in Table 4 describe the current unemployment situation:

Table 4: Children aged 0-3 in families reliant on 'workless' benefits⁷

Area	No. of children aged 0-3 in families reliant on workless benefits	% of children	No. of children aged 0-3 on Child Benefit
TQ1	170	32.5	523
TQ2	45	42.1	107
Combined	215	34.1	630

These figures are concerning when compared with the national unemployment level of 4.9% (between September and November 2003).⁸

4. Sure Start Torquay pays into the Childminding Network to promote accessible childcare through this route. The programme manager also has regular network meetings with the EYDCP and will be strongly involved in Neighbourhood Nurseries when they come into existence as well as expanding the programme's boundaries when it becomes a Children's Centre.
5. At this stage no figures can be offered. MORI are due to start their baseline survey in the New Year which will provide the programme with baseline data from which it can assess parents increase in satisfaction with services.
6. The advent of the Dad's Club is going to largely contribute to work in this area. Unfortunately it is too early to report any progress in improving fathers' involvement apart from to refer to the Dad's Club attendance figures.

7. CONCLUSIONS AND RECOMMENDATIONS

- 7.1. A comprehensive monitoring system needs to be finalised so that effective data and information can be collected on membership and participation. Due to the relative 'age' of the programme these processes are still being put in place but accurate monitoring will be vital to effective evaluation.
- 7.2. Continue to monitor all SLA agreements and outputs to ensure they still offer new or enhanced services. It is important to keep mainstreaming of services as a serious focus, even at this early stage of a programme's life. The programme has made good progress by introducing regular reviews of the SLAs and that the review panel consists of board members not staff. The processes used do need to be finalised but a good start has been made.
- 7.3. At this stage little is being done by the programme to work towards its employment targets. While this can be explained at present by the fact that all services are only just starting, over the next year this issue needs to be addressed. It is difficult to say how best to approach these targets but there are two viable options:

⁷ Figures obtained through Jobcentre Plus from the DWP Information Centre

⁸ Figures obtained from Office for National Statistics (<http://statistics.gov.uk/instantfigures.asp>)

- i) There are plans in the project to employ a second CDW. If this goes ahead a worker with particular experience in the employment field could be employed with the two employment targets in Objective 4 being specifically in their remit.
- ii) Building on the success of the SLA panel and their review of two SLAs so far it seems a reasonable approach to form an SLA with somebody from the employment sector to deliver a service targeted at parents within the Sure Start area.

Whichever option (or a different approach altogether) is chosen it needs to be carefully monitored so that it is delivered in a sensitive manner. There is anecdotal evidence from other Sure Start programmes that some parents when faced with an employment service feel that they are being pushed into work, regardless of whether they want or need to, or if it's appropriate for their situation. This will obviously damage their opinion of Sure Start Torquay and could make them less willing to engage with other services that the programme offers.

- 7.4. Co-operation between the programme and the EYDCP is sporadic. Work needs to be done on developing effective working relationships between the two organisations, especially with the Sure Start unit's extra focus on education and childcare. At present there is still a culture of "us and them" whereas post-'Every Child Matters' it should be "what can we do together".
- 7.5. More detailed data is needed from the health department so that it can be identified how many children are being admitted to Accident and Emergency for gastro-enteritis, respiratory infection or a serious injury. This would enable the programme to identify the main cause for admission in the area and tailor its support and services to match. In addition this data is needed to monitor the progress of the programme towards meeting their target reduction.

8. FUTURE EVALUATION PLANS

The SHV was seconded to Sure Start Torquay in July 2003 when the Drugs and Alcohol Team (Torbay) withdrew funding for the post. Originally the post covered all families in Torbay with children up to the age of 10. The Torquay programme manager felt the role was a vital one, especially in light of the level of drug abuse in the region. Sure Start Paignton also understood the value of the role and thus arranged a SLA for the SHV to cover their area as well. Obviously though as a Sure Start service the age boundaries needed to be restricted and as a result much of the SHV's caseload has needed to be closed. The programme manager is keen for this role to be mainstreamed as it such an obviously necessary role. Therefore the REO will be evaluating the role as the first piece of in-depth evaluation for the programme.

