

Evaluation of the Impact and Effectiveness of the Catton Grove, Fiddlewood and Mile Cross Sure Start Programme



Year One Report

January 2004

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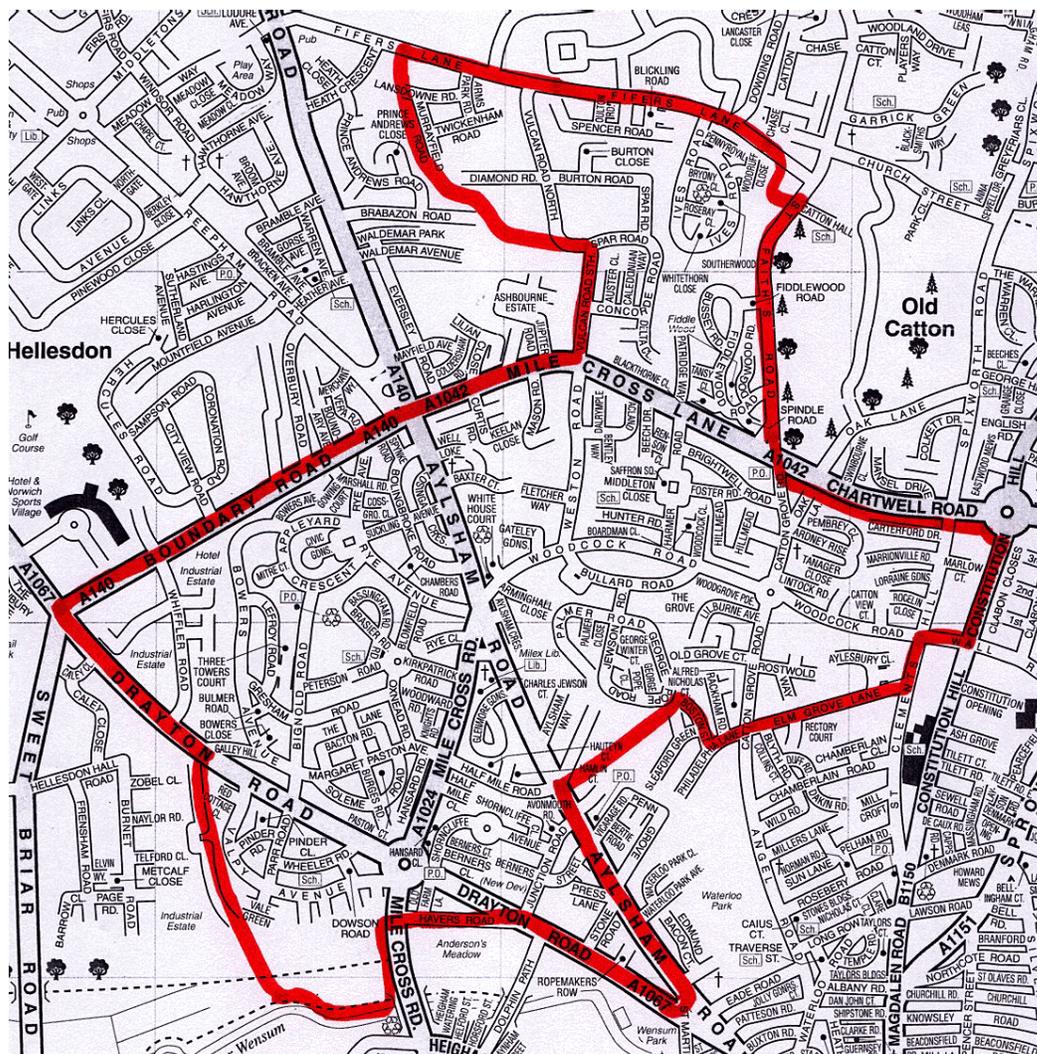
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Community Profile

This map shows the area which the Sure Start Catton Grove, Fiddlewood and Mile Cross project covers. This area was selected as it is in the top 10% most deprived areas in the country (IMD, 2000).



Findings from the 2000 Index of Multiple Deprivation(IMD)

The findings of the IMD 2000 was the basis on which services will be provided in this area.

Overall, Mile Cross ranks 288 on the Index of Multiple Deprivation, and Catton Grove is rated 930. On the child poverty index, Mile Cross scores 62.81 and Catton Grove scores 45.52 (Appendix I).

The categories below list a breakdown of some of the statistics which have prompted the initiation of a Sure Start programme in this area.

Category	Area statistics	Regional and National Statistics
Single parent households	Mile Cross 8.2% Catton Grove 7.4%	Norwich 6.7% England and Wales 6.5%
Levels of unemployment	Catton Grove 4.8% Mile Cross 5.6%	Norwich 4.1% England and Wales 3.4%
Adults with no qualifications	Catton Grove 35.1% Mile Cross 41.3%	Norwich 29.8% England and Wales 29.1%
Total white population	Catton Grove 98.3% Mile Cross 98.3%	Norwich 96.8% England 90.9%

(2001 Census, ONS)

Year One

Executive Summary

Introduction

This report covers the period July 2002-December 2003, the formative period of this Fifth Wave programme; Sure Start Catton Grove, Fiddlewood and Mile Cross.

Although it is the first 'annual' report it covers 16 months as only limited activity was possible between the Programme launch in July 2002 and the end of that year – in fact the Evaluation Officer was not appointed and in post until July 2003. Research conducted during this period has therefore been while the project was establishing itself within the local community. Sure Start Catton Grove Fiddlewood and Mile Cross is a Fifth Wave Programme and will be referred to as CFM for the purposes of this document.

The report is divided into four sections. The first looks at the process – the 'how' and 'what' of the project, the second section is focussed on the families, the third section looks at objectives, services and barriers, and section four looks at outcomes and recommendations based upon findings to assist with taking the Programme forward.

Programme Management

The Programme was launched in July 2002, with the Primary Care Trust and the NSPCC as joint lead agencies. This was for several reasons; the Sure Start steering group wanted a voluntary agency to lead as there was a growing tendency for Sure Start programmes to be led by the voluntary sector. No other voluntary agency wanted the position, and the Primary Care Trust was not able to openly recruit new staff due to restructuring. As Gorleston NSPCC had become involved with the Norwich PCT in setting up Sure Start CFM, it was agreed by the steering group that the NSPCC would be appointed as the Lead Agency and Norwich City Council were to be appointed as the Accountable Body (see Appendix II for details of brief chronology).

Evaluation

The Sure Start Unit have produced a document, 'Annex 6' which provides information on evaluation for local programmes. Local programmes need to evaluate services in order to;

- 1) Understand how well their services are performing
- 2) Keep track of progress in meeting the objectives and targets for Sure Start
- 3) Make changes to their programme as a result of evaluation findings

Local programmes are expected to provide solutions in three main areas;

- Carefully monitoring their progress towards the objectives and targets set for Sure Start in the Public Service and Service Level Agreements (PSA/SDA) and in reaching other milestones and targets identified in their plans

- Reviewing the working practices and processes through which Sure Start is being delivered
- Assessing whether the services being provided achieve good value for the public money invested in them

(Annex 6, Sure Start Unit)

This First Year Report will provide evidence of how the evaluation of Sure Start CFM is currently, and planning to, meet the requirements of the Sure Start Unit.

The Government is not prescriptive with regard to evaluation models. Sure Starts are free to choose their own method within the remit that it must cover process and service delivery. Sure Start CFM looked at the options of employing an internal or an external evaluator, but has chosen to employ a full time internal Evaluator to integrate as a member of Sure Start staff and therefore provide a more integrated approach to evaluation.

Parents as researchers

In keeping with Sure Start principles, a small number of parents are involved in the evaluation of the programme. This is also perceived by the EO to be a vital element of the evaluation process, encouraging parents to become proactive about local issues, to see themselves as vital to the project and to nurture a sense of ownership of the programme. This approach also aims to reduce social exclusion and strengthen bonds within the community through participation; again contributing to Sure Start principles.

Parents have received basic training in listening skills, ethics in conducting research, safety, confidentiality and administering questionnaires. The first piece of evaluation adopting this participatory approach is the User Satisfaction Survey. Parent researchers have already administered questionnaires to a number of parents selected through random sampling, and once the user satisfaction data is ready to analyse two parents will shadow the evaluation officer in the first instance and participate in the analysis. It is anticipated that trained parents will become involved with as many evaluations as is appropriate, and there is the possibility of attending an OCN accredited course on research later in 2004 for those parents who are interested in improving their knowledge of research or developing a career in research. The opportunity to become involved in the process of developing Sure Start services is also open to potential new researchers at any time.

Methodology

Following the appointment of the Evaluation Officer (EO), due to the diversity of this project it was decided to adopt a multi method approach of evaluation. This approach incorporates action research together with a participatory approach, and in 2005 will adopt a cost effectiveness evaluation. Methods used include both quantitative methods such as semi structured interviews with parents and professionals on a regular basis over an initial three year period, questionnaires, and qualitative methods such as observation, telephone, video and photographic evidence taken by professionals, parents and children. It is anticipated that a small number of case studies will be undertaken over the period to observe progress of a child from the ante natal stages to ultimately the age of 4. This data will provide a valuable insight into the impact of Sure Start interventions providing a longitudinal study of how it is perceived by families in the area.

The Evaluation Officer has used part of her time to induct herself with the Sure Start community. She has been able to introduce the Officer so far has been out in the community; attending Board Meetings, the Parents Involvement Group, the Multicultural Parents Group, and visiting other Sure Starts in order to network and gather information. The Evaluation Officer has also attended training in Involving Users in Research and Cost Effectiveness. The Evaluation Officer is in the process of visiting each member of the Sure Start team in order to better understand their roles, define the role of evaluation, and therefore establish a clear working relationship between the EO and the staff member.

It is appropriate at this point to note that whilst the EO is employed to evaluate services in the area, it is not possible to evaluate all the services that Sure Start CFM provides. To this end, guidelines have been locally produced in order to assess the need for evaluation. In addition, services which meet the evaluation criteria may be evaluated at a later stage in the programme.

Perceived Barriers - Recruitment, Accommodation and the Sure Start Team

Staff recruitment

For most of its formative year the Programme has been understaffed. Recruitment of key posts is continually proving problematic. Similar experiences are reported throughout the Health, Education, Voluntary and Social Services sectors in this area; professional staff are historically difficult to recruit. The geographical location of Norwich is isolated and Norfolk has a small population; suitably qualified staff are scarce and therefore staff may have to relocate to the area. Local perceptions of Mile Cross, Catton Grove and Fiddlewood are largely negative, further impeding the attraction of suitable staff.

With the advent of 9 Sure Start programmes in Norfolk, in which most programmes create between 15 and 20 posts, staff are located within a shrinking market.

The recruitment process itself takes time; work references and notice of termination of employment, and each new employee undergoes a Criminal Records Check which can delay the process for up to a couple of months. There are a lot of qualified staff needed in various fields; the Programme had acquired the full quota of 31 staff (see Appendix III), although in the process of re-advertising a secretarial role.

Accommodation

At the beginning of the Programme there were no dedicated premises, although rooms were rented at the Greenfields Community Centre with a view to moving to adapted premises on Drayton Road before the start of 2004. There are few health facilities in this area, with only two clinics and no hospital. There were few appropriate sites; the local authority has problems with levels of housing stock, and the Government are reluctant to release housing for other uses due to demand. One of the pressures on housing stock is the old concrete houses in this area are currently being demolished and therefore they cannot rent one to Sure Start. Norwich City Council has few shop premises in the area none of which are redundant. The initial agreement to renting the Drayton Road premises was subject to political priorities and was therefore withdrawn. However the premises remain unoccupied. During this interim period additional rooms were also secured at Lawson Road Health Centre to accommodate two core Sure Start staff when

additional members were recruited. At present the core team remains at Greenfields Community Centre. The search for appropriate premises continues.

During the formative year of the Programme a small consultation survey was carried out with members of the CFM community. Within this exercise, parents were asked to identify services and activities which they believed would enhance the quality of their children's lives and assist them in their parenting. These were incorporated in the categories 'play', 'services for babies', 'advice/information', 'activities for parents', 'childcare' and 'development of local services'. As this initial consultation was in a brief structured questionnaire format, it was not possible to gather opinions of services at this stage.

