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## Executive Summary

The Sure Start Maltby Partnership is a third wave Sure Start programme that aims to address family needs within Rotherham Metropolitan Borough Council. The Partnership effectively established itself and its services during 2001/02.

The following report examines the progress of the Sure Start Maltby Partnership in 2002/03 and explores some of the key reasons for the performance outcomes. In some cases, notably as it relates to:

- ❑ Promoting excellent joined up working processes between local providers, enabling *massive* reductions to waiting times for services such as speech and language therapy, physiotherapy and drug and alcohol services
- ❑ Beginning to make a positive impact on children's speech and language development, baby development, child development, parenting skills, parents' self confidence and parents' relationships with their children
- ❑ The degree of local parents' satisfaction with a range of Sure Start services, particularly health and family support services

the Maltby Partnership can feel most proud of its achievements.

In some areas, notably about improving the clarity of the Management Board structure and the roles and responsibilities of its members, addressing outdoor play opportunities for very young children, addressing the capital needs of the programme and ensuring a central role for parents in the design and delivery of the programme, there is more work to occur.

However, all efforts must also be understood within the context of a year that was largely without a programme manager, relying on the much respected and highly tenacious Sally Buck to act in the role, supported by a very enthusiastic and committed staff team, group of providers, and Management Board.

Maltby is an area where mainstream service provision has not capably met the needs of local families and options for community participation have been relatively limited. The extent to which the Sure Start Maltby programme is seen to offer a genuine lift in the aspirations of local families is a credit to all those involved. Moreover, this should place it in very good stead for meeting its programme objectives and making an improvement to the lives and opportunities of local children.

## Introduction

Sure Start offers a challenge to the traditional model of statutory health, local authority and independent sector providers working in focused and specialised ways, without being particularly joined-up or involving, to any great extent, clients in the service design and delivery. Sure Start recognises that these traditional ways of delivering services need to change to reconnect with local people and provide all children with equal opportunities for good health and success.

What Sure Start does is build itself around the needs of local communities, with local parents working together with local statutory and voluntary sector providers to design and deliver services for families. Not surprisingly, partners thinking and acting locally have developed innovative solutions to their own local circumstances.

Given this, the Government is also committed to ensuring that evidence is collected about what solutions work and what solutions don't work. This should mean, in time, that the lessons learned should influence even better outcomes and reshape how mainstream services meet needs so that all parents and children are capable of accessing quality services as they need them. The Sure Start Unit is working with researchers and programmes in a national evaluation and also mandates annual evaluations at the local programme level. At the local programme level, the Sure Start Unit encourages participative evaluation methodologies that suit the specific circumstances of the local programme.

The Sure Start Maltby Partnership has commissioned Cordis Bright to evaluate its progress in 2002/03. This evaluation assesses the way the Partnership is impacting on meeting the needs of local parents and their very young children. Cordis Bright have applied an evaluation methodology that is founded on the Theory of Change and the theory and practice of Collaborative Advantage primarily developed by Chris Huxham et al<sup>1</sup>. Collaborative Advantage is an approach that provides a strong and well tested basis for assessing and analysing the impact of collaborative partnerships on multiple causal problems in complex areas – why they work, how they work, how to improve them and why they may fail.

This emphasises the value of *empowerment* of the local community within the evaluation. Empowerment evaluation is about evaluating initiatives that focus on more than the delivery of services – initiatives that are also concerned with empowering individuals and transforming

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<sup>1</sup> Creating Collaborative Advantage; Huxham et al, Sage Publications, 1996

local communities. The common feature of these programmes is that they are medium to long term interventions and aim to encourage self-sustainment.

The conclusions of the approach are to identify the results of Maltby's programme, using the broad groupings of the client dimension, operational dimension and a strategic dimension.

#### *The Client Dimension*

The extent to which people in receipt of services or in other ways benefit from services believe that their circumstances/ choices have improved.

#### *The Operational Dimension*

The extent to which those that deliver services believe that this new way of working is giving them greater freedom and responsibility for meeting the full continuum of the needs of all families with under fours.

#### *The Strategic Dimension*

The extent to which the partnership-model enables the partners to most effectively apply resources to addressing the full continuum of the needs of a family. This might mean, for example, networking and reconfiguring resources across agencies to provide new joint-approaches to meeting local needs.

In the medium-longer term, ensuring success within this strategic dimension will prove necessary to capture the lessons learned from the Sure Start

## Methodology

The evaluation methodology comprised:

- A facilitated evaluation forum with the Management Board exploring areas of achievement and areas for improvement for the programme for 2002/03, together with questionnaire analysis involving eight members of the Management Board
- Two facilitated service provider forum events to explore:
  - the extent to which service providers objectives, especially for those externally commissioned organisations, shared similar objectives to Sure Start Maltby and the reasons for this
  - the areas of achievement and areas for improvement for the programme
  - the extent to which there is an effective 'operational partnership', for example looking at how referrals work and information is shared
- Questionnaire analysis involving sixteen service providers within Sure Start Maltby
- Interviews were conducted with the representative of the accountable body, Gill Black, and the programme manager, Erica Leach, and the programme co-ordinator, Sally Buck
- A questionnaire was designed, in partnership with 7 local parents and programme management, to assess the satisfaction with, and impact of key areas of programme activity. This enabled a parent – led interviewing process of local parents during the period December-February, with interviews conducted with 118 parents of young children living in the Sure Start catchment area, representing about 14% of families with young children that live in the area.

This compares favourably with the National Evaluation of Sure Start recommendation that such consultations involve at least 10% of relevant households.