The evaluation will be in three stages:

- 1) Illustrate the differences between the SHV and a standard Health Visitor i.e. extra training, qualifications, job descriptions, experience.
- 2) Look at population in Torbay with Drugs and Alcohol issues (using secondhand case studies to illustrate those that have had the SHV's help and those that have not).
- 3) Investigate the SHV's caseload over the past year, separating those from within area (i.e. Sure Start Torquay and Paignton postcode areas) from those without. Define areas of work and how other services have picked up when the SHV was unable to help because of age, location etc. Show statistically the outcomes for families with the SHV support and those who were unable to access her. Detailed case studies will be used to illustrate points and conclusions.

For a more detailed plan please see Appendix C.

An evaluation plan for the future is to research the prevalence of transience in the region and how best to access and support transient families.

APPENDIX A

Torbay Sure Start Programmes

Local Evaluation Strategy

Contents

1. Purpose of Strategy
2. General Points
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7. Conclusion
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 1. Framework diagram
 2. Programmes Evaluation – Overview of Levels
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 4. Outline of Evaluation Process for Service Delivery areas

1. Purpose of Strategy

- 1.1 The purpose of this document is to define the Torbay Sure Start Local Evaluation Strategy and the actions required to implement this strategy.
- 1.2 The Local Evaluation process will be operated seamlessly with the National Evaluation methods and will utilise the same data collection and monitoring systems. However, this Strategy does not describe any of the actions required to implement National Evaluation.

2. General Points

- 2.1 Local Evaluation across the Programmes will be led by the Evaluation Sub Groups of the Programmes Boards. The Evaluation Sub Groups will develop and maintain the Local Evaluation Strategy They will assess all local evaluation reports and make any recommended changes to the Local Evaluation Strategy.
- 2.2 The Torbay Sure Start Local Evaluation Strategy is based on the assumption that evaluation is most effective when it is embedded within the Programmes. For this reason the Programme Boards have sought to implement Local Evaluation by including an Evaluation Officer as an integral part of the teams. This will bring the Local Evaluation Process into close contact with the practice base and situate ownership firmly within the teams itself. It should also improve the feedback of findings into Programmes control and objective setting.
- 2.3 The Local Evaluation Strategy shall be based upon the framework defined in the Local Evaluation Brief. An updated version of this Brief is attached with the strategy.
- 2.4 The Local Evaluation Strategy shall be based upon the framework shown in *Appendix 1: Framework Diagram*. Specifically, the strategy will implement evaluation in three key areas:
 - i. Outputs and outcomes of specific services : e.g. support to hard to reach Groups
 - ii. The Programme Boards, as an effective means of representing the needs and views of the stakeholders, and in its interaction with the services and with other agencies
 - iii. Involvement of the community, including parents and children.
- 2.5 The Programmes will commission MORI to undertake a piece of independent research identifying a series of starting points for service delivery. It will seek to establish some information about current service provision and how it meets the needs of people living in the Sure Start area at present. It is anticipated that this piece of work will be completed by the end of Autumn 2003. By December 2003 the results of this survey will be used to make recommendations to the Programmes Boards in relation to particular service delivery areas for the implementation of local objectives. This may require local monitoring systems to be updated.
- 2.6 The Programmes will implement an evaluation Programmes, as outlined below. This will lead to an assessment of the evaluation process and the planning of further evaluation work. The Evaluation Sub Groups will produce a *Programmes Evaluation Report*, as defined below. The aim is to complete a first round, including a cost effectiveness analysis by September 2004.

3. Programmes Evaluation

- 3.1 Evaluation of the Programmes will take place at a number of different levels (see *Appendix 2* for an overview of these levels) The key levels within this are:

➤ *Action Research*

- *Individual Service Evaluation*
- *Local Evaluation*

3.2 *Action Research*

As mentioned earlier, an independent piece of research will be commissioned to establish a range of starting points for service delivery. The research will establish key circumstances and challenges particular to the Torbay catchment areas, which the Sure Start Programmes will seek to address. This research commissioned from MORI will ensure that a representative sample of parents living in the Sure Start areas are surveyed, providing a reliable baseline of information that can be treated with confidence. Findings from the research will be used for monitoring, evaluating and developing services.