The Sure Start Team

By January 2004 there were 31 full time and part time members of staff (see Appendix III and IV for the full list of appointments), in a variety of settings and practices. Some are directly employed through the NSPCC, some are through partner agencies (Appendix V). Some of the Health Visitors and Midwives are seconded through Service Level Agreements. Staff are based in the Greenfields Community Centre in Fiddlewood, some based at the Lawson Road Health Centre, Homestart is based at Grapes Hill, and some staff occasionally work from home. The majority of staff are out in the community on a daily basis, and this diverse combination of working practices unfortunately means that communication between staff is affected. This is also affected by the lack of appropriate accommodation, leading to 'hotdesking' where staff share a desk; and some staff being part time. The Programme therefore needs to refine methods of communication and has endeavoured to meet on a regular basis to inform colleagues of their movements and the opportunity to discuss and exchange ideas and practices and how practice can be co-ordinated and not duplicated.

The core team has fortnightly meetings to discuss Programme matters, family support services meet fortnightly and there is a full staff meeting once a month. The Programme Manager sets aside time to see each member of staff individually once a month to discuss development, progress and any issues which may arise. All members of the Team are free to raise issues at any time. Team meeting agendas are structured to encourage openness and are opportunities for staff to contribute. Part of a future evaluation may be to observe whether these structures work.

The Programme is committed to achieving Sure Start's goals through partnership working, and a multi agency approach to service provision. The Programme is committed to working towards parental empowerment which is essential to the sustainability of the Programme. The Programme has been deemed 'high risk' at the twelve month Sure Start risk assessment, most of the issues raised are due to a lack of premises and issues around governance and capital issues which have occluded the Board in focussing on services. Subsequently, the Sure Start Unit decided to allocate an Advisor to the Programme to provide training and guidance to the Board in order to refocus priorities. A report compiled by the Advisor suggests anecdotal evidence that some parents have given negative feedback about the performance of the programme, but paradoxically the Programme is reaching similar levels of performance as other Sure Start programmes. This anecdotal evidence suggests that the Programme is hearing some 'loud voices' regarding negative issues but can't hear voices of those with positive views of the Programme. This again suggests a paradox; the Programme is aware of positive voices; an example is that 5 families have approached Sure Start with an expression of interest in using Day Care, without this new service being advertised. This discrepancy is an issue which could be approached in the future as an evaluation of how local perceptions differ and what is actually the reality.

Overall, the delays in recruiting staff and finding suitable accommodation has had an inevitable impact on the evaluation of services. Evaluation cannot commence without the services to evaluate, and the design and administration of some evaluations have subsequently been postponed. This report therefore provides details of the evaluation process to date, and is not exhaustive.

To what extent can Sure Start Catton Grove, Fiddlewood and Mile Cross be accessible to all?

There are several issues which need to be considered regarding accessibility in the Sure Start CFM area;

- **Physical access:**
There are no health or education services in Fiddlewood
- **Cultural acceptability:**
There is a small but significant ethnic population in the area
- **Appropriateness of services**
Keeping up to date with the community's needs
- **Geographical difficulties:**
The area is trisected by major roads
There is community rivalry
There are no lateral public services

Sure Start CFM has always aimed to provide access points in each of the three areas of Catton Grove, Fiddlewood and Mile Cross. Whilst there are obstacles such as availability of suitable premises and the availability of capital due to issues around the Norman Centre in Mile Cross, there are delivery points in each of the three areas. These are at the Catton Grove Clinic in Catton Grove, Greenfields Community Centre in Fiddlewood, and the Norman Centre in Mile Cross.

Sure Start CFM has plans for the provision of shop front in the local area which would have been fulfilled had the Drayton Road premises been approved. Sure Start CFM is constantly looking for suitable premises but at present there are few possibilities.

Section One

Programme Process and Evaluation Methodology

The Sure Start principles

Sure Start supports families from pregnancy right through until children are 14, including those with special educational needs for those with disabilities up to age 16. The guiding principles, drawing on best practice in early education, childcare and Sure Start local programmes, are:

I. Working with parents and children

Every family should get access to a range of services that will deliver better outcomes for both children and parents, meeting their needs and stretching their aspirations.

2. Services for everyone

But not the same service for everyone. Families have distinctly different needs, both between different families, in different locations and across time in the same family. Services should recognise and respond to these varying needs.

3. Flexible at point of delivery

All services should be designed to encourage access. For example, opening hours, location, transport issues and care for other children in the family need to be considered. Where possible we must enable families to get the health and family support services they need through a single point of contact.

4. Starting very early

Services for young children and parents should start at the first antenatal visit. This means not only advice on health in pregnancy, but preparation for parenthood, decisions about returning to work (or indeed, starting to work) after the birth, advice on childcare options and on support services available.

5. Respectful and transparent

Services should be customer driven, whether or not the service is free.

6. Community driven and professionally coordinated

All professionals with an interest in children and families should be sharing expertise and listening to local people on service priorities. This should be done through consultation and by day to day listening to parents.

7. Outcome driven

All services for children and parents need to have as their core purpose better outcomes for children. The Government needs to acknowledge this by reducing bureaucracy and simplifying funding to ensure a joined up approach with partners.

(Sure Start Unit, 2004)

With these principles firmly in mind, the key focus of the evaluation of Sure Start Catton Grove Fiddlewood and Mile Cross is to discover whether objectives will be met, and whether the services being developed in the area are making a difference to local families.

Programme management

There is commitment to the Programme from most of the partner agencies involved and there is an increasing level of parental involvement. However, anecdotal evidence again suggests there is some concern about the bureaucratic and repetitious nature of some committee meetings. As a Board evaluation is taking place in 2004, this may be an issue which reoccurs and could be examined during this process.

Parents Involvement Group

The Parents Involvement Group has evolved over the past few months and attracts between 5-20 parents each meeting. A formal evaluation of this group has not been undertaken to date, however it is apparent that while there is considerable interest in these meetings, the core group of attendees remains constant. There is therefore a need to involve more parents.

Parent Researchers Group 'Wafflers'

Wafflers attracted six parents in the first instance, and at present there are two regular researchers who are keen to become involved on a longer term basis. Two of the original team are unable to participate during the first Survey due to family commitments but are keen to partake in the future. An evaluation of this group will be conducted during 2005, the design of which is yet to be decided.

Cost Effectiveness

A cost effectiveness evaluation will be conducted during the second year of the Programme. An agreement has not yet been reached by the EO, the Programme Manager and the Board as to which services would benefit from a cost effectiveness evaluation.

Partnership Working

The concept of partnership working is crucial for Sure Start to function successfully; services cannot work without the co-operation of partner agencies, professionals and local families, despite their obvious benefits.

In the beginning, a Partnership Board was formed as a management committee for Sure Start CFM. This Board meets on a monthly basis. The key objectives of the Board are:

- That the overall objectives of the Sure Start programme as stated in the Services Delivery Plan are met, by monitoring progress towards annual milestones and targets and reviewing these in the light of experience and changing needs;
- That all agencies maintain a high level of commitment and cooperation and work towards a shared vision of how best to meet the needs of children and families in the area and maintaining effective communication between partner agencies and the community
- That Sure Start has in place appropriate policies and procedures that complement those of partner agencies
- That the views of local people and service users are represented in the management of the scheme;
- That all financial transactions and the financial records of the Programme are monitored
- A corporate approach to the spending of the Sure Start grant and also,
- A forum is provided to resolve any difficulties that may arise.

In keeping with Sure Start Objectives, the Board consists of senior representatives of the partner agencies involved in the delivery of services within the area. Sure Start Objectives request that an equal number of parents be elected to the Board; at present there are 7 but parents will eventually form the majority.

How effective the Partnership Board is working is a key element of the Sure Start principles. Agencies have been working with Sure Start for several months, and although an evaluation has not been conducted to date, a report conducted by a representative of the Sure Start Unit has identified difficulties experienced within the Board, largely indicating a lack of understanding of the important role of the members of the Board, and tensions arising through misconceptions about the purpose of Sure Start within the community. It is important to rectify this as soon as possible; although when these issues arise during Board meetings they are addressed. There also needs to be focus on strengthening partnership relationships. It is therefore necessary to conduct an evaluation of Partnership working; a three stage approach will be adopted over 18 months in order to address issues of knowledge about the functions of the Board, personal feelings regarding the Board, and the reality of Board functioning. Interviews will commence during June of 2004, December 2004 and methodology adopted for the final stage will be dependent upon findings; if themes arise indicating difficult relationships between professionals and parents on the Board, observation at Board meetings may be appropriate, otherwise interviews may be more relevant.

Mainstreaming

This is an inevitable component of Sure Start, but as Sure Start Catton Grove Fiddlewood and Mile Cross is late Round 5, there is no provision for mainstreaming to date.

What needs to be done ?

An initial consultation was conducted in July 2002 with a random selection of the local community. The findings provided a blueprint of what local families perceive is needed in the area (Appendix VI). This blueprint has formed the basis of initial Sure Start CFM services, and evaluation must be carried out in order to:

- a) Understand how well services are performing
- b) Keep track of progress in meeting the objectives and targets for Sure Start
- c) Make changes to the programme as a result of evaluation findings

(Guidance on Evaluating Sure Start, 2002)

The requirements of the Sure Start Unit are compliance with service delivery targets, in whatever manner appropriate.

Methodology

How do we do it ?

- I. The Partnership Board will shortly be forming a number of Board sub groups in order to manage Programme issues in greater depth. One of these groups is an Evaluation Sub Group which will assist and advise in service evaluation. In the meantime, decisions regarding evaluation are subject to negotiation between the EO, the Programme Manager and relevant staff, and proposals for evaluation are presented to the Board for approval.

2. The nature of the Sure Start Objectives is both qualitative and quantitative, the community is diverse, as is the geographical area and the services available. Therefore a multi method approach has been adopted for the Evaluation. The methods used include structured and semi structured questionnaires and less structured methods such as interviews, photography, text analysis and video evidence. This varied approach can best capture the quality of services, experiences of participants and the reality of day to day life, whilst also acknowledging the subjectivity of the less structured methods. A parent's view of living in Mile Cross, Catton Grove and Fiddlewood may be very different to the Health Staff and Office Staff; what we can see very much depends on who is looking.

Devising a research plan

An Evaluation Strategy has been designed based upon the requirements of the Sure Start Unit, the findings of the Initial Consultation in the summer of 2002, and in consultation with members of the Sure Start Team (Appendix VII). The strategy contains a number of key elements;

- Regular testing of consumer opinions
- Outcome focussed evaluation of specific interventions
- Speech and language measure

As part of the research plan and the Sure Start requirement of engaging families, parents were invited to undertake a basic research training in order to assist in evaluations under the guidance of the Evaluation Officer. A rewards system payable on a monthly basis when research has taken place has also been established in appreciation of parents time and as an incentive to participate.

It is proposed that a small number of case studies will be undertaken in order to monitor a family's progress from conception of their child to age 4, but this will not commence until early 2005.

Ensuring Inclusion

The Evaluation Officer is actively involved in ensuring the opinions of minority groups in the area are sought. The importance of inclusion will be highlighted throughout evaluation and travellers may be specifically targeted mainly due to the transient nature of their community and the subsequent difficulties that may ensue in gathering a representative sample.

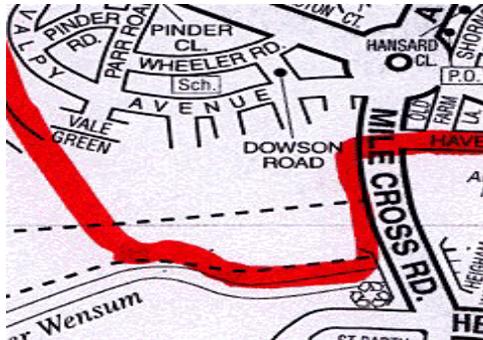
Section Two

The Families

Many parents have been involved with the Programme since its conception, and currently there are 430 parents registered with the Programme as at December 2003. Of these, 11 parents have declared themselves single, while other parents have chosen not to declare their marital status, and 8 have chosen to declare special needs. Of the 430 families, 601 individuals are registered as White British and the remaining 559 individuals are from other ethnic backgrounds (Appendix IX).