- A consultation exercise was conducted with five children attending local nursery groups in the Sure Start catchment area.

Children were given disposable cameras and were asked to lead play workers on a tour of things that were important to them, both in their immediate environment (the nursery which they attend) and in the wider environment (out and about in Maltby) and also in their own homes. The images were used to build a picture of those factors that were most important in the lives of local children and also to see whether or not there were elements of their environment that they disliked.

- Interviews and/ or focus groups were conducted with those providers of services under spotlight ie. Speech and Language Therapist, Home-start co-ordinator, Health Visiting Team, Family Team
  
- Interviews were conducted with four Home-start volunteers that deliver services to Sure Start Maltby families



## A. Strategic Dimension –Partnership working

Sure Start Maltby seeks to understand the extent to which the partners working with each other enable Sure Start Maltby to achieve its objectives, as well as providing a process of working that enables mainstream organisations to reshape their practices as result of the lessons learned.

There are several key aspects to effective partnership working. These include ensuring that:

- Local parents are at the centre of programme design and delivery
- The Management Board is empowered to work strategically
- The Management Board comprises an appropriate membership to deliver on targets
- The lessons learned from Sure Start Maltby are reshaping other providers models of service delivery to the benefit of Maltby

### A. Parents at the centre of the design and delivery of the programme

There are some very positive elements as it relates to ensuring that parents are the centre of the design and delivery of the programme. The initial processes of agreeing the Sure Start Maltby Delivery Plan and the commissioning of services involved local parents. The Chair of the Management Board is a local parent and there are other local representatives on the Board, together with plans for several new parents to join the Board (including two fathers) in quarter four, 2002/03. Moreover, local parents have been involved in recruitment processes of key staff, such as the programme manager, and in the selection of consultants, such as for the evaluation process.

Within the design and delivery of services, service providers identify a number of ways in which local parents are actively involved. These include ensuring that family support in the home is designed around parents' needs, the provision of training such as first aid, cook and eat and IT sessions and aromatherapy massages have been provided as a result of parent requests.

The revised Plan (2001) also notes the establishment of a properly constituted Community Interest Group involving local parents and at least one grandparent. The Community Interest Group met up to September 2002, providing a forum for local parents to socialise, to identify information and service needs and to organise activities. These included:

- Organised events, such as a teddy bears' picnic on 18 August
- Identifying the importance of addressing the needs of families with multiple births, resulting in Sure Start Maltby providing a fortnightly drop in for parents with multiple births between October and December (which subsequently has been cancelled and replaced with a resource library).

It is recognised, however, by most members of the Management Board that more needs to be done in terms of ensuring that parents are the centre of programme design and delivery, and that this need is even more acute as it relates to involving fathers.

Five of eight members of the Management Board, including one parent and one local councillor, identified the need to make improvements in this respect, citing the specific difficulties of maintaining parental involvement in the Board. It was easier to maintain parental involvement in the initial design stage, one Board member notes, adding *'this then gets passed on to 'professionals' to implement delivery'*.

Also the plans set out by the Partnership in the revised Plan indicates that more would occur during 2002/03 in terms of ensuring a central role for parents in the design and delivery of the programme. For example, the revised Plan indicates that the Community Interest Group would be maintained and that the programme would make efforts to support parental involvement in this way. However, the Group stopped in September, as only two parents were active.

## Observations and opportunities

1. While there are some specific areas of strength for Sure Start Maltby as it relates to keeping parents central in the design and delivery of the programme, especially as it relates to having a parent chair, actively recruiting new parents for the Management Board and involving parents in staff and consultation recruitment processes, this is an area where improvement is possible.
2. In terms of increasing and maintaining parental involvement in the Board, potential strategies that the Board might consider include

undertaking capacity building training with the Board, and local parents particularly, having induction processes for new Board members and offering incentives for parental involvement, such as a gym membership or some other reward for those that attend 75% or more meetings in a given period.

3. The Community Interest Group faltered for lack of clear purpose, in the period after the Teddy Bear's Picnic organised by local parents. Possible strategies the Management Board could consider for the engagement of parents in the Community Interest Group include:
  - ❑ Providing the Community Interest Group with specific responsibilities, such as, editing the Sure Start Maltby newsletter (as occurs, for examples, at Sure Start Holloway and Sure Start Highview) and following training, managing a small grants programme/ community chest that provides grants to local groups to undertake activities that benefit local parents and very young children (this occurs with parents' forums, for example, at Sure Start Aylesbury Plus and Sure Start Euston)
  - ❑ Establishing a clear relationship between the Community Interest Group and the Board, so that the Community Interest Group could, for example, elect parent representatives to the Management Board
  - ❑ Having a Sure Start worker support the development of the Community Interest Group, in partnership with local parents, which might include ensuring that the Group provides different guest speakers, as requested by parents, updates on what is happening in the programme by Sure Start staff and also offers an opportunity for parents to offer advice about areas for improvement with the programme to Sure Start staff. We are pleased to note that work is currently underway to address this.
4. Involving fathers to a greater extent is a challenge for many Sure Start programmes. That Sure Start Maltby supports the Dearne Valley Dads (DVD). The DVD project provides a conduit for father involvement in the programme, and indeed represents a specific activity for fathers that many programmes do not have. Possibly, Sure Start Maltby could explore having DVD consult fathers about what the barriers are to, and what the likely reasons are for their wider involvement in programme design and development.