In the first instance, the action research will seek to establish some baselines regarding satisfaction levels with current services. It will then address a number of key areas, such as special needs, transience and domestic violence seeking opinions on the efficacy of current services and identifying gaps in provision. The research will also seek to establish any key challenges relating to these areas that people living in our Sure Start area face. From this research a number of “starting points” will be identified, against which longer term progress will be measured. These specific starting points will be re-visited in three and five years time to establish the nature of progress made. Whilst the cohort of people surveyed in these later comparative pieces of research may change, we will ensure that they constitute a representative sample of people.

Appendix 3 provides an outline of the areas that the MORI research will cover.

3.3 *Individual Service Evaluation*

Individual service evaluations will consist of a series of initiatives undertaken as part of local service provision. For the most part, they will be undertaken by Sure Start workers at key points within service delivery, for example at the start or end of a particular intervention. In relation to each service delivery area, particular elements of how the service is delivered and what difference it is making will be identified and evaluated. Evaluation methods used will include face-to-face interviews, questionnaires and focus Groups.

Appendix 4 provides an outline of service delivery areas identified for evaluation and timescales in relation to these.

3.4 *Local Evaluation – Sure Start Torbay*

This step within the evaluation process is based on the information gathered from individual service evaluation. The findings of this information will be collated and analysed by the Evaluation Officer and Programmes Manager. They will seek to identify particular trends and themes in relation to the findings and will refer these to key members of the Sure Start teams for consideration of all possible implications. In this way, findings from the multi-faceted service evaluations will be effectively linked back into service planning and delivery. In some instances findings will be considered within workshops attended by relevant members of the teams to ensure that all implications for service planning and delivery are fully considered.

4. Programmes Boards Evaluation

4.1 General

4.1.1 Evaluation of the Programmes Boards will be conducted continuously, from the appointment of the Evaluation Officer who, assisted by the Programmes Manager, will report regularly to the Evaluation Sub Groups.

4.1.2 The results of this evaluation will be presented to the Programmes Boards at regular intervals, at least termly.

4.1.3 At the end of the initial evaluation period the Evaluation Officer and the Evaluation Sub Groups will prepare a report analysing the evaluation and presenting any recommendations to the Programmes Boards.

4.2 Attendance and Involvement

4.2.1 Attendance at Programmes level meetings (principally the Boards meetings) shall be recorded and used to assess individual continuity and representation from the partner agencies.

4.2.2 Attendance records will also be used to assess the seniority of attendees from the partner agencies and the involvement of attendees in their own agency's strategic planning processes.

4.2.3 Attendees shall be asked at the end of each meeting to complete a simple feedback form about the conduct and relevance of the meeting. This form will also provide space for attendees to record any issues they were unable to raise during the meeting.

4.2.4 Attendee participation during the meeting will be recorded from time to time to analyse contribution levels and assist in making meetings more participative and open.

4.2.5 The results of these evaluations will be collected in and disseminated in subsequent meetings, together with any recommendations made by the Evaluation Sub Groups. They will also be included in the overall report produced at the end of the initial evaluation period.

4.3 Interaction with services

4.3.1 The purpose of this evaluation process will be to measure the effectiveness of the interactions between the Programmes Boards and individual services i.e. how well does the Boards facilitate the work taking place within particular services.

4.3.2 The Evaluation Officer will implement a system for recording and tracking issues raised by the services for resolution by the Programmes Boards through to identifying a satisfactory resolution. This system could be used to administer service-related issues as well as monitoring them.

4.3.3 The Evaluation Officer will produce a simple report each month recording the status of service-related issues. This could include the number of issues relating to each service and the age profile of open issues. This should be used to inform the Programmes Boards of its timeliness in resolving service-related issues.

4.3.4 The Programmes Boards and the Service Delivery Teams will be asked to complete a simple questionnaire once every six months to gather more qualitative data about the relationship between the Boards and services. The Evaluation Officer and the Evaluation Sub Groups will prepare a brief report analysing the results and making any recommendations. This report will be disseminated to the Boards and service delivery staff.

5. Evaluation of Community Participation

5.1 Family Forums

5.1.1 The Family Forums will be the main vehicle used to collect the views and concerns of parents involved with the Programmes.

5.1.2 The Evaluation Officer will design a simple questionnaire to be handed out at each Forums meeting for completion at the end of the meeting, addressing the conduct and relevance of the meeting and any other views parents would like to express.