'Hard to Reach' Groups

The Mile Cross Travellers site occupies the region at the base of the Sure Start CFM area, to the left of the Mile Cross Road, south of Valpy Avenue and just north of the River Wensum. The population of travellers on the site is approximately 20 people as at December 2003.



Facilities on the travellers site

The site has recently been refurbished, and the residents have been provided with a warden as a condition of refurbishment by Norwich City Council. The refit started in October 2003 and completed in December 2004. Families were relocated to another field near the site where the City Council had provided generators but most families opted to move to a site in Great Yarmouth as the field was very muddy. Families have relocated back to the site which

now provides for each caravan pitch:

- A cooking area
- A toilet
- A washing machine

Site residents pay rent for their caravan pitch for services provided.

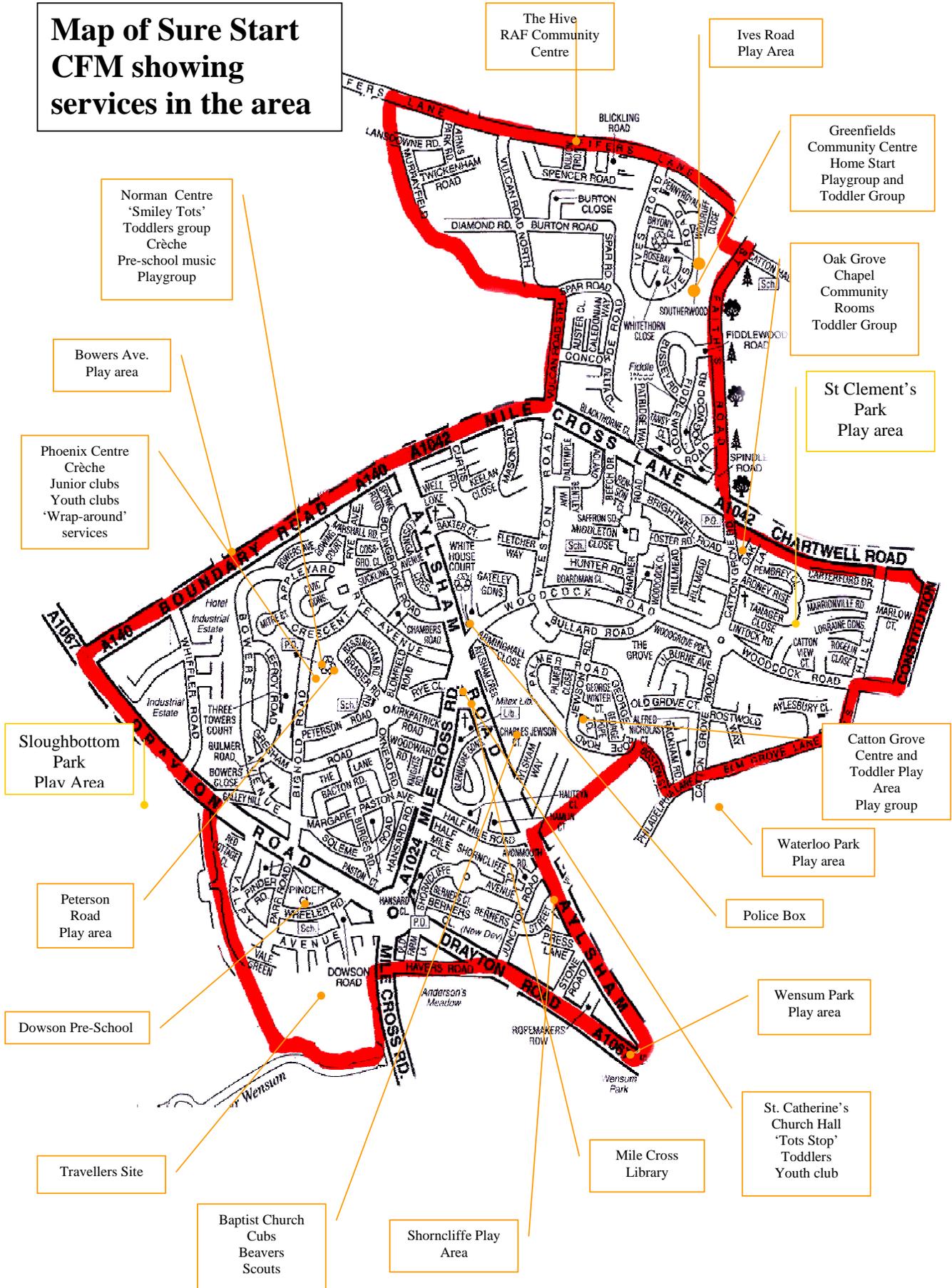
A Toddler group was run in conjunction with the Traveller Education Service from Spring 2003 until July 2003, and 2 young travellers were employed by the project as a placement for NVQ childcare training. This service ceased due to a lack of interest and a request by service users for a crèche facility. Service users also felt a crèche was needed while domestic chores were undertaken by the female travellers but after consideration it was considered not viable by Sure Start as crèche facilities are provided for individuals to assist with training or a course.

Section Three Objectives and Services

How is the programme working in practice ?

The Programme has provided a substantial number of services and activities thus far, most of which have been implemented after an initial consultation survey in the area. It is premature to expect to undertake extensive evaluation of services at this early stage of the Programme's development.

Map of Sure Start CFM showing services in the area



However, a number of evaluations are underway and a timetable of evaluations to be carried out for 2004 is available (Appendix XII). During the duration of 2004 the EO will be developing an understanding of the functioning of Sure Start CFM and subsequently formulating the groundwork for evaluation in future years.

The following is a pragmatic presentation of services within the Objectives; the reality is that some services overlap.

Objective One: Improving Social and Emotional Development

***Key target:** 'In particular, by supporting the development of good relationships between parents and children, enabling early identification of difficulties, helping families to function effectively and promoting social and emotional wellbeing'.*

PSA target: Achieve by 2005/6 a (t.b.a.)¹ % increase in the proportion of babies and young children under 4 living in Sure Start areas with normal levels of personal, social and emotional development for their age.

The target is to be measured by an increase in the proportion of children meeting Early Learning Goals for personal, social and emotional development.

SDA targets

- One hundred percent of families with newborn babies living in Sure Start area to have been visited by local programmes within the first twelve months of their child's life.
- Parenting support and information available for all parents of young children in Sure Start areas.
- (Target on child protection/working with Social Services under consideration)

As a requirement of the PCT, all new mothers are visited within ten days of their babies' birth by a Health Visitor. Sure Start CFM are provided with data of babies visited on a monthly basis by Health staff.

Physical and emotional problems

The Solihull Approach, a project which enables practitioners to work with families with babies and young children who have sleeping, eating, toileting or behavioural problems. This approach is gaining popularity countrywide and is found to be an effective tool in reducing these difficulties². Sure Start CFM are currently in negotiation with Bowthorpe and West Earlham Sure Start in Norwich regarding the suitability of this approach and the viability of training practitioners from both areas. Once a decision has been reached an evaluation strategy will be devised accordingly.

Objective Two: Improving Health

***Key target:** 'In particular, by supporting parents in caring for their children to promote healthy development before and after birth'*

¹tba by the Sure Start Unit

² Douglas, H., and Rheeston, M., (1999) The Solihull Approach; helping health visitors to help families with young children. Youngminds Magazine, 40, 19-20

PSA target: Achieve by 2005/6 a 6% point reduction in the proportion of mothers who continue to smoke before and after birth.

SDA targets

- Information and guidance on breastfeeding, nutrition, hygiene and safety available to all families with young children in Sure Start areas.
- Reduce by (10% level to be finalised Autumn 2002) the number of children aged 0-3 living in Sure Start areas admitted to hospital as an emergency with gastro-enteritis, a lower respiratory infection or a severe injury.
- Ante-natal advice, support and information available to all pregnant women and their families living in Sure Start areas.

In July 2003 a Health Choices Co-Ordinator was appointed on a part time basis. Initial discussions were held between the Health Choices Co-Ordinator and the Evaluation Officer to set up an evaluation strategy on Breastfeeding, Smoking Cessation, Nutrition and Diet and Accident Reduction respectively. Due to unforeseen circumstances this position was readvertised during October 2003 and re-appointed to Elizabeth Saunders as Family Health Co-Ordinator commencing December 2003. using a regular system of data collection which will incorporate required data on smoking, breastfeeding, post natal depression and birth weight.

Smoking

Up until now data on smoking status has not been routinely collected although two Health Visitors in the area are trained in NVQ Level Two Smoking Cessation. During 2004 the following smoking status data will be collected ante-natally;

- Number of mothers smoking in the year before pregnancy was confirmed
- Number of mothers who gave up completely prior to or during pregnancy

A popular smoking cessation initiative has been the free distribution of baby bibs to families, showing a non smoking message on the front. Sure Start CFM are also holding a smoking day on 10th March and also 17th March which will provide health information and advice on smoking cessation. A smoking cessation course for those wishing to give up smoking will be available after these events for those who are interested. An evaluation of smoking cessation levels is being designed based upon the methodology and findings of other initiatives including the Gorleston³ ten week smoking cessation course evaluation. Interviews will be conducted at the beginning, middle and end of the course, and a tape recorder given to two people to record their feelings on a daily basis. A follow up interview will be conducted six months later to evaluate the longer term outcome of the intervention.

Health and Nutrition

At present a community lunch is held at the Greenfields Community Centre on the last Tuesday of every month. A representative of the 'Clued Up on Health' project run by the PCT will provide an hour at every session and provide nutritional information on foodstuffs used for cooking on that day. Parents and professionals will take part in the

³ Gorleston Sure Start, 2003

preparation of the food. It is proposed that this project will run for nine months initially as the 'Clued Up on Health' project is available for a total of 9 hours (one per month). It is proposed that two parents will be observed during a nutrition class in the former period of 2004.

Breastfeeding

A breastfeeding strategy has been devised, the key features striving to;

- Ensure that parents have access to high quality advice, information and support to enable them to make informed decisions about the nutrition of their babies
- And the positive promotion of breastfeeding within the community
- Thus increasing the rates of breastfeeding initiation
- Supporting mothers to breastfeed for longer periods

At present the initiation rate for breastfeeding in this area is low; national figures report 71% of mothers initiate breastfeeding and the Norwich Primary Care Trust⁴ reports that in 2001 45% of mothers in the Sure Start area are breastfeeding at 6 weeks, and only 30% at 6 months (Norwich Primary Care Trust).

Sure Start CFM aims to increase the numbers of mothers breastfeeding beyond 6 weeks to 51% and increase the time mothers breastfeed by an average of 3 weeks.

How are we going to do this ?

Sure Start CFM is collecting the following data from Health on a monthly basis:

- Number of mothers, when pregnant, report that they wish to breastfeed.
- Number of mothers, who when pregnant, report that they do not wish to breastfeed.
- Number of mothers who request peer support pre birth.
- Number of mothers who initiate breastfeeding within 48 hours of the child's birth.
- Number of mothers who request peer support post birth.
- Number of mothers who are breastfeeding at 17 weeks.

This is in addition to data required by the Sure Start Unit (Appendix XI).

The breastfeeding peer support café is being relaunched in February 2004 at the Norman Centre as the previous café was ill attended. 'Peer supporters' are mothers from the Sure Start area who have previously breastfed, and are willing to offer guidance and support for new mothers. There are various supports being provided in the area, with a high level of input from parents who are volunteering to assist. Leaflets are available to service users and initiatives are offered such as breastfeeding bras and pads to encourage longer term breastfeeding. The newly appointed Health Choices Co-ordinator together with the Evaluation Officer are developing a strategy to evaluate this revised service. Sure Start CFM are also collecting breastfeeding and smoking data monthly from Health Visiting, as from December

⁴ Norwich Primary Care Trust, 2002

2003 as a requirement of the Sure Start Unit. In collaboration with Health Visiting, an evaluation will be conducted once this is established during the summer of 2004 to incorporate peer supporters of the original café, current supporters, staff and users.

A breastfeeding day is being held on 15th May 2004 to educate and inform local new parents, and this will also be an opportunity to talk to parents and gain their opinion.

Accident Reduction

This is a key target but local programmes do not provide the data. However we do have access to data for admissions to accident and emergency at the Norfolk and Norwich University Hospital which is currently provided by the Health Visiting Team on a monthly basis. An evaluation on accident reduction will be conducted in the community later on this year.