## B. Management Board working model promotes a strategic role

Key elements of having a strategic role include ensuring that:

- ❑ The Board is set up in a manner to provide clarity about a strategic role
- ❑ Board members understand their roles and responsibilities

Board members identify as key strengths '*the strong commitment from people to making it work, at Board level*' and the way the '*Board pulls together and negotiates regarding difficult issues*'. Some Board members also note that there have been improvements in the decision making function of the Board over the last year, having felt that previously Board meetings felt largely like an opportunity for the programme manager to report back to the Board- this was related to personality.

These strengths and the perceptions of improvements in decision making reflect a person-centred rather than a structure-centred approach to identifying the characteristics of what makes for an effective Board.

Given that, amongst other things, over time, as has already occurred, members of the Board will come and go, aiming to ensure that the structure provides consistency is most important.

In the evaluation forum with members of the Management Board and in interviews with the representative of the accountable body and programme management, the predominant view was that people felt that the Board needs structural improvement and that Board members needs to better understand their roles and responsibilities. Reasons cited include:

- ❑ The lack of agreed terms of reference for the Board
- ❑ A sense that the Board is very involved in operational decision making, such as providing approval to virtually all decisions involving expenditure. A number of service providers expressed frustrations about the delays arising from the need to seek Board approval for expenditure decisions.

One Board member, however, also expressed a concern that decisions might sometimes be made outside of the formal structure of the Board.

- ❑ Insufficient training for Board members so that there is some lack of clarity about roles and responsibilities. People expressed concerns, moreover, that as new representatives join the Board they are not inducted into the Board.
- ❑ Limited opportunities for team building
- ❑ Changes in personnel in the accountable body lead, albeit that Gill Black who was the accountable body lead through most of 2002/03 is very well regarded
- ❑ Given that developments can occur reasonably quickly, keeping up to date.

A couple of Board members also identified value in increasing the amount of time the Board meets. Some Board members also identified value in creating an independent not-for-profit trust or similar agency, which had been planned in the development of the revised Delivery Plan 2001.

### Observations and opportunities

1. It is very encouraging that Board members get on well with each other and that they are all committed. This strong relationship based partnership model, which is not atypical within Sure Start and other area based initiative partnership models, provides a good base for undertaking some work to strengthen the strategic role of the Board and to ensure that the Board remains strong, irrespective of the people involved.
2. The Board should agree terms of reference for its operations as a matter of priority to provide clarity to all Board members and could consider strengthening references in the draft terms of reference to the strategic function of the Board. *We are pleased to note that the Board has undertaken such an activity and will begin 2003/04 with an agreed terms of reference.*
3. In agreeing terms of reference and emphasising their strategic function, the Board should consider delegating authorities to the programme manager to make expenditure decisions without needing Board ratification. (see draft delegations policy and procedure at Appendix Two). This should expedite decision-making and provide some clarity to the Board in adopting a more strategic role.

4. Further to 3, this is also likely to empower the programme manager particularly, while setting clear limits on the exercise of that power. One Board member noted that particular difficulties that arose with possible capital expenditure with a local nursery was, in part, a result of this lack of clarity.
5. The way in which some Board members have identified value in establishing their own independent Sure Start agency certainly would represent a very clear statement of strategic intent. The Sure Start Unit has previously been reasonably reluctant to endorse such a strategy as the purpose of the Sure Start programme has been in many respects about trialing new and innovative approaches with the aim of mainstreaming into mainstream agencies those successful approaches. Thus, the establishment of localised independent Sure Start programmes may well keep the innovation at the margins and not help with a mainstreaming agenda.

However, recent guidance about children's trusts pilots as a vehicle for delivering Local Preventative Plans (for which guidance was issued in December 2002) indicates that a children's trust model could be about developing a Sure Start local programme/s across a whole local authority area. This suggests a possible shift in position about supporting independent Sure Start organisations.

To take forward this debate, the Board might consider exploring specifically the costs and benefits of establishing an independent Sure Start agency in Maltby, in-conjunction with the Sure Start Unit, Rotherham MBC, Maltby Town Council and the Rotherham PCT. This is likely to occur, more particularly, within the context of children's centre development.

6. The Board might also consider undertaking some capacity strengthening and team building work as a team. In undertaking some team building work, the Board could determine when and how often they should meet. This might include specific support in understanding:
  - Strategic overview of the roles and responsibilities of a Sure Start Management Board vis-à-vis the programme management and other stakeholder groups
  - Corporate governance within a Sure Start context
  - Managing conflicts of interest
  - Confidentiality
  - Decision making

- Partnership Working
- Involving the local community
- Sure Start finances

Some aspects of this training could also be extended to incorporate the wider partnership members, especially related to the Strategic overview of the roles and responsibilities of a Sure Start Management Board vis-à-vis the programme management and other stakeholder groups and what corporate governance means in a Sure Start context.

7. Further to 4, the Board could consider developing an induction process for new Board members that incorporates an induction manual (covering the types of issues identified at 4) and opportunities to get to know other Board members.
8. It is excellent that Sure Start Maltby has benefited from a good accountable body representative in Gill Black for 2002/03. The Board is understandably concerned that plans for a new accountable body representative (the third during the life of the partnership) may affect the successes of the Management Board. This emphasises the dual importance of retaining Board members and also mainstream agencies supporting the success of the Sure Start Maltby Partnership through providing the Board with representatives that have decision making authorities and that are likely to continue to serve on the Board for extended periods of time.

### C. The Management Board comprises an appropriate membership to deliver on targets

Partners consider that the Management Board has a membership that comprises a broad mix of statutory services, voluntary sector services and parents, albeit that most Board members felt that involving more parents on the Management Board should be encouraged. At present, as one partner said, *'no partner has been able to take over'*.