5.1.3 The Evaluation Officer will analyse completed questionnaires and produce a simple report for dissemination to the Forums and to the Programmes Boards.

5.2 Feedback

5.2.1 The Evaluation Officer will design a universal feedback form to be made available for use across the entire Programmes.

5.2.2 Completed forms shall be collated by the Evaluation Officer and reported to the Programmes Boards at regular intervals.

5.2.3 Specific issues raised through the feedback process should be raised with the Programmes Manager and forwarded to the appropriate person for further action. The Evaluation Officer will track progress of all such actions.

6. Programmes Evaluation Report

6.1 At the end of the initial evaluation period, the Evaluation Officer, together with the Evaluation Sub Groups and the Programme Manager/Deputy, will prepare a Programmes Evaluation Report.

6.2 The objectives of this report are:

- To demonstrate the progress and achievements of the Programmes during the evaluation period.
- To demonstrate the cost effectiveness of the services being delivered by the Programmes.
- To identify any areas of concern and make any appropriate recommendations for change.
- To provide a plan for continued local evaluation across the Programmes.

7 Conclusion

7.1 The strategy for the Local Evaluation within Sure Start Torbay will be to establish a comprehensive local monitoring system incorporating the three key stages described above. Additionally, continuous work will take place to ensure that the Programmes Boards and the community as a whole are effectively involved in steering the progress of the Sure Start Programmes of services. This will ensure that evaluation is relevant, timely, and appreciated by all the parties involved and that the Programmes can obtain maximum benefit from this process in reviewing progress towards its objectives.

Report on Child Consultation Day

Introduction

One of SureStart's primary objectives is to increase inclusion and allow families ownership of decisions that affect them. SureStart Torquay have rented temporary offices in a central location of Torquay and have plans to open a crèche. To stock a crèche is an expensive exercise and SureStart Torquay wanted, as much as possible, to include the children and parents in selecting what was bought. As a result of this it was decided that a Child Consultation Day would be held, where a selection of toys would be bought or borrowed and children would then be observed by their parents playing with these toys. The toy and equipment purchases would then be based on these observations i.e. what was popular with the children would be bought for the crèche.

The choices for the toys were based on the Birth to Three Matters framework, a development to support practitioners working with children from birth to three. The framework notes that no time is too soon to begin educating children and promotes and actively encourages as early a start as possible. "It identifies four Aspects, which celebrate the skill and competence of babies and young children and highlights the interrelationship between growth, learning, development and the environment in which they are cared for and educated."⁹ These four aspects are A Strong Child, A Skilful Communicator, A Competent Learner and A Healthy Child. The project lead for this Consultation Day chose the toys using the framework as a guide so that when the SureStart Torquay crèche is opened it can be as valuable an experience as possible for the children using it.

As an added incentive to participate part of Paignton Zoo's educational centre was hired for a day. The parents would spend half the day observing in one of the two observation sessions and for the other half they would be free to tour the zoo with their child(ren). A date was set, the centre booked and on the day over forty parents with their children showed up. A busy day was in order for all involved!

Methodology

The idea is wonderful in principle but as with many things more difficult in practice to implement effectively. As anyone that has ever been involved in a controlled observation will testify to, it is extremely tiring. It is very hard to maintain effective attention for much longer than thirty minutes, much less the two hours we were asking from our parents. To compensate for this what the parents were asked to look for was kept very simple. Appendix A has a copy of the observation sheet the parents were to work from.

⁹ Taken from "An Introduction to the Framework".

For each activity or toy that their child played with they were asked to categorise the level of involvement by ticking the appropriate box and were free to make any additional notes in the comments box. Parents were asked to allow their child as much freedom as possible so that we could get a true indication of what the child was wishing to play with. In addition it was recommended that they brought a change of clothes as there was going to be water and ‘messy’ play on the day.

A list was prepared for the parents in advance detailing all the toys and activities that would be available so the parents had the choice of describing the activity or simply writing the letter that corresponded to the activity/toy. Please see Appendix B for a copy of this list. The information from these basic observations could then be collated to indicate which activities/toys were played with the most and were most involving.

Naturally some parents had more than one child with them so plenty of staff were present to record observations if a parent needed the extra pair of hands.

In addition the parents were asked to record whether their children had an older sibling, was regularly involved in structured play and approximately how many times their child looked for reassurance. This was to provide anecdotal evidence as to what factors can effect the independence of a child.