How are we going to do this ?

At present the Evaluation Officer is in negotiation with parents and staff through the Parents Involvement Group to provide throwaway cameras to be distributed to under 4's for taking photographs within their community of areas which are of concern to them.

Post Natal Depression

All Health Visitors have attended a 3 day course on administering the Edinburgh Post Natal Depression Scale. The subsequent data is being collected monthly by the Health Staff in accordance with Sure Start data monitoring requirements;

- Number of mothers experiencing post natal depression in the first year of their baby's life
- Number of mothers experiencing post natal depression and receiving appropriate care

Sufferers of post natal depression do not currently have regular group support in this area, therefore Midwifery, Health Visiting and the Evaluation Officer are currently in consultation regarding the provision of a local service to meet this need. At present there is a procedure which Health and Midwifery follows to ensure someone feeling 'low' after the birth of their baby receives support. The Edinburgh Post Natal Depression Scale is currently administered to all mothers at the required time of 6 weeks after the birth. Currently this includes Homestart, Nursery Nurses, Health Visiting, Social Services or ultimately Community Mental Health provided by the PCT. Just outside the area is a support group but this is difficult for many mums to access.

How are we going to do this ?

The Evaluation Officer will administer a brief questionnaire to members of the group at Lawson Road, to ascertain whether the group meets their needs. To establish whether local mums are receiving appropriate care, mothers with

high scores on the Edinburgh Post Natal Depression Scale will be re-assessed at 12 months. It is proposed that ante natal classes to educate new mothers regarding breastfeeding, post natal depression and nutrition be set up, and this will be evaluated by observation and photographs and regular observation of the monitoring data. Subsequently, services will be provided within the area dependent upon the findings of the group, and reassessed.

Hygiene and Safety

Items such as bath thermometers, cupboard locks, plug socket safety covers and plug socket night lights are distributed free of charge at events such as the Autumn Fun Day held at the Oak Grove Chapel in October 2003.

Objective Three: Improving the Ability to Learn

Key target: 'In particular, by encouraging high quality environments and childcare that promote early learning, provide stimulating and enjoyable play, improve language skills and ensure early identification and support of children with special needs.'

PSA target: Achieve by 2005/6 a (tba)% increase in the proportion of children living in Sure Start areas with normal speech and language development at age 2 and a (tba)% increase in the proportion of children living in Sure Start areas having normal levels of communication, language and literacy at the end of the Foundation Stage.

Target level for part a) to be set by end of 2002 when further analysis of data from first application of Sure Start Speech and Language Measure for 2 year olds available. Target level for part b) is to be confirmed by the Sure Start Unit.

SDA targets:

- All children in Sure Start areas to have access to good quality play and learning opportunities, helping progress towards early learning goals when they get to school.
- Increase use of libraries by families with young children in Sure Start areas.

In July 2003 a Pathways Worker was appointed to develop links with local colleges and training institutions, encourage parents to train and return to work and to develop courses appropriate to parent's needs. Sure Start CFM are considering making free leisure passes available to residents in CFM. This would enable families to access services such as swimming and aerobics classes in the Norman Centre in Mile Cross.

Sure Start CFM has employed a Play and Development Worker as of January 5 2004, as a requirement of the Sure Start Unit to help the progress of early learning. It is yet to be decided how CFM's 'good quality' of play and learning will be assessed.

Speech and Language Measure Revised SSLM-R

Administration of the Sure Start Speech and Language Measure — Revised (SSLM-R) is a National requirement of the Sure Start Unit. This commenced in December 2003 with the collaboration of the Sure Start Speech and Language

Therapist, three Health Visitors and the Evaluation Officer. The Unit requires that 60 parents be consulted within a 12 month period to 31st March and 15 of these will be collected and submitted within the required timescale. Due to time restrictions we will endeavour to collect as many as possible between December 2003 and March 31st 2004 but may not be able to collect 60. Again due to time restrictions we have selected participants through our database of registered families, thus excluding those families not yet registered with us. It is acknowledged by ourselves and also the Sure Start Unit that although this is not an ideal method of data collection, it will provide a basis for a fully randomised sample during 2004/2005, and from April 2004 we will select families from the records kept by the Primary Care Trust whilst adhering to Data Protection requirements.

Before Christmas 2003 we had successfully collected five SSLM-R's and will continue to gather data on a monthly basis in order to meet the Sure Start target.

How are we going to do this ?

Data is collated quarterly for the Sure Start Unit and annually for local targets. Fifteen SSLM-R's will be administered during February 2004 and presented to the Sure Start Unit as required.

All parents of children who are aged 23-25 months within the specified period are contacted by letter. The measure is carried out by the Speech and Language Therapist, Health Visitors, Health Visiting Assistants and the Evaluation Officer. To increase the uptake of the SSLM-R, a pack containing a colouring book and some crayons is given to each child. Perhaps due to the perceived sensitive nature of this measure, a lot of parents declined to participate, whilst others did not return calls.

Baby Massage

Due to its popularity, Sure Start CFM is considering making baby massage a universal service in this area. Baby massage is known to have positive benefits for both mothers and babies; creating a deeper bond between mother and baby. An evaluation of the service will be designed and conducted during February 2004.

Mothers and Toddlers Swimming Classes

The swimming classes are currently available to families who are referred through Health Visiting as;

- Needing stimulation for mother and baby
- Having no means of transport
- Having needs as perceived by Health Visiting and relevant to this type of activity

Library usage

Data on use of the local libraries including the mobile library facility is collated every 6 months as a requirement of the Sure Start Unit.

A part time Early Years Librarian has been appointed as of January 2004 and based at the Mile Cross Library. A central aspect of the post is to encourage families to use library facilities, hence promoting early learning and stimulation and improving language skills.

Objective Four: Strengthening Families and Communities

Key target: 'In particular, by involving parents in building the community's capacity to sustain the programme and thereby create pathways out of poverty'.

PSA target: Achieve by 2005-6, in the Sure Start area, at least a 12% reduction in the proportion of 0-3 year old children living in households where no-one is working.

SDA target:

- 75% of families reporting personal evidence of an improvement in the quality of services providing family support.
- All Sure Start programmes to have parent representation on the local programme board.
- All Sure Start programmes to have established effective links with Jobcentres Plus, local training providers and further education institutions.
- 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 area and other areas.

User Satisfaction Survey

A User Satisfaction Survey is currently in progress as a requirement of the Sure Start Unit. Once the questions were designed, and the questionnaire piloted, the Likert type scales within the questionnaire were found to be reliable, all with a Cronbachs' Alpha score of over .7. A sample of 82 parents (10% of the local population) was randomly selected using records held by Health Visitors, whilst in accordance with Data Protection requirements. A small number of trained parents are currently administering these. It is anticipated that data will be available for analysis by the end of March 2004. Local targets will be devised once baseline data is gathered.

Due to the small number of travellers in the area, residents are being targeted specifically for the User Satisfaction Survey to ensure they have the opportunity of giving their opinion about the services Sure Start FCM provides. Other ethnic groups are more numerous and are represented in the sample selected for the Survey.

Summer Day Trips

In August 2003 the EO conducted a small satisfaction survey of three summer day trips, distributing questionnaires to all families attending on the return journey of their trip. The findings indicated a high success rate, and a high level of satisfaction with the trips. . Although there was no time to conduct a full evaluation, satisfaction questionnaires were devised and submitted to parents on the return journey of their day out. A total of 60 parents responded, and the findings were largely positive, indicating that the trips were entertaining and were a good tool for engaging

families with Sure Start, and an opportunity for informing families what Sure Start can do for them. Comments included:

'It's been a lovely day, thank you.'

'You are doing a fantastic job.'

'I would just like to say that this Sure Start thing is a good thing. You are doing a wonderful job. I am very grateful.'

Partnership Board evaluation

After consultation with the Sure Start Unit Advisor and the Programme Manager, during March 2004 the EO will interview six members of the Board to establish key issues surrounding Partnership working, including working with parents, and once these issues are defined, the Board will be observed during their regular meetings regarding these issues. Specifically, observation will be structured toward what is reported during the interviews and what is observed during the meetings to see if there are similarities when additions such as body language between Board members are observed.

How are we going to do it ?

A qualitative schedule will be designed in order to interview six consistent attendees of the Partnership Board meetings. This method seeks to establish an informed opinion of the structure of the Board over a period of eighteen months, with the same participants being researched at six monthly intervals. The structure of this methodology is as follows;

1. June 2004 - qualitative interviews

To approach six key issues in partnership working and explore using thematic analysis;

- Parents experiences of being parent representatives
- Agencies experience of working with parents
- What members value and devalue about being on the Board

2. December 2004 – qualitative interviews

To explore participants feelings about the emergent themes.

3. June 2005 - observation

- Observe a Partnership Board meeting to monitor accuracy between perceived issues and the reality of the functioning of the Board.

'Hard to reach' groups

One method of gaining the confidence of such families is through a Multi Cultural Group which is successful in attracting families on a regular basis for lunch. A strategy for attracting travelling families is also under consideration.

As it is perceived to be difficult for the local Travelling community to access services, one of Sure Start CFM's aims is to develop improved access to services. One of the Sure Start CFM Health Visitors has been heavily involved with the travelling community for several years and is currently involved in a project run by the Norwich Primary Care Trust. Assisted by the good relationships developed over this period, access to the site is facilitated and the Evaluation Officer will visit the site in February 2004 and develop an evaluation programme according to the perceived needs of the community.

Early in the summer of 2004 Professionals working with Travelling Families will be interviewed to establish opinions of services within the Travelling Community.

Take up, participation, drop out

Is Sure Start CFM delivering targets ?

Is there effective cross agency working ?

How effective are we in involving parents and children under 4 ?

Section Four: Outcomes, conclusions and recommendations

The Programme has achieved 3 SDA targets to date:

- Parent representation on Boards
- Links made with Employment Services
- Programme is working with the EYDCP

Conclusion

Sure Start is a difficult programme to deliver because the way of working is not only radical in itself but it also covers a wide range of services which requires new ways of thinking and working for staff and agencies. Given the difficult nature of the remit and the lack of staff for a significant period, Programme achievements have been considerable and parental involvement is real as opposed to rhetoric.

Recommendations

Recommendation One:

The Programme should ensure that a Hard to Reach group is formed as soon as possible.

Recommendation Two:

A sub group of the Parents Evaluation Group (Wafflers) should be formed in order to maintain training and support levels of parent evaluators.

Recommendation Three:

A parent should be invited to join the marketing and publicity of Sure Start promotional materials.

Final Comments

Appendix I

Indices of Multiple Deprivation for Norwich Wards

The following tables illustrate scores and ranks for all wards in Norwich; scores and ranks for Mile Cross and Catton Grove are highlighted in red.