It was observed, however, that, negotiations about capital developments have been fraught and protracted. Addressing the capital needs of the programme, particularly given the need to provide greater suitable quality premises locally and to help promote programme visibility, is a matter of urgency. Given that such capital developments almost certainly will involve the local council, the Board might benefit from a representative of the local council who can help explain planning and development requirements and hopefully can help with any bottlenecks

that arise in planning and development processes. While a local councillor is a member of the Board, he is not representing the Council in this capacity.

Moreover, given targets relating to employment, speech and language therapy and childcare particularly, involving representatives from the Employment Service, the speech and language therapy section of the Primary Care Trust and the Early Years Development and Childcare Partnership (EYDCP) might help the Board in addressing these target areas. Given planned developments for a 90-place neighbourhood nursery within Maltby, working closely with EYDCP would be particularly useful at the present time. At the end of 2002/03, an EYDCP representative did join the Board.

### Observations and opportunities

1. All efforts to increase parental involvement on the Board are welcome. As noted at AA2, the Board could consider specific incentives to reward parental involvement in the Management Board.
2. The Board should consider incorporating additional Board members representing key areas of interest to the programme success. These might include representatives of local council, the EYDCP, speech and language therapy services and the Employment Service.

### D. New models of working exist that improve service delivery to local parents and young children in Maltby and beyond...

The issue of *mainstreaming* good practices piloted by the Sure Start Maltby is critical to the long-term goal of breaking the cycle of social exclusion that underpins the objectives of the Sure Start programme. A key caveat, however, to the issue of promoting the mainstreaming of good practices is that the nature of the interventions of a Sure Start programme are likely medium to longer term in their benefit, with the programme essentially in its second year of service delivery.

At the present time, consideration of mainstreaming of good practices has a relatively low focus for the Management Board and the programme management. As noted in the programme's risk assessment, developing a mainstreaming action plan with identified lead roles may benefit the programme.

However, the Sure Start Maltby has sought to work in partnership with other agencies in ways that benefit local parents and young children. Of particular note is the work undertaken collaboratively between the Family Support Team, Stonham Housing Association, Sure Start Plus and Dearne Valley Dads to address teenage pregnancy and associated issues within the local secondary school.

Special mention must also be noted of the efforts of the Sure Start Maltby programme team, and Sally Buck in particular, to seek supplementary funding for services, such as through the Basic Skills Agency and from private sector donors as a mechanism for promoting increased sustainable service delivery.

However, there are also areas where additional work may be necessary. There has been an increase in the level of registrations and re-registrations of children on the child protection register within the Maltby catchment area. Sure Start Maltby providers, particularly within the family support team and health visiting, have been concerned about inappropriate referrals of child protection cases to their teams. The Sure Start Maltby programme co-ordinator has sought to improve understanding between Social Services and the preventative work agenda of Sure Start Maltby. Ensuring that there are mechanisms to enable such issues to be addressed is critical given the wider agenda of children's trusts, children's centres and borough wide family support strategies (of which Sure Start programmes are included within Rotherham).

It will also be important to ensure that all monitoring and evaluation systems operate effectively within such a context. Aggregating the results from April- November 2002 as it relates to the numbers of families assisted by the Sure Start Maltby programme, which suggests 932 different families were helped. This seems unlikely, given that this is likely to be all or very close to all families with children under the age of four.

## Observations and opportunities

1. Plans for Sure Start Maltby to implement the risk assessment recommendation about promoting mainstreaming are most welcome. An initial area that may be worth exploring in terms of mainstreaming potential might include speech and language therapy services.
2. There are some excellent examples of securing supplementary monies from staff of the Sure Start Maltby programme. This is reasonably unusual for Sure Start programmes and while enabling a

higher level of service development, also suggests a particularly proactive approach to considering issues of sustainability.

3. Ensuring that Sure Start Maltby is well positioned to influence universal provision and mainstreaming of innovative practices will be an intensive process, as it is for most Sure Start programmes. To this end, Sure Start Maltby should consider seeking representation within the key joint planning and specialist planning mechanisms across Rotherham, as it relates to issues that affect babies, children and families. Hopefully, involvement in such planning mechanisms may provide relief to all stakeholders in terms of addressing the intersections between Social Services statutory roles and responsibilities for children at risk, children on the child protection register and in care, for examples, and the work undertaken by Sure Start Maltby, health visitors and other agencies.
4. The programme management might consider auditing their systems of client registration to enable checks for accuracy and completeness. Providing guidance and/or other training to providers about data collection, especially as it relates to 'new' families may prove important to ensure the robustness of data.

## B. Operational Dimension

At the heart of the Sure Start programme is the aim of reconfiguring how organisations work with each other and how these organisations deliver services to clients, so that all parents and their very young children are capable of accessing the services that they need in ways that meet their needs. This reconfiguration is built around:

- ❑ The Sure Start Maltby Partnership and service providers working together to ensure a seamless service for families
- ❑ That Sure Start Maltby providers are working to Sure Start objectives
- ❑ The Sure Start Maltby Partnership works in such a way as to have positive outcomes on the health, well being and other indicators for babies, children and their parents.

## A. The provision of a seamless service

The idea of a ‘one stop’ shop where the full continuum of needs of families are met efficiently and effectively represents an aspiration of all families and indeed, having met with Sure Start Maltby service providers on several occasions, the aspirations of most service providers as well. Service providers identified the fundamental importance of addressing the capital needs of the programme to improve the acceptability and uptake of their services. The Blyth Road premises, which house most of Sure Start Maltby’s services, are very restrictive and have limited the take-up of services.