Previous to the actual day each parent that was going to be participating in the day had a meeting with the evaluation officer and given a copy of the information sheet, a copy of which is in Appendix C. Each parent had the opportunity to ask questions and were then asked to sign the consent form in Appendix D for themselves and on behalf of their child(ren). Obviously due to the young age of the children we were unable to obtain their informed consent and it was felt that the parents consent would suffice. When the study had finished, again the parents were given the opportunity to ask any questions that had occurred to them. All parents were reminded on the day of their right to withdraw but none took this option.

Results

As the observations were of a basic nature, a very simple presentation of the data has been opted for. Referring to Appendix A if an activity/toy had a tick in the “no activity” box it receives no points; “frequently distracted” gets a point; “fairly continuous activity” gets two points; finally “absorbed in activity” gets three points. Table 1 displays this information with a ranking of what can be assumed to be the most popular toys amongst the five children aged under one year that were observed on the day.

Table 1: Data from observation sheets for the under ones and a ranking where 1 is the highest and 5 the lowest. A * indicates a joint placing.

Toy/activity	No. of times observed	Total points	Ranking
A	1	2	5*
B	2	3	3*
C	4	6	2
D	1	1	7*
G	7	15	1
K	1	1	7*
L	1	3	3*
N	1	2	5*

Table 1 shows that for the under ones the most popular toy were the musical instruments. Table 2 has the same information, this time for the ten under twos that participated in the day.

Table 2: Data from observation sheets for the under ones and a ranking where 1 is the highest and 16 the lowest. A * indicates a joint placing.

Toy/activity	No. of times observed	Total points	Ranking
B	5	11	4*
C	5	10	6
D	2	3	13*
F	1	3	13*
G	10	22	1*
I	2	3	13*
J	1	2	16
K	4	5	9*
L	11	22	1*
M	3	5	9*
N	2	4	11*
O	4	9	7
P	6	12	3
Q	2	4	11*

R	3	7	8
S	6	11	4*

Table 2 shows the unsurprising fact that the under twos played with many more toys than the under ones. We can also see from this table that the musical instruments were again the most popular toy, this time jointly with the aquaplay toys. The next most popular activity was the semi-structured class room activities. This is almost certainly in keeping with most parents' opinion that their children live to make noise or a mess!

Table 3 has the data collected for the eight under threes observed.

Table 3: Data taken from the observations of the under threes and a ranking where 1 is the highest and 16 the lowest. A * indicates a joint placing.

Toy/activity	No. of times observed	Total points	Ranking
B	2	3	9*
C	2	3	9*
D	4	6	6*
E	1	3	9*
F	1	2	16*
G	3	5	8
H	2	3	9*
I	1	2	16*
J	2	6	6*
K	2	3	9*
L	6	11	3
M	7	20	1
N	3	7	5
O	6	14	2
P	2	3	9*
Q	2	3	9*
S	5	9	4

For the under threes the most popular toy was the ball tower, with the sandpit and aquaplay coming second and third.

For the over threes group of which there were ten participants, the data has been presented in table 4.

Table 4: Data taken from the observations of the under threes and a ranking where 1 is the highest and 15 the lowest. A * indicates a joint placing.

Toy/activity	No. of times observed	Total points	Ranking
D	2	2	15
E	4	10	9
F	1	3	14
G	6	13	5*
J	3	9	10*
K	5	13	5*
L	9	22	2*
M	7	13	5*
N	2	6	13
O	5	12	8
P	11	31	1
R	9	22	2*
S	3	7	12
Airport	6	14	4
Train set	5	9	10*

The favourite activity amongst the over threes was quite resoundingly the class activities. Again though the aquaplay was amongst the most popular being joint second with the outdoor bikes and trikes.

Finally there were four observation sheets handed back without an age recorded upon them. Table 5 shows the data from these sheets.

Table 5: Data taken from observations and a ranking where 1 is the highest and 13 the lowest. A * indicates a joint placing.

Toy/activity	No. of times observed	Total points	Ranking
C	2	6	3*
E	1	3	6*
I	1	1	13
K	1	3	6*
L	2	3	6*
M	3	9	2
N	1	3	6*
O	3	6	3*
P	6	12	1
Q	1	3	10
R	2	2	11*
Airport	1	2	11*
Train set	3	5	5

Tables 1 to 4 gave results from specific age groups. To stock the crèche an overall picture is needed so Table 6 collates the data from the preceding five tables.