Variable1	Indices of multiple Deprivation					
Period	2000					
Variable2	Index of multiple deprivation		Income domain		Employment domain	
Units	Score	Rank	Score	Rank	Score	Rank
Area						
Bowthorpe	40.23	1,103	31.16	1,238	14.42	1,771
Catton Grove	42.99	930	36.59	736	16.24	1,343
Coslany	27.26	2,312	26.31	1,844	12.70	2,214
Crome	33.21	1,658	27.00	1,740	16.39	1,311
Eaton	11.21	5,964	10.90	6,078	7.41	4,768
Heigham	35.74	1,432	27.44	1,684	15.80	1,433
Henderson	37.25	1,321	37.04	708	14.72	1,696
Lakenham	39.92	1,123	34.36	924	15.77	1,439
Mancroft	48.27	638	39.75	524	26.04	274
Mile Cross	58.84	288	45.59	268	22.21	543
Mousehold	36.46	1,387	33.78	985	15.12	1,599
Nelson	10.44	6,210	13.52	4,977	7.72	4,547
St. Stephen	19.61	3,633	21.66	2,641	12.35	2,321
Thorpe Hamlet	35.11	1,484	31.13	1,243	14.46	1,757
Town Close	32.70	1,699	25.91	1,900	12.88	2,159
University	22.51	3,080	18.49	3,399	10.22	3,180

(Office of National Statistics, 2000)

Variable1	Indices of multiple Deprivation					
Period	2000					
Variable2	Health domain		Education domain		Housing domain	
Units	Score	Rank	Score	Rank	Score	Rank
Area						
Bowthorpe	0.74	1,801	1.68	230	0.73	1,737
Catton Grove	0.82	1,597	1.43	445	0.63	2,007
Coslany	0.42	2,689	0.80	1,564	-0.03	4,266
Crome	0.88	1,460	1.00	1,140	-0.13	4,661
Eaton	-0.40	5,527	-0.01	4,174	-1.02	7,330
Heigham	0.86	1,509	1.31	610	0.08	3,847
Henderson	0.41	2,715	1.05	1,034	0.72	1,757
Lakenham	0.73	1,840	1.43	441	0.43	2,635
Mancroft	1.61	367	0.54	2,278	-0.39	5,600
Mile Cross	1.20	844	2.16	59	0.99	1,151
Mousehold	0.78	1,696	1.25	693	-0.13	4,666
Nelson	-0.72	6,558	-0.24	5,029	-0.14	4,670
St. Stephen	0.36	2,861	-0.26	5,104	-0.74	6,678
Thorpe Hamlet	0.54	2,321	1.33	576	0.22	3,375
Town Close	0.60	2,157	1.73	211	-0.77	6,753
University	-0.29	5,146	1.20	775	0.12	3,725

(Office of National Statistics, 2000)

Variable1	Indices of multiple Deprivation	
Period	2000	
Variable2	Access domain	Child poverty index

Units	Score	Rank	Score	Rank
Area				
Bowthorpe	-0.31	5,113	50.17	981
Catton Grove	-0.20	4,637	45.52	1,344
Coslany	-0.92	7,324	33.76	2,522
Crome	-0.91	7,304	37.76	2,051
Eaton	0.12	3,398	15.69	5,678
Heigham	-0.42	5,611	38.85	1,943
Henderson	-0.63	6,451	54.78	677
Lakenham	-0.48	5,851	52.75	793
Mancroft	-1.09	7,646	57.90	530
Mile Cross	-0.60	6,341	62.81	321
Mousehold	-0.65	6,534	43.58	1,522
Nelson	-1.56	8,166	13.48	6,226
St. Stephen	-1.74	8,281	25.39	3,696
Thorpe Hamlet	-0.55	6,155	47.67	1,157
Town Close	-0.83	7,083	36.63	2,194
University	-0.63	6,452	46.85	1,225

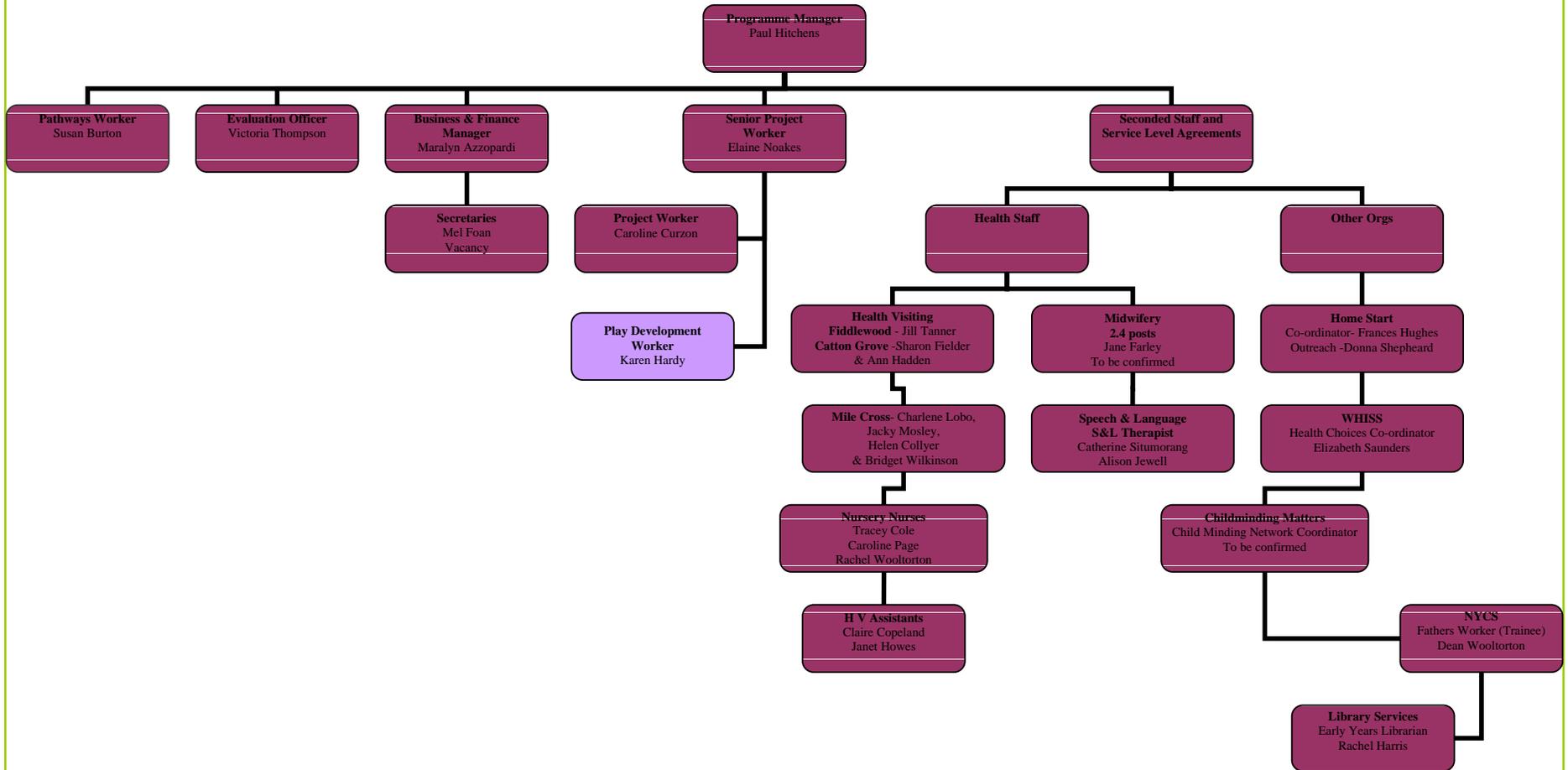
(Office of National Statistics, 2000)

Appendix II

Chronology of Sure Start Catton Grove, Fiddlewood and Mile Cross

July 2002	Paul Hitchens appointed as Programme Manager Linda Caine appointed as Primary Care Trust
September 2002	Sarah Lord seconded from Gorleston NSPCC as Business and Finance Manager
October 2002	Moved to Greenfields premises
November 2002	Elaine Noakes appointed as Senior Project Worker
January 2003	Business and Finance Manager post advertised – Sarah Lord appointed Secretary advertised – no appointment
April 2003	Helen Barnes appointed as secretary Caroline Curzon appointed as Project Worker
Spring 2003	Homestart becomes part of Sure Start. Fathers Worker post advertised three times, fail to recruit
July 2003	Heather Veasey appointed as Health Choices Co-Ordinator Susan Burton appointed as Pathways Worker Vicky Thompson appointed as Evaluation Officer
October 2003	Helen Barnsley leaves post, Melanie Foan appointed as Receptionist/Secretary
December 2003	Heather Veasey leaves post, Elizabeth Saunders appointed as Health Choices Co-Ordinator
January 2004	Jane Farley appointed as Midwife Catherine Situmorang appointed as part time Speech and Language Therapist. Alison Jewell appointed as part time Speech and Language Therapist Karen Hardy appointed as Play Development Worker After 3 unsuccessful rounds of advertising Dean Woltorton is appointed as a trainee Fathers Worker.

Sure Start (Catton Grove, Fiddlewood and Mile Cross) Staffing



**Appendix IV
Partner agencies**

Norwich City Council	Local nurseries
National Society for the Prevention of Cruelty to Children	Local playgroups
Speech and Language Service	The Health Shop
Primary Care Trust	Bookstart
Norfolk Social Services	Hamlet Toy Library
Early Years Development CP	Women's Health Information Support Service (WHISS)
Job Centre	

**Appendix VI
Initial Consultation Document**

The Planning Process

As part of the start-point data exercise information has been sought regarding existing spending on services for the under fours in the area. This information, partial at present is presented in section 10 (Form 11). Further work is required to ensure consistent capture of relevant information.

To advance the planning process in an open, inclusive and accountable manner, the partnership Board established a Planning Group, which further commissioned four sub-groups, each of which was tasked with considering one of the key Sure Start objectives and its related targets. A planning template was provided for each group to assist them in reporting in a consistent and structured manner and a risk assessment profile was also supplied to assist the groups. Each group consisted of, and recruited/co-opted, relevant professional staff from statutory and voluntary agencies, parents and potential service users. Additionally each sub-group had access to assistance from the Sure Start advisor, NSPCC and PCT lead officers.

Whilst parents were integrated into the planning group and sub-groups, it was recognised that a wider consultation process was required and a 'feed-back' loop was maintained throughout with the Involvement Group.

To establish a wider base of parents' views and aspirations all households with a child under 4 were sent a brief, attractive questionnaire with a stamped return envelope. This was designed and supplied to the health visiting service, which arranged for its distribution through their database. Health visitors (and other health and community workers) also brought the questionnaire to their client's attention and collected a number of returns. The questionnaire also sought to increase the involvement of other parents in Sure Start activities by inviting them to join in the involvement group.

In total 167 returns (approximately 25%) were processed at the time of writing this plan and others have since been received. The questionnaire (see final appendix) was designed to elicit parents' views about existing services and their aspirations for Sure Start services. Parents were firstly asked to tick (from a list) those services, which they believed required enhancement, and then secondly to indicate other activities that they believed would be of benefit to themselves and their children.

Parents Views

Parents identified the following services and activities, which they believed, would enhance the quality of their children's lives and assist them in their parenting.

Fun Activities For Parents And Young Children Together

Day trips, parents pay for themselves and children and then access to swimming pool and instructor.
Outings
Dancing or early exercise
Cookery
Notice board with local events – library, swimming etc

Play

Food that is fun for kids to make.
Contact with animals, stopping cruelty later on and people with friendly animals could bring to show, very therapeutic for children, especially hyperactive ones.
Visiting Farms/pond life, tadpoles etc
Bigger park and cleaned Up
Better play areas for all young children's e.g.: parks
Playgroups in PM within walking distance
More playgroups meeting 2 – 3 times a weeks and not just 1 hr per week
More places available where mothers can sit and talk
Try and identify parents that cannot read to their children
Nice clean big park so all children can be safe
Patrols to keep parks safe and clean

Services For Babies

Access to good quality antenatal advice perhaps with specialist books/videos to borrow
First aid for babies and young children
Somewhere where parents with children/babies of similar age can go
Drop in centre with tea and biscuits and clinic

Advice/Information

Advice for single mums about DSS free holidays and gardening by council
Post natal depression group
Counselling for couples/parents

Activities For Parents

Slimming clubs and daytrips
Yoga, Tai Chi classes, more suitable as some people cannot keep up with aerobics. Classes should be more affordable for people on benefits/low income.
Exercise classes within reach of parents

Childcare

Approved Nanny agency
Something to do every day if you wish

Development Of Local Services

Access to subsidised complementary therapies, aromatherapy, and homeopathy for those on low income. Perhaps a voucher scheme organised with registered practitioners.

Help and advice for couples/parents with newborn babies.

Buddy system, ensuring young/single mums can arrange to drop in on one another at times they expect to be alone.

Different timetables arranged and perhaps transport for mums who can't drive to get to sessions.