Moreover, service providers collectively identified as key programme strengths, *a more co-ordinated approach that avoids duplication, the wealth of expertise that enables us to help deal with ‘new’ problems of clients and the speed of referral processes, especially for drug and alcohol, midwifery and speech and language therapy services.*

In terms of understanding whether a ‘seamless service’ exists for local families, service providers were asked to identify:

- ❑ How effective referral works *overall*
- ❑ How effective information sharing arrangements are between providers
- ❑ The overall quality of service for *individual* providers

## Waiting times

As noted, service providers identify as a key programme strength the speed of referral processes. Examples include:

- ❑ With physiotherapy, service providers gave examples of making referrals for families and then one week later the family getting an appointment
- ❑ With speech and language therapy, previous waits for an assessment were about 8-12 weeks and then a further 8-12 weeks before treatment would commence, so about 16- 24 weeks in total before treatment would commence. Now treatment and assessment begins within 4 weeks.

This has also incorporated joint visits, such as the speech and language therapist undertaking visits with the health visitors and the opening up of previously inaccessible self referral routes for families, such as it relates to physiotherapy, speech and language therapy and assistance with drug and alcohol difficulties.

## Information sharing and appropriateness of referrals

Overall, thirteen service providers identified that referrals are generally almost always appropriate, with five stating that referrals were *always* appropriate. Moreover, about half of all providers felt that there were more referrals as a result of Sure Start Maltby, while two of eleven service providers felt that there were less. The remaining providers felt that there was about the same level of referrals as previously.

In terms of making referrals, having good quality information sharing is fundamental. Sure Start Maltby has a monthly providers' forum that brings together providers and is very well regarded by providers. Those other aspects of information sharing that providers identified as being particularly successful include:

- ❑ Noticeboards
- ❑ Training booklet
- ❑ New referral forms (which ensure that health visitors are updated on all families receiving services)
- ❑ Health visitor workshops
- ❑ Regular meetings
- ❑ Information sharing drop-in involving the health visitors

In terms of improving the quality of information sharing, some providers believed that generally time is the greatest barrier. Practical

aspects such as memos in in-trays are therefore pretty limited in their utility. There is also some level of not wanting to be too open about families for reasons of protecting confidentiality and possibly, to an extent, a concern about '*losing clients to other services.*'

Providers also identified the importance of improving awareness, however, into understanding individual workers' roles and thus as well, the boundaries of their roles and expertise. This would, for example, provide greater clarity about the level of support individual families would receive. Providers considered that the following actions might assist in this respect:

- Team building amongst service providers
- Undertaking induction processes for new service providers, as they join, especially for those that work part time or are not based at Blyth Road premises
- All providers having pigeon holes
- Greater use of noticeboards and email updates

### Quality of service- a service provider perspective

Providers were also asked to identify in their professional experience, their view of the overall quality levels of service that Sure Start families are likely to receive from individual providers. The results are grouped into very good, good and services that might require improvement.

### Quality of service overall- a service provider perspective

Quality of service	Providers
Very good	Community midwife, health visiting, physiotherapist, STEPS, speech and language therapist, libraries,
Good	Toddler groups, play groups, family support workers, Home-start, drug and alcohol worker
Might require improvement	GP, dietician, Rother Valley College, Dearne Valley Dads, outdoor play

## Observations and opportunities

1. Sure Start Maltby should feel very proud of the extent to which it has reduced waiting times for services, particularly as it relates to physiotherapy, speech and language therapy and drug and alcohol services.
2. Sure Start Maltby's providers' forum and single referral form are to be commended as very good examples of effective operational partnerships and specifically about the difference these will make in terms of information sharing. These also compare very favourably to practice in other Sure Start areas.
3. To make improvements to information sharing, developing a Sure Start Maltby confidentiality and information sharing protocol and training all staff in its application, as it relates to families may have some benefit in reducing any risks of confidentiality breaches and not referring clients onto other services.

An aspect of this could include for those families that receive services from multiple agencies, case conferences (as occurs at Sure Start Ore Valley) involving all relevant agencies and, if appropriate, the parent/s themselves, to ensure that the package of services provided are most appropriate in the circumstances.

4. Exploring and piloting mechanisms to improve communication between providers is likely to bring benefit. This could include ensuring that all staff, whether or not part time or based at Blyth Road, have pigeon-holes and ensuring that all new service providers receive an induction into the Sure Start Maltby programme.
5. It is most encouraging that when service providers were asked about areas for programme improvement, the focus was on ways to increase the take-up of existing services and to enhance the quality of existing services. This suggests that the current range of services offered by Sure Start Maltby is sufficient to addressing the continuum of needs of local families.
6. The most critical factor identified by most service providers in terms of improving the take-up and quality of services is addressing the capital needs of the programme.
7. Crucially, *most* providers also undertake evaluations as part of their service delivery to ensure it is meeting the needs of local families. Through the upcoming round of commissioning, Sure Start Maltby could consider incorporating clauses within service level agreements

that make it a requirement of *all* projects to undertake at a minimum annual evaluations of service, in a manner agreed with the Sure Start Maltby programme, as occurs with providers contracted by Sure Start programmes in the London Borough of Islington.

8. Building on 7, Sure Start Maltby could use the providers' forum to provide training to local service providers about appropriate evaluation methodologies and to develop evaluation action plans.



## C. Making an impact

Partners and providers were asked to identify the extent to which they, in their professional judgement and experience, believe that Sure Start Maltby is making a positive impact on the development, health and well being of local babies, children and parents. They were also asked about how, in their professional judgement and experience, they believe that this compares to non-Sure Start ways of service delivery.