Table 6: Data taken from observations and a ranking where 1 is the highest and 21 the lowest. A * indicates a joint placing.

Toy/activity	No. of times observed	Total points	Ranking
A	1	2	21
B	9	17	11*
C	13	25	8*
D	9	12	16
E	6	16	13*
F	3	8	18
G	26	55	3
H	2	3	20
I	4	6	19

J	6	17	11*
K	13	25	8*
L	29	61	1
M	20	47	4
N	9	22	10
O	18	41	5
P	25	58	2
Q	5	10	17
R	14	31	6
S	14	27	7
Airport	7	16	13*
Train set	8	14	15

The data in this final table will be discussed more fully in the conclusions.

Unfortunately too few parents reported sufficient information to even casually look at how their children's independence is affected by other factors.

Conclusions

First and foremost it needs to be highlighted that this was an excellent exercise on many different levels, not just as a means for choosing which items to purchase. The parents have been involved in a genuine piece of research. This is a big step towards the kind of ideals that SureStart must have envisaged within its fourth objective, strengthening families and communities. This has been an opportunity for parents to observe their children playing, something that not many take the time to do. It has also provided valuable data that *will* be used to stock the community crèche that hopefully they will access and make use of. In addition it was an important social exercise. As has already been mentioned there were in excess of forty parents at the day and they have all had the chance now to meet other parents and other members of the SureStart staff. Finally it is worth noting the quality time they have been able to spend with their child, doing something enjoyable free of charge at a venue they may not access as much as they would like.

Based on the results of the observations made during this exercise the following toys and activities have been placed in order of popularity:

- Aquaplay
- Class activities
- Musical instruments
- Ball tower
- Sandpit
- Bikes/trikes
- Outside activities

- Noah's Ark jointly with Connect play table
- Wooden car box with cogs and gears
- Mini-activity cube jointly with Hit the ball hammer toy
- Dress up clothes jointly with the Airport
- Train set
- Wooden vehicles
- Books
- Pop-up fire engine
- Magnetic blocks
- Baby Duplo
- Rainbow sound block

Although this appears very clear cut certain factors do still need to be considered. The under ones were much less mobile and therefore much less able to explore their environment and make 'informed' decisions on which toy they wanted to play with. In retrospect for this particular age group there was perhaps too much choice over too wide an area, so just because things like baby Duplo appear low down the list it does not necessarily mean they will not be popular. The under ones simply may have not had the chance to play with it and developmentally the toy may be too simple for the older children that had the opportunity to actively explore.

The study was chiefly to look at under threes (in keeping with the Birth to Three matters framework) yet due to a large turnout of parents who had brought older siblings there were more over threes than any other group apart from the under twos (ten apiece). This is obviously going to skew the data towards an older audience's preferences and needs to be considered when trying to stock the crèche in a balanced manner. For future reference it would be best to study the separate age groups as they are laid out in the results tables and with due consideration given to their different needs and different levels of mobility.

A further point that needs to be considered with respect to the framework is that the crèche needs to stock a balanced approach. The project lead, when using this report to decide which items to purchase, does need to consider that all four aspects of the framework are fully realised. It is important to remember that the most popular toys might not encompass all four aspects; they might be focussed around one or two of the areas and disregard others. Obviously to provide the best play and learning experience the crèche needs to have the entire framework being worked with rather than parts of it.

As such when it comes to deciding which toys to purchase for the crèche it is recommended that these conclusions are used in conjunction with the tables for the individual age groups so that it is ensured that a balanced approach to all these age groups is achieved.

It has already been mentioned how difficult performing effective observation can be. In future when performing consultations such as these, more training for the parents would be needed. Although it had been explained that the children should be allowed to roam as freely as possible, choosing what they wanted to play with, a number of the parents still tried to direct their child. This is obviously a very difficult natural instinct to suspend and the parents were not prepared as much as they should have been. Perhaps the next time a more comprehensive training session could be put in place.