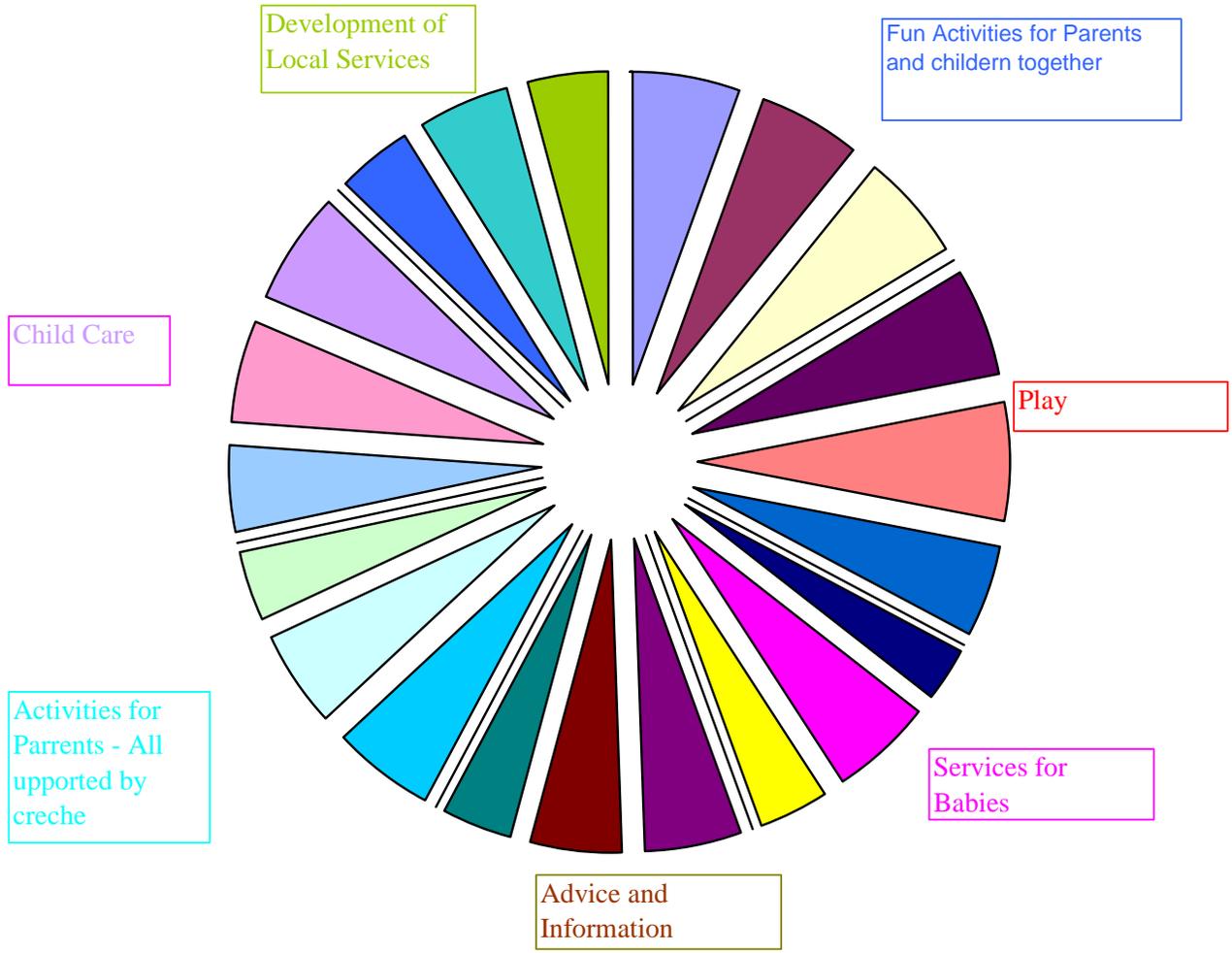
The responses to views about current services are contained in the table below and the following graph.

Within the table an indication has then been assigned as to which of the Sure Start key objectives such activities would be consistent with and supportive of, and then how they might be brought together under core activity headings. This process enables the planning to build congruence between parents' and professionals' views and assists in defining the structures through which such services may be delivered.

Activity	No.	%	Objective	Core Activity
Art and Craft Sessions	145	87	3 and 4	Play, learn and childcare
Music Sessions	144	86	3 and 4	Play, learn and childcare
Activity Sessions	152	91	2, 3 and 4	Play, learn and childcare
Drop in Places for kids/parents	146	87	1,2,3 and 4	Support for parents and families
Soft Play Areas	165	99	1,2 and 3	Play, learn and childcare
Books for reading with pre-school children	126	75	3	Play, learn and childcare
Breastfeeding Support	72	43	1 and 2	Primary and community health care
Baby Clubs	138	83	1, 2 and 4	Primary and community health care
Massage	102	61	1 and 2	Primary and community health care
Local health advice	129	77	1 and 2	Primary and community health care
Local parenting advice	130	78	1 and 2	Support for parents and families
Debt and Legal Advice	95	57	1, 2 and 4	Support for parents and families
Easy Access to Adult Education	141	84	4	Relevant improvements in parents employability
Parent Exercise Classes	136	81	2	Primary and community health care
Help With Parenting Sessions	91	54	1, 2 and 4	Support for parents and families
Out of Hours Child Care	123	74	1 and 4	Relevant improvements in parents employability
Crèche Support for Parents	138	83	1, 2 and 4	Relevant improvements in parents employability

Local Playgroups	159	95	1 and 3	Play, learn and childcare
More Health Visitor Time	102	61	1,2 and 3	Support for parents and families
Help for kids speech/language	124	74	1 and 3	Special needs support
Home Visiting for Families	114	68	1,2,3 and 4	Support for parents and families

Questionnaire returns - Catton, Mile Cross and Fiddlewood



- Art and Craft Sessions
- Music Sessions
- Activity Sessions
-
- Drop in Places for kids/parents
- Soft Play Areas
- Opts for reading with Pre School
-
- Breastfeeding Support
- Baby Clubs
- Massage
-
- Local health advice
- Local parenting advice
- Debt and Legal Advice
-
- Easy Access to Ad Ed
- Parent Exercise Classes
- Help With Parenting Sessions
-
- Out of Hours Child Care
- Creche Support for Parents
- Local Playgroups
-
- More Health Visitor Time
- Help for kids speech/lang.
- Home Visiting for Families

Objective One: Improving Social and Emotional Development

This group considered:

- How to offer all local families a range of fun, informal, creative play activities through to specialist therapeutic support.
- How to enhance the bonding process throughout the parenting experience with support from the antenatal period.
- How to help families function to their optimum through a non-stigmatising approach in both the home and community settings.
- How to enable the identification of appropriate support for children with emotional and behavioural difficulties. To ensure the quality and equality of care of families prior to accessing these services, training combined with protocols for referral, consultation/supervision, and sign-posting will be in place.
- How to support parents and children by offering specific counselling services.

The group noted the current recorded incidence of postnatal depression varied between 25-30% across the area, that the Edinburgh Postnatal Depression Scale is routinely used with all new mothers, and that higher levels were reported in those families already receiving support (Home Start clients 33%). There is no consistent testing for antenatal mood and anecdotal evidence suggest a high number of mothers are using anti-depressants (although this may be for other diagnosed conditions).

It was also noted that there were inconsistent (at times non-existent) links between adult and child mental health services with little 'joined up' early intervention. Current services (provided through the child and adolescent mental health service) were seen as operating at capacity with extensive waiting lists, which could not respond to a preventative agenda.

Local negative indices included the prevalence of drugs and alcohol use, family instability, previous incidents of organised abuse of children, domestic violence, juvenile crime, lack of employment opportunities and poor housing stock.

It was noted that the health visiting service currently visits all families with new children within six weeks of birth. However there is little support for parents aged between 3 months and three years of age.

The sub-group recommended the need to enhance midwifery services to better identify parents at risk of post natal depression and health visiting, drop-in and out-reach services to families with children above three months of age. This would include additional resources to 'signpost' services for vulnerable families and single parents, family support provision and access to integrated mental health services.

Objective Two: Improving Health

This group considered:

- What kind of service do we want to offer pregnant women around smoking?
- What kind of service do we want to offer pregnant women and mothers regarding breast-feeding?
- What kind of service do we want to offer families around safety, hygiene and reductions in hospital admissions?

It was noted that there is only sporadic provision for smoking cessation amongst pregnant women, primarily provided through General Practitioner involvement. Whilst there is a smoking cessation service for Norwich ("Cignificant") this has limited funding expectations, is radically under-resourced and has a countywide focus. National evidence (Health Development Agency 2001) indicates the great difficulties that are experienced in effectively reducing smoking amongst pregnant women. Local evidence (sample group of 100 women in the Sure Start area conducted by a health visitor in 2002) indicates a substantially higher than average incidence of smoking by pregnant women (32% as compared to 23% nationally).

The Primary Care Trust has enabled the continuation of a 'peer support for breastfeeding' project, including a part time breast-feeding consultant and trainer and commissioned research. However it is noted that whilst there is a reasonable take up of breastfeeding at birth (51% of mother in a 100 mother sample) the incidence of breastfeeding at three months is substantially lower (30%). There is only a limited service which links

breastfeeding choice (and support) to information, advice and education on nutritious diet for children and their parents. In turn there are no links with hygiene and safety awareness. Data on the incidence of hospital admissions for gastro-enteritis, respiratory infections and accidents in the home are awaited from the Sure Start Unit.

The incidence of drugs and alcohol misuse and sexually transmitted infections are anecdotally high and there is a general dearth of sexual health advice and support especially to younger families in the area.

The sub-group recommended that Sure Start should adopt a non-smoking policy for all of its services and encourage and support smoke-free environments for children and families with a specific focus on the needs of pregnant smokers and their partners through the availability of training, promotional materials and ensuring access to pharmacological support.

There is a clear need to enhance the role and availability of the community midwife and health visiting services to assist in:

- The promotion of informed choices with regard to approaches to healthy, hygienic and safe lifestyles,
- The identification of needs,
- Providing support and training and
- Signposting to other relevant services.

Advice and support to young mothers (and potential mothers) can best be provided by informal and peer orientated support accessed through generic services such as drop-ins, GP surgeries and other community facilities with inputs from Sure Start. Sure Start should have a role in ensuring the availability of good quality and relevant informative and advisory materials.

The needs of fathers and male carers appear to be under-resourced and neglected. Fathers' roles in child rearing and family support need recognition and promotion and Sure Start should have a role in championing approach.

Further work is required in conjunction with the Drug Action Team and the Primary Care Trust's Drug and Alcohol service to better define the needs and demands of local families affected by substance misuse.

Objective Three: Improving Children's Ability to Learn

This group considered:

- How to best develop children's pre-learning skills
- How best to identify and intervene when children are displaying early signs of speech and language difficulties
- How to develop services which improve child-parent relationships and which ultimately parents can organise and run for themselves

It was noted that the level of educational achievement, particularly in the Mile Cross area is amongst the lowest in the country (A recent OFSTED report on a local school stated "Standards in speaking are well below average on entry (to school) and remain below average at the end of Year 2 and at the beginning of year 3. In many lessons...pupils struggle to express themselves clearly"). There is a long waiting list for speech and language therapy and children from this area are under referred. There is also a low take up of appointments when eventually offered. The service is not necessarily provided in the right place and environments are poor and equipment is limited. There is no scope within existing resources for home visiting or enhancing preventative work and the work that can be undertaken by health visitors and nursery nurses is limited by their workloads.

Particular concerns were expressed about the quality of existing out-door and indoor play facilities as well as playgroups. The play areas were noted for their poor quality equipment, lack of variety, vandalism and un-

cleanliness and lack of maintenance and the latter, which are clearly under-resourced, inadequately staffed and trained. It was noted that a number of children in the area are unable to access early playgroup experiences for financial reasons and that there is poor access for hard to reach groups such as travellers and ethnic minority groups. The financial security of play provision has impeded their development and there is a dearth of soft play areas in parents groups to separate babies and toddlers. All groups suffer from lack of storage space and there are clear inequalities of provision across the area.

It was also noted that there is a low take up of library services.

Developing family learning, particularly literacy and numeracy and community based preventative services, which are provided in child-friendly, and family-welcoming environments (which also encourage the roles of men) are the aspirations of both the library service and the speech and language service. However these are severely limited by available resources. The City Council has plans to develop some of the play areas but little progress has been made to date.

The group recommended:

- The development of an early years librarian service that would provide a range of library based opportunities, outreach services (possibly linked to developments with the mobile library service) and links to further develop the work of Book Start in the area.
- The appointment of a play development worker to assist groups in accessing resources, providing training and developing their provision.
- To consider a scheme for financially supporting two playgroup sessions per week for all 2 ½ year olds wishing to attend
- To provide a fund to develop and improve out-door play facilities.
- To provide financial support to develop speech and language services, including training for all early years workers, improving response times, offering and out-reach and home visiting service and improving the environments in which services are provided.

Objective Four: Strengthening families and communities.