Please note that there are some difficulties as it relates to a number of the suggested measures.

- Sure Start Maltby has not operated for long enough to deliver many measurable medium-long term health and well being outcomes for children, such as those relating to baseline educational attainment at five years of age showing an increase over time and a reduction in the number of children needing specialist speech and language therapy services at four years of age and children attending accident and emergency departments of hospitals as a result of accidents and preventable illnesses
- There is a requirement to commence capturing data to enable impact assessments, such as relating to reducing the number of accident and emergency incidents for very young children and for 'case' and 'control' groups pertaining to improving birth weights and better transitions of Sure Start Maltby children to schools and nurseries.

As it relates to the impact of Sure Start Maltby on the development of babies and very young children, some of the results are outstanding, particularly as it relates to speech and language therapy, baby development, child development, child accident prevention and improving child socialisation skills and behaviour. Results are only ambiguous as it relates to children's teeth.

### Impact on baby and child development

Outcome	Much better (>5%)	Little better (<5%)	About same	Lower	Don't have a view
Baby development	15	2	0	0	1
Child development	14	3	0	0	1
Child accident prevention	5	8	3	0	1
Child speech and language	17	0	0	0	1
Meeting needs of children with special needs	6	4	8	0	0
Children's teeth	2	3	4	0	9
Child socialisation skills/behaviour	12	2	0	0	4

As it relates to the impact of Sure Start Maltby on parents' health and well being, there are also some outstanding results, particularly as it relates to parents having better relationships with their children, having more self confidence, having better parenting skills, taking up benefits income and smoking less.

#### Impact on parent health and well being

Outcome/ opportunity	Much better (>5%)	Little better (<5%)	About same	Lower	Don't have a view
Parents having a better relationship with their child	14	3	0	0	1
Parents have more self-confidence	14	3	0	0	1
Increased breastfeeding	7	4	3	0	4
Reduced post natal depression	6	4	3	0	5
Parenting skills	13	3	0	0	2
Parents smoke less	8	4	3	0	3
Mothers smoking less during pregnancy	6	7	1	0	4
Parents attending appointments	5	5	5	0	3
Lower drug/ alcohol misuse	7	1	3	0	7
Parents accessing more services	12	5	0	0	1
Parents taking up training	9	1	3	0	5
Parents taking up benefits	5	8	2	0	3

In terms of the primary reasons for making these very positive impacts for babies, children and parents, the key reasons identified are:

- Having greater skill mix within the team to meet the range of needs of a family*
- Greater focus on improving health and well being*
- Sure Start enables more one-on-one time with a family and that it begins ante-natally*
- Sure Start enables more group work with families*

While operating in a small geographical area, improved partnership working between statutory and independent sector organisations and making more appropriate referrals were also all seen as important, these were not regarded as highly overall by service providers and partners.

With service providers, these issues were explored in more depth and details provided about some of the specific actions taken through 2002/03.

## Improving family life

An extraordinarily big list of achievements! Service providers identified the following as the best things done by Sure Start Maltby in 2002/03:

- Speech therapy*
- Additional support for women, including breast feeding support, smoking cessation support, 1:1 ante-natal/ extra support in A.N.C. and listening visits for women with post natal depression*
- Pick 'n' mix and men (extra to what was already offered)*
- Aromatherapy*
- Food worker/ weaning parties*
- Family support – STEPS*
- Drugs and alcohol*
- Baby massage/ DVD*
- Family learning programmes*
- Play and behaviour management programmes*
- Relationship play/ play & praise*
- Parents & toddler/ support for families with children with S.E.N.*
- Toy library*
- Improved pre-schools/ advocacy*
- Parenting programme*
- Easier access to services and referral*
- Additional health visitor support*
- Think it over baby doll project for potential young parents*

Service providers also identified that there were areas requiring improvement. These include:

- A need for premises*
- Work with teenage parents and other harder to reach families*
- Second-hand shop – toys, equipment, clothes ie. very practical assistance to parents that have financial stresses*
- Still room for improvement with communication*
- Securing additional funding*
- Mental health*

Following on from this, service providers needed to identify what the key outcomes of their work to improve family life are ie. what would be the local impact if Sure Start Maltby ceased operations.

- Support would disappear and extra groups would not exist*
- Child protection cases would rise*
- Health visitor and midwife time would decrease*

## Play, learning and childcare

As it relates to the best things that Sure Start Maltby has achieved within this theme, service providers identified the following:

- Established several groups eg. playgroups*
- Family trips (some families don't get)*
- Higher community spirit/ morale*
- Family values re-established*
- Confidence in a pit villages' future*
- Got families interacting more with children*

As it relates to areas requiring improvement, these related to promotion of activities and improving the knowledge of Sure Start amongst local parents. Following on from this, service providers identified what the impact would be if Sure Start Maltby ceased operations. In contrast to those aspects connected to improving family life, the focus here is very much on the broader community impact:

- Downward social spiral and that a sense of apathy would reappear*
- Diminishing resources and £££*
- Multi-agency working would carry on as we feel this has now been established*

## Empowerment of parents

As it relates to the best things that Sure Start Maltby has achieved within this theme, service providers identified the following:

- Encouragement of involvement in Sure Start and community*
- Coming to groups where they would not have come*
- Improved job prospects and skills through training*
- Improved self-esteem/ confidence*
- Improved parenting skills*

These correspond closely with the outcomes identified as it relates to impacts on parents' health and broader well being. However, as it relates to areas where greater improvements are necessary, these are:

- Support groups*
- Training courses*
- Parenting skills*
- Family relationships*
- Better awareness of services available*
- Capacity building*
- Lessen fear of 'social services'*

Again, like play, learning and childcare, service providers noted that if Sure Start Maltby ceased operations, there would likely be a considerable downward spiral in the community.