While a number of criticisms have been made in this section it is very important to remember that these are of a theoretical nature and contribute to our overall understanding of the event. SureStart Torquay can take a lot more away from this study other than just a list of toys and activities to purchase for their crèche. SureStart Torquay needs to be commended for putting together such a novel and inclusive method for choosing *how* to stock their crèche. In doing research for this piece of work it was noted by a number of professional child researchers that very little previous work had been done in this field. That makes this piece of work even more important as what has been learnt here can be used by others in this field. Research always fuels other research and that is no less true of this study. More work needs to be done so that children can be effectively consulted, especially the younger ones where language is an obvious barrier.

As a final point SureStart Torquay have made a very large and very brave step in organising an event of such magnitude and the parents have commented that they appreciate and respect the effort made to have their views and that of their children listened to.

Appendix B

Toy list

- A. Rainbow soundblocks
- B. Mini activity cube
- C. Connect play table x3
- D. Wooden plane, bus, helicopter, truck
- E. Dressing up clothes
- F. Pop up fire engine
- G. Musical instruments
- H. Baby Duplo
- I. Magnetic blocks
- J. Hit the ball hammer toy
- K. Noah's Ark
- L. Aquaplay (water chutes)
- M. Twirling ball tower
- N. Wooden car, gears and levers box
- O. Sandpit
- P. Craft activities
- Q. Books
- R. Bikes/trikes
- S. Outside activities

Appendix C

Information sheet

We are conducting this study to assess which toys and activities children under three choose to play with and offer them the most stimulation. To do this we have selected a number of toys and activities that you will then observe your child(ren) playing with. These observations will then be used to decide how to stock our new crèche at Castle Circus House. In addition the results from the study will be used to inform other relevant agencies of our findings so that all children have the best chance to have the most beneficial early play experience.

As a sideline study we will also be asking parents to record whether or not their child has been involved in structured play previously, has an older sibling and how many times their child comes up to them for reassurance. This is to provide anecdotal evidence as to whether children that have experienced structured play or have an older sibling demonstrate more independence or not.

Our hope is that the report of this study can be published to inspire future research in this area and to raise the profile of SureStart Torquay. No names will be recorded in connection with this study and all data collected will be dealt with in the strictest confidence.

Your participation in this study is entirely voluntary and you are free to withdraw at any time with no repercussions. Any data collected involving your child will be destroyed if you choose to do so.

If you have any questions please feel free to ask Jill Wallis, Andrea Tolson or Barry Sullivan.

APPENDIX C

Evaluation plan for Specialist Health Visitor (substance misuse)

The evaluation of this role will be done in three stages:

- 1) A comparison between the role of a standard health visitor and that of the specialist health visitor. How are they different? Similar? What extra training, qualifications and experience does the SHV have? This will provide information on what gap the SHV looks to fill and how they work alongside other HVs.
- 2) Statistics will be obtained for the Torbay population and the two Sure Start populations with substance issues. These statistics will be used for comparisons between the area the SHV covers and those that she does not.

Second hand case studies will be obtained from the SHV for work completed over the past year. Without her intervention what would have happened? Who would need to provide a service? What did the SHV do? What were the outcomes for these individuals/families? In addition case studies will also be needed from other health visitors re: those with substance issues that did not receive intervention from the SHV (due to being out of area, wrong age, etc).

- 3) More detailed statistics focussed on comparing how the SHV's caseload compares with those in similar situations without specialist intervention. How have the outcomes differed? Which services had to fill the gap when there was no SHV? Have they been effective?

Detailed comparative case studies will be provided at this stage on the salient points of the evaluation. So for example once a point has been highlighted it will refer to two case studies: A1 shows what happened when the SHV provided support and an input; A2 will show what happened without the SHV. Obviously the two case studies will compare families/individuals that are as similar as possible except for the difference in specialist intervention.

- 4) Finally in this stage a discussion will be made of how to mainstream this role. This will no doubt include some form of cost-effectiveness analysis as it will need to show how the SHV saves the input of other services e.g. GPs, HV, social services, fostering, prison, police, hospital admissions, long term treatment (liver treatment, kidney dialysis, FAS, etc) etc.

In addition some anecdotal evidence will be supplied on how the SHV has impacted on families.

As an aside to the main evaluation it has been noted that there is a lack of research in the area of the effects of parental substance abuse on child development. The plausibility of running a research project in the Sure Start areas will be discussed.