This group considered:

- The key elements which contribute to educational and employment under-attainment in the area
- The processes required to ensure a high level of community participation in the Sure Start endeavour
- The availability of educational, employment and welfare rights information for parents.

The sub-group noted the relatively low levels of achievement in literacy and numeracy in the area, combined with high unemployment and lack of access to employment training resources and welfare benefits advice. There are clear links between these factors and the availability of good quality, affordable, local childcare and public transport and the reluctance of local parents to travel out of the area (and thus away from their children) to access these services.

It was also noted that there were encouraging signs that SureStart has engendered enthusiasm amongst a significant number of parents who have contributed to both the awareness raising and consultation exercises undertaken to date. The cultural disparities between the areas within the catchment require that Sure Start ensures a locality focus in its provision (and how it influences the provision of other) whilst working to create a coherent sense of community aspirations across the areas.

The group recommended:

- Increased provision of locally-based childcare to enable access to locally based adult education and employment training
- The provision of training and employment advice, information and signposting
- Provision of classes and innovative workshops to raise self-esteem and self-confidence

- The creation of links to local businesses to provide employment ‘taster’ opportunities and mentoring schemes
- The provision of locality-based welfare rights and career advice services
- The recognition and accreditation of parents involvement in Sure Start leading to the acquisition of skills and qualifications which are transferable to the job market and assist in retaining involvement as their children grow up.
- That parents involvement in Sure Start should be encourage by the offering of incentives (such as training, leisure activities and child care) and ensuring that they do not face additional costs because of this.

The aspirations of parents and the deliberations of the planning sub-groups have then been brought together to define a set of planning precepts, which have informed the more detailed structure of the service delivery plan.

The Planning Precepts

- ❑ All services will be based on clear understandings of current provisions, their benefits and deficits and the key Sure Start objectives.
- ❑ A Core Staff Team will be established, providing an identifiable “Sure Start Unit” which will be multi-skilled and work flexibly in both an inter-disciplinary and multi-disciplinary fashion.
- ❑ The composition of the core team will reflect the key service objectives of the programme, providing ‘champions’ for the development of family support, health choices, the role of fathers, pathways to employment, the involvement of service users in service design and delivery, antenatal and postnatal support, access to good quality play and learn facilities and access to a range of good quality, affordable, flexible, local child care and facilities.
- ❑ To address the perceived inequalities of existing provision across the area, services will not be delivered from a central site. The capital development funds will be used to establish an administrative base for the Core Staff Team and a number of suitable service delivery points throughout the catchment area.
- ❑ All Sure Start services will demonstrate the principles of equality of opportunity and be structured and developed in such a way as to ensure their availability and acceptability to commonly excluded and hard to reach groups such as ethnic minorities and Travellers.
- ❑ Where Core Team staff require professional or clinical lines of accountability outside of the competence of the programme manager, such staff will be employed by a partnership agency and receive professional support from a named manager in that agency, whilst being managed on a day to day basis by the programme manager
- ❑ Where a required service cannot be provided by the Core Staff Team, for reasons of size, economy or required autonomy, this will be commissioned from providers either under a service level agreement or contract which ensures that Sure Start standards are maintained and that the Sure Start involvement or contribution is recognised.
- ❑ Whilst Sure Start services will be primarily additional resources for the area it is also the intention that they should both demonstrate alternative, more effective ways of delivering services and assist in the ‘re-shaping’ of existing services. This approach should underpin all service level agreements and contractual arrangements with other providers.
- ❑ The size of the core team will be constrained by the acceptable management span of the programme manager.
- ❑ Wherever possible administrative and support costs will be kept to a minimum by providing a central administrative function to services, which will also facilitate the exchange of information.

. The Plan: A Summary

The proposed service delivery plan comprises the following elements.

Service	Action	Purpose
Outreach and Home Visiting	To provide funding for the appointment of a part time co-ordinator, outreach staff and administrative support.	To recruit and train volunteers to provide home based family support services, out-reach to families awaiting volunteer support and family groups.
Support for families and parents	To appoint a senior project worker (Involvement and Family Support) as part of the Core Staff Team	To provide leadership on the development and provision of family support services, including individual, group and peer support.
	To appoint a senior project worker (fathers and male carers) as part of the Core Staff Team	To promote and value the role of fathers in parenting. To engage fathers and male carers in the Sure Start enterprise, support lone males as parents and carers. To assist in <u>sexual health and teenage pregnancy programmes</u> .
	To appoint a project worker (Family Support) as part of the Core Staff Team	To provide a focus on individual support to families, developing peer support and group work. To provide nursery nursing support to the role of Sure Start health visitors.
Play, learning and child care	Establish a drop in and play enhancement fund	To provide financial support to local playgroups, community groups and services to improve the quality and security of the environment, equipment (indoor and out door) and staffing, including the provision of training. To instigate drop-in and play facilities in areas where none currently exists. To financially support two playgroup sessions per week for children aged 2½ where required.
	To provide funding for a part time play development worker.	To assist local providers to expand and improve the quality of play and learning opportunities, provide and enable access to existing, training and advise on resources. To advise the partnership board on the best use of the drop-in and play enhancement fund and potential match funding.
	To provide funding for an early years librarian.	To develop child and family friendly services for early years, develop outreach and mobile services and links with the existing Bookstart scheme and other services.
	To provide funding to develop a child minding network.	To enhance the quantity and quality of child minding in the area. Possible joint project with Thorpe Hamlet Sure Start.
Primary and community healthcare	To provide funding for the appointment of a health choices co-ordinator as part of the Core Staff Team.	To provide a focus and direct services, which address diet, exercise, breastfeeding, smoking cessation and sexual health.
	To provide funding for the employment of two full time health visitors as part of the Core Staff Team.	To work in conjunction with GP practice based colleagues to ensure that all families are visited within six weeks of the birth of a new child. To provide a range of information and support services, via informal contacts and arranged appointments, to all parents, and providing additional focus on the needs of children aged 2 plus.
	To provide funding for the employment of a part-time community midwife to work as part of the Core Staff team.	To provide a comprehensive, pre-birth screening of expectant mother's mood and potential for PND. To provide high quality information, advice and access to resources on all aspects of childbirth and early parenthood.
Special needs support	To provide funding for the employment of a speech and language therapist and assistant to work as part of the Sure Start Core Team	To develop resource banks on language development, provide out-reach and home-visiting services and preventative services delivered through community based facilities.
	Provide funding to develop a co-ordinated family counselling services offering both informal and specialist therapeutic support.	To enhance and expand existing services, which, address the social and emotional development needs of children and their families. Specific counselling services may be offered for antenatal and post natal depression, mood

		disorders and relationships.
ction on teenage pregnancy		Work within the existing teenage pregnancy strategy using inputs from the Fathers worker.
relevant improvements to parents' employability	To provide funding for the employment of a Pathways worker as part of the Core Staff Team	To focusing on increasing the employability of parents through the provision of advice and guidance and enabling increased access to education, training, employment and benefits.
uilding community involvement in services	To appoint a senior project worker (involvement and family support) – as above	To encourage and facilitate the involvement of parents and service users in the development and management of Sure Start ensuring the transferability of skills and that these are accredited where possible
	To provide funding to enable the engagement of parents and service users in the development and management of Sure Start.	To provide child care, transport, hospitality, training and other forms of enablement to ensure opportunities for parents and service users to play a full role in the development and management of the programme.
rogramme management	To appoint a programme manager.	To provide the overall management and leadership of the programme.
	To appoint a business and finance manager, secretarial and reception staff as part of the Core Staff Team	To establish and maintain monitoring systems and provide administrative support to the programme
ther Activities	To establish an administrative base for the core staff team and to provide a number of service delivery points across the area	To ensure equity of access to Sure Start services, the capital plan will address the potential for developing additional capacity to existing community buildings from which Sure Start and other services can be delivered.
valuation of these activities	To commission an evaluation of the effectiveness of Sure Start services and their acceptability within the catchment area	To inform the programme of the success of its services, their level of acceptability, providing the opportunity to increase the programmes sensitivity to local needs and aspirations.

Child Care Provision

The Early Years Development and Childcare Partnership is due to undertake detailed research on child care needs and provision in the area during April and May 2002 and will be seeking to engage with the Sure Start Partnership Board and its members to pursue this. They will be using an existing research tools and also utilising information that has come from the Sure Start consultation processes.

The Sure Start area has also been identified as the site for the development of the Neighbourhood Nursery Initiative. To date one private provider (Treehouse Nursery) has expressed an interest in providing a 30-35 place nursery although no premises have yet been identified. To date there has been no direct contact between Treehouse and Sure Start. The Early Years Development and Childcare Partnership has indicated that they would wish for Sure Start to consider establishing satellite provision (preferably in partnership with Treehouse Nurseries) for the remaining 15-20 places. Whilst this will not directly affect the revenue budget for Sure Start (for the first three years) it will need to be taken into account in the development of the capital plan.

Appendix VII
Evaluation Strategy Matrix

Focus	Objective	Data Source(s)	Local target/national target	Timetable for data collection
<i>Children on child protection register</i>	Reduce the number of re-registered children aged 0-3	1.Norfolk Social Services 2.ACPC	20% reduction by 2004	Quarterly
<i>Breastfeeding</i>	Increase number of mothers breastfeeding at birth, 6 weeks and 4 months	1.PCT 2.midwifery 3.health visiting	At birth maintain current level At 6 weeks increase 5% by 2005 At 3 months increase 10% by 2005 Local target t.b.a.	1.monthly 2.monthly 3.monthly
<i>Post natal depression</i>	Identify and support mothers experiencing PND in the first year of their babies life	1.midwives/health visiting 2.PCT figures 3.elective questionnaire	Identify 100% by 2005 100% offered appropriate support by 2005 All new mothers receive health visitor visit within 6 weeks of birth and screened using Edinburgh PND scale	1.monthly/ quarterly 2.monthly 3.6 monthly
<i>Smoking cessation</i>	Reduction in how many mothers who give birth smoke and how many don't	midwives	6 point reduction by 2005	Monthly
<i>Accident reduction</i>	Reduction in number of children aged 0-3 admitted to hospital as an emergency with gastroenteritis, respiratory infection or severe injury	Sure Start Unit	National target = none Local target = tba	annually
<i>Home visiting</i>	Increase in number of new born babies visited in their first two months of life	1.HV reports 2.Elective questionnaires	National target = 100%	1.monthly 2.6 monthly
<i>Speech and language</i>	Reduction in number of children with speech and language development delay at age 4	1.SSLM delivery (S & L therapist)	National target = 5% reduction by 2005 Local target = tba	1.quarterly 2.annually
<i>Library usage</i>	Increase in number of children under 4 with active membership of a library	Norfolk Library Service	No national target Local target = tba	6 monthly
<i>Play and Learning</i>	Increase in access to good quality play and learning opportunities	Tba	National target = 50% increase by 2005 Local target = tba	Annually
<i>Workless households</i>	Reduction in number of children aged 0-3 living in workless households	Sure Start Unit	No national target Local target = tba	Annually
<i>Quality of services</i>	Number of parents of young children very satisfied, satisfied, dissatisfied or very dissatisfied with local services for young children	Elective questionnaire	National target = 75% of families satisfied or very satisfied with local services Local target = tba	6 monthly
<i>Parent representation</i>	Increase in number of parents on local programme boards	Partnership management board	50% parents by 2006	Annually
<i>Accessible childcare</i>	Increase availability of accessible childcare for 0-3 year olds	Sure Start Unit	No national target Local target = tba	quarterly

pendix VIII
Ethnicity Breakdown

Ethnic breakdown (of whole population)

White	Mixed 0.038%	Asian or Asian British	Black or Black British	Chinese or other ethnic group
British 98.376%	White and Black Caribbean No info	Indian 0.098%	Caribbean 0.044%	Chinese 0.208%
Irish 0.648%	White and Black African No info	Pakistani 0.006%	African 0.101%	Any other ethnic group 0.296%
Any other White background No info	White and Asian No info	Bangladeshi 0.038%	Any other black background 0.157%	
Source: Norwich City Council 2002 (Based on 1991 census data)				

Appendix IX User Satisfaction Questionnaire



Catton Grove, Fiddlewood and Mile Cross



User Satisfaction Survey

Hello my name is _____ and I am one of a group of Sure Start parents and staff who are trying to find out what other parents and carers think of locally available services for parents and their children.