- What about parents who have not yet been reached?*
- Sustainability of the parents who have been reached*
- Apathy (broken promises again)*
- Downward spiral*

## Health

Another big list of achievements, with service providers identifying a number of 'best things' done by Sure Start Maltby in 2002/03, within this theme:

- Preventative strategies*
- Improvement in mental health i.e. additional support*
- Improved relationship parent/child i.e. baby massage*
- Early intervention i.e. speech therapy*
- Breast feeding support*
- Smoking cessation*
- Instant expertise*
- One-to-one support*
- Link to other workers*
- Drug and alcohol worker*
- Workers' own skills have developed and therefore this has increased knowledge to parents*
- E.P.D.S. – post-natal depression*

The areas identified as requiring most improvement within this theme are:

- Limitations in statutory services*
- Support for fathers*
- More time*
- Age cut-off of four years*

Many negative outcomes were identified in the event that health services were reduced within Sure Start Maltby. Specifically, service providers identified:

- No skilled support for families with drug or alcohol misuse*
- Less holistic working*
- Waiting times would increase and slower routes to advice*
- Early assessments would disappear i.e. speech therapy*
- Less services/support groups, which would increase family isolation*
- Lack of skill development for statutory staff*

- ❑ *There would be very limited services for those with learning difficulties*
- ❑ *The need for voluntary services would increase*
- ❑ *No training provision (e.g. speech therapy to nurseries)*
- ❑ *The need for family workers (e.g. parenting) would increase.*

## Observations and opportunities

1. Sure Start Maltby is having a positive impact on the development of babies, children and parents locally. Sure Start Maltby should feel very proud of these achievements and seek in the coming period to identify ways of capturing *impact*. This could include tracking ‘case’ and ‘control’ groups and ensuring new systems of data collection amongst providers, particularly within the public health department and accident and emergency sections of the Rotherham Primary Care Trust.
2. It is evident that the programme is making a substantial impact in improving children’s speech and language development, baby development, child development, child socialisation, in parenting skills and the relationship between parent and child. The effect of such impacts will have substantial benefits in realising Sure Start targets, as well as, amongst other things, generating savings to the wider health economy.

For example, given that *every* provider and partner recognise, on the basis of their professional judgement and experience, that the speech and language therapist is making a difference of *at least 5%* in improving children’s speech and language development, using *Unit Costs of Health and Social Care 2001*<sup>2</sup>, with an inflation uplift of 4% year on year from 2000/01, a minimum of about four clinic visits for a client and using the cheapest possible intervention ie. a clinic visit with a community speech and language therapist, this represents a minimum saving of £60.57 per ‘prevented’ child. On the basis of a caseload of 65, and with about 30 new cases each month, at least 20 children are not likely to require long term speech and language assistance each year, providing a very conservative saving of £1,196.26 to the wider health economy.

3. An aspect of the Sure Start Maltby programme that does not get to the explicit issue of meeting targets is the evidence that the Sure Start Maltby programme is making a substantial impact on lifting the aspirations of the local community and reinvigorating the local

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<sup>2</sup> PSRRU, *Unit Costs of Health and Social Care 2001*

community. Such 'softer' outcomes are capable of measurement and in future evaluations of the Sure Start Maltby programme, Sure Start Maltby could consider exploring the difference they are making in this wider community development sense.

## C. Client Dimension – Outcomes for local parents and very young children

In consultation with staff and local parents, the primary aspects examined with respect to measuring the extent to which there are beneficial outcomes to local parents and children within the Sure Start Maltby area are identified as:

- The extent to which families have improved awareness about services and other forms of support
- The extent of user satisfaction with services and the extent to which local families feel more empowered and better about themselves

### A. Improved awareness

A core aspect of the success of Sure Start Maltby is the level of awareness in the community of the programme. In order to examine this aspect, parents were asked whether or not they had heard of Sure Start.

Table 1: Awareness of Sure Start Maltby

Heard of Sure Start	Number of parents	% of parents
Yes	109	92.4
No	9	7.6

As the results show, Sure Start Maltby has achieved considerable success in disseminating information about the programme in the community with 92% of parents indicating that they had heard of Sure Start. Cordis Bright has undertaken a similar exercise with 12 other Sure Start programmes nationally, and this is the second highest level of awareness of any of these Sure Start programmes.

Behind this headline, however, we explored understanding whether any key demographic variables were relevant to awareness. This analysis indicated that:

- lone parents were somewhat less likely to have heard of Sure Start Maltby than dual parent households. 83% of lone parents stated that they had heard of Sure Start compared to 93% of dual parent households

- that there are slight differences based on the employment status of parents, with full time working parents less likely to have heard of Sure Start Maltby (see Table Two)

Table 2: Awareness of Sure Start by working status

Heard of Sure Start	Percentage of parents			
	Working full time	Working part time	Full time parent	Un-employed
Yes	88.8	92.5	92.3	92.3
No	11.1	7.5	7.6	7.6

Building on this, we also sought to identify how people are finding out about the Sure Start Maltby programme and also the extent to which specific demographic variables are common to specific communication methodologies.

Table 3: Where parents heard of Sure Start Maltby

Heard of Sure Start	% of parents					
	Word of mouth	Local paper	Poster/flyer	Health visitor	Sure Start worker	Other
Yes	40.7	4.6	4.6	28.7	12.0	9.3

Table Three demonstrates that word of mouth strategies are the most important communication methodologies with the combined impact of word of mouth strategies accounting for a minimum 71.4% of the communication, cited by some 41% of parents, followed by Health Visitors at 29%.

In relation to key demographic variables, the analysis demonstrated that:

- Word of mouth' was a greater source of information for lone parents, cited by 47% of lone parents against 40% of dual parents.
- 31% of dual parenting households identify their Health Visitor as who they were likely to hear about Sure Start from compared to 21% for lone parents.
- Table Four highlights that the length of time that a family has lived in the area also likely impacts on the way that the parent hears about the Sure Start programme. Parents that have lived in the area for 5 years or less are less likely to hear about Sure Start via word of mouth than their peers who have been in the area for 6 years or more and are more likely to identify 'other' sources for information.

Table 4: Where parents heard about Sure Start by length of time lived in area

Means of hearing about Sure Start	Heard of Sure Start (%)			
	0 - 1 year	2 – 5 years	6 – 10 years	More than 10 years
Word of mouth	n/a	33.3	47.6	40.9
Local newspaper	n/a	6.6	14.2	1.5
Poster/flyer	n/a	6.6	0.0	6.0
Health visitor	n/a	26.6	28.5	25.7
Sure Start worker	n/a	6.6	9.5	15.1
Other	n/a	20.0	0.0	10.6

The Other sources that were cited are:

- Midwife 5 citations
- Community house 1 citation
- Events 1 citation
- School 1 citation
- Weaning party 1 citation
- Rotherham show 1 citation

## Observations and opportunities

1. The level of awareness that local parents have of the Sure Start Maltby Valley programme is 92%, an excellent level of awareness for the programme. This compares very favourably to comparisons with other Sure Start programmes.
2. The primary means by which parents found out about Sure Start is through word of mouth strategies, particularly through informal means. The data suggests that lone parents are even more reliant on word of mouth with regard to finding out about Sure Start than their dual parenting peers.
3. For families that have lived in the area for two to five years, informal word of mouth is still very important (about 3 in 10 households), but compares less favourably to families that have lived in the area longer (4-5 in 10 households).
4. Taking together the results at 2 and 3, these indicate that verbal communications are fundamental to successful communication with local parents. Developing information and communication strategies built around increasing the levels of contact with families are likely to be very successful.

## B. Take-up of services

A determining factor as to whether services have been successful in engaging with the local community, is the extent to which these are used and moreover, whether local parents consider that there are sufficient levels of and types of services to meet their needs.

The take-up of services was assessed in relation to health services, play and learning services, training and education facilities, parent and family support and other services in the Maltby area.

### Health services

When asked about the health services used, parents detailed *only* specialised services including cranial osteopathy, hearing impairment services and community psychiatric nursing (see Table Five). The results suggest that parents view the main primary healthcare services- GPs, health visitors and midwives- as everyday universal services rather than ‘health services’ as such.

Table 5: Health services used

Health service used	% of parents	Number of citations
Cranial osteopath	1.7	2
Health call	1.7	2
Hearing impairment service – Nottingham and Rotherham	0.8	1
Health call Sheffield	0.8	1
CPN	0.8	1
Rotherham hospital	0.8	1
<b>Total</b>	<b>6.8</b>	<b>8</b>

Parents were also asked about whether or not they thought there were sufficient health services in the area. 90% of parents indicated that they thought there were sufficient services.

However, there are marked differences based on demographic variables, with

- lone parents less likely than dual parent households to identify sufficiency in available health services, as evident at Table 6; and
- parents that work part time or are full time parents less likely than parents that work full time or are unemployed to identify sufficiency in available health services, as evident at Table 7.

Table 6: Evaluation of level of health service provision by parenting status

Enough health services	Parenting status (%)	
	Lone parents	Dual parents
Yes	81.8	92.2
No	18.1	7.7

Table 7: Evaluation of level of health service provision by working status

Enough health services	Working status (%)			
	Working full time	Working part time	Full time parent	Un-employed
Yes	100	81.4	90.0	100
No	0.0	18.5	10.0	0.0

Parents were also asked to identify what they perceived to be the main gaps in current health service provision. The results are at Table 8, although the level of citations is too small a sample to draw meaningful inferences.

Table 8: Health services requested

Additional health services requested	% of parents	Number of citations
Child behaviour management help	0.8	1
More home visits	0.8	1
Natural/holistic therapies	0.8	1
GP night visits	0.8	1
More child friendly facilities at GPs	0.8	1
More opticians	0.8	1
<b>Total</b>	<b>5.1</b>	<b>6</b>

Table 8 also evidences that while 5% of the survey population could think of a specific area requiring improvement in available health service provision, 10% of parents felt that gaps existed.

## Play and learning

As with health services, when parents were asked to detail those play and learning services they used, they tended to list specialised services rather than more generic services like parent and toddler groups and nurseries.

Table 9: Play and learning services used

Play and learning service used	% of parents	Number of citations
Play and Learn bus	4.2	5
Birksholt community house	3.4	4
Planet play	1.7	2
Soft indoor play facility	0.8	1
ART Learning to Listen	0.8	1
Play Barn	0.8	1
Sure Start Under 2s Toddler Group	0.8	1
Maltby Beavers	0.8	1
Maltby Library School Holiday club	0.8	1
Christian Life Centre Holiday Club	0.8	1
Playgroups	0.8	1
Maltby Library	