We are trying to find out what people think of local services and how they could improve. By answering these questions we can see if anything needs to be done to make services better so your answers are greatly appreciated. It will only take twenty minutes to fill in and will be treated in confidence.

1. **First of all, are you a parent or full time carer of a child under 4 years old ?**
 Parent¹ Full time carer²

2. **How long have you lived in the area ?**

Less than 6 months¹ More than 6 months under 1 year²
 1 to 4 years³ More than 4 years⁴

3. **Which part of the area do you live in ?**

Catton Grove¹ Fiddlewood² Mile Cross³

4. **How many children do you have who are under 4 years old ?**

1¹ 2² 3³ 4⁴ 5⁵ 6⁶

Strengthening families and communities

5. **Have you heard of Sure Start Catton Grove, Fiddlewood and Mile Cross (CFM) ?**

Yes¹ No² Not sure³

(If No, proceed to question 8)

6. **Have you used any Sure Start services ?**

Yes¹ No² Not sure³

7. **If you have answered no, do you mind telling us why not ?**

	Strongly agree	agree	disagree	Strongly disagree
Don't want to get involved				
I don't need anything they offer				
Needed someone to encourage me				
It's just for women				
Don't know anyone else who goes				
Cultural reasons				

Too difficult to get there				
Negative impression/bad experience				
Don't really know much about it				
Didn't think I could afford it				
I work full time				
It doesn't offer what I want				
Too far from where I live				
Time of session				
Other:				

8. **Have you heard of or attended any of the following groups ?**

	Heard of	Attended
Art and craft sessions ¹
Toy library ²
Summer fun activities ³
Breastfeeding support ⁴
Baby clinics ⁵
Baby Massage ⁶
Health Visiting ⁷
Fun day ⁸
HomeStart ⁹
Family support/home visits ¹⁰
Summer day trips ¹¹
Multi cultural parents group ¹²
Local Crèche support ¹³
Play Enhancement Fund Local playgroups ¹⁴
Parents involvement group ¹⁵

9. **How did you hear of or come to know about Sure Start CFM ?**

Saw a poster/flyer ¹	Attended an activity ⁶
Saw a newsletter ²	From nursery ⁷
Friend told me ³	From school ⁸
GP told me ⁴	From church/mosque ⁹
Health visitor told me ⁵	Other:

10. **Do you have any suggestions as to how we might improve raising awareness of the Sure Start programme to other families ?**

Leaflet drop ¹	Cultural events ⁵
posters ²	Public meetings ⁶
Media ³	Anything else (please state):
Fun days ⁴	

11. **Below is a small selection of Sure Start CFM services. Which of these do you currently use or have you used in the past and how often?**

Service	Do you use this service now or Previously?		How often do/did you use this service?	Did the service meet your needs?
	Currently	previously		
Baby Massage			<input type="checkbox"/> once only <input type="checkbox"/> a few times <input type="checkbox"/> once a week	<input type="checkbox"/> very well <input type="checkbox"/> yes <input type="checkbox"/> reasonably <input type="checkbox"/> poorly
Hamlet Toy Library			<input type="checkbox"/> once only <input type="checkbox"/> a few times <input type="checkbox"/> once a week <input type="checkbox"/> more than once a week	<input type="checkbox"/> very well <input type="checkbox"/> yes <input type="checkbox"/> reasonably <input type="checkbox"/> poorly
Day Trips			<input type="checkbox"/> once only <input type="checkbox"/> a few times <input type="checkbox"/> once a week <input type="checkbox"/> more than once a week	<input type="checkbox"/> very well <input type="checkbox"/> yes <input type="checkbox"/> reasonably <input type="checkbox"/> poorly
Baby Clinic/Mother and Toddler			<input type="checkbox"/> once only <input type="checkbox"/> a few times <input type="checkbox"/> once a week <input type="checkbox"/> more than once a week	<input type="checkbox"/> very well <input type="checkbox"/> yes <input type="checkbox"/> reasonably <input type="checkbox"/> poorly
Jo Jingles			<input type="checkbox"/> once only <input type="checkbox"/> a few times <input type="checkbox"/> once a week <input type="checkbox"/> more than once a week	<input type="checkbox"/> very well <input type="checkbox"/> yes <input type="checkbox"/> reasonably <input type="checkbox"/> poorly

(adapted from Sure Start Abbey Bucknall User Satisfaction Survey 2003)

12. Do you know where Sure Start CFM is currently based ?

Yes¹ No² Not sure³

13. What would you like to see Sure Start CFM offer in order for you to use the services?

More training ¹	Yes	No	Not sure
More leisure and relaxation ²	Yes	No	Not sure
Having a service more locally to me ³	Yes	No	Not sure
More children's activities ⁴	Yes	No	Not sure
More arts/crafts ⁵	Yes	No	Not sure
Other (please state)			

14. Would you like to make more use of Sure Start CFM ?

Yes, I want to use it more¹ No, it's just right² Not at all³

If not at all, would you mind saying why not ?

	Strongly agree	agree	disagree	Strongly disagree
Doesn't offer anything I'd use				
Last experience was poor				

It didn't give me what I wanted				
Culturally inappropriate				
Quality is poor/didn't enjoy it				
Because it is for deprived people				
Because it is not really for me				
Because I did not feel supported				
Special needs not catered for				
Other:				

15. **What would enable you to use Sure Start facilities more?**

If it was open in the afternoon	Yes	No	Not sure
More variety of activities	Yes	No	Not sure
More activities for children	Yes	No	Not sure
Easier access	Yes	No	Not sure
If it was open in the evenings	Yes	No	Not sure
If it was open at weekends	Yes	No	Not sure
More joint activities for parents and children	Yes	No	Not sure
Other:			

16. **Do you feel you have enough information about services that are available?**

	Yes	No	Not sure
Too much			
not enough			
it's just right			

How could it be improved ?

Social and Emotional Development

17. **Do you think that Sure Start services have made a difference to your life ?**

	Strongly agree	agree	disagree	Strongly disagree
Made new friends				
Gained more confidence				
More time for me/breathing space				
I was OK before				
Does not meet my cultural needs				
Learned new skills				

Not a friendly place				
Done things wouldn't normally do				
Does not cater for special needs				
More involved in the community				
Helped me think about my future				
I've nothing in common with others				
Opportunities for training				
Discovered new interests				
Lack of professionalism				
Staff unfriendly				
Able to look after my child better				
Other:				

18. **Do you think that Sure Start services have made a difference to your child(ren)'s life ?**

	Strongly agree	agree	disagree	Strongly disagree
Made new friends				
Enjoys coming here				
Did not like it				
Extra confidence to relate to adults				
Improved behaviour				
More confident with other children				
Is more caring				
Was OK before				
Is more stimulated				
Received conflicting advice				
Made early start on learning				
Staff were unfriendly				
Still lacks confidence				
Made my child happier				
Cultural needs were not met				
Early identification of a problem				
Special needs were not catered for				
Better health				
Other:				

19. **Would you recommend Sure Start CFM to your friends with children under 4?**

Yes¹ Maybe² Probably not³ Definitely not⁴

If maybe, probably not or definitely not, would you mind telling us why ?

20. Which other services that are available to families with children under 4 in the area do you currently use or have you used or had contact with in the past ?

	Currently use	Used in the past	Never Used
Bookstart ¹
Social services ²
Playgroup ³
Local educational nursery ⁴
Childminder ⁵
Parent and toddler groups ⁶
Play areas ⁷
Library ⁸
Homestart ⁹
Breastfeeding support group ¹⁰
Other, please state:			

21. If you gave an overall star rating out of 5 to Sure Start CFM, what would it be ?

(1 is the lowest, 5 is the highest)

1 2 3 4 5

Why is that ?

How could it be improved ?

Improving Health

The following questions are of a personal nature. If you do not wish to answer any of them, please say so.

22. Do you or your partner smoke ?

Yes¹ No²

23. Did you smoke when you were pregnant with your baby ?

Not at all¹ Gave up when pregnant² Continued smoking³

24. **If you used to smoke, did you receive any advice about giving up ?**

Yes¹ No²

(If No, go to question 27)

25. **Where did you receive this advice ? (please state)**

26. **Do you feel satisfied with the advice you were given ?**

Yes¹ No²

Please explain:

27. **What support, if any, would you like to see Sure Start offer regarding smoking ?
(please explain)**

28. **Did you chose to breastfeed your baby ?**

Not at all¹ At birth² Continued for 6 weeks³ Continued for 3 months⁴

29. **Did you receive any support or advice about breastfeeding ?**

Yes¹ No²

If yes, where did you receive this advice ? (please state)

30. **If yes, were you satisfied with the advice you were given ?**

Yes¹ No²

Please explain:

31. **What support, if any, would you like to see Sure Start offer regarding
breastfeeding? (please explain)**

32. **A lot of mothers feel 'low' after they have had a baby. Did this happen to you (or your partner) ?**

Yes¹ No² Not sure³

33. **Did you receive any advice or support during this period ?**

Yes¹ No²

(if No, please proceed to question 36)

34. **Who gave you this advice or support ?
(please explain)**

35. **Were you satisfied with this advice or support ?**

Yes¹ No²

Please explain:

36. **Is there anything you would like to see Sure Start provide for mothers who feel 'low' after the birth of their baby ? (please explain)**

37. **Where do you go when you have a concern or worries for your child's general health ?**

GP ¹	Emergency doctor ⁶
Books ²	Television programmes ⁷
Accident and emergency ³	NHS Direct ⁸
Local clinic ⁴	Sure Start health visitor/project worker/nursery
Friends/family ⁵	Nurse ⁹
	Other: (please state)

Education, training and improving Children's ability to learn

38. **Are you or your partner currently attending any Sure Start courses, i.e. computers,**

languages, English, Maths ?

Yes¹ No²

39. **If yes, are you satisfied with the course ?
(please explain)**

Yes¹ No²

40. **Are there any courses or training you would like to take part in ?
(please explain)**

41. **Where do you go when you have worries or concerns for your child's learning and
development ?**

Sure Start health visitor/	Friends/family ⁵
Nursery nurse/project worker ¹	Television programme ⁶
School ²	Crèche/parent toddler group ⁷
Books ³	Local nursery/playgroup ⁸
GP ⁴	Other (please state):

42. **Do you or any of your children under 4 have any disabilities or special needs ?**

Yes¹ No²

If yes, would you mind explaining ?

**Are there appropriate services to meet your needs ?
(please explain)**

43. **Do you have close family living locally ?**

Yes¹ No²

44. **Do you feel that you have enough personal/social support ?**

Yes¹ No² Not sure³

If you answered no or not sure, why is that ?

What support would you like ?

45. As there is a high level of unemployment in this area, do you think there is anything we could do to help people back to work ? (please explain)

46. Are you

Married¹

Living with partner²

Lone parent³

47. a) Are you

A full time mother/father/carer¹
Other relative eg grandparent²

b) Do you

Work part time³
Work full time⁴
Don't work⁵

48. Are you

Under 20¹

20 -29²

30-39³

40-49⁴

50-59⁵

60-69⁶

70+⁷

49. What is the main language that you speak at home ?
(please state)

50. How would you describe your race and ethnicity ?

White

a. British¹

b. Irish²

c. Any other white background³

Mixed

d. White and black Caribbean⁴

e. White and black African⁵

f. White and asian⁶

g. Any other mixed background⁷

Asian or British Asian

h. Indian⁸

j. Pakistani⁹

k. Bangladeshi¹⁰

l. Any other Asian background¹¹

Black or British Asian

m. Caribbean¹²

n. African¹³

p. Any other Black background¹⁴

Other ethnic groups

- r. Chinese¹⁵
- s. Any other ethnic group¹⁶
- t. Gypsy Roman¹⁷
- v. Travellers of Irish Heritage¹⁸



51. **Would you like a copy of the latest Sure Start Catton Grove Fiddlewood and Mile Cross newsletter ?**

Yes¹ No²

52. **If you are not a registered member would you like to become one ?**

Yes¹ No²

<p>The details below are optional and will be held in the strictest of confidence:</p> <p>Your Name</p> <p>Address</p> <p>Tel No</p>

Thank you for your time in helping us with our survey. Your views will be used to improve local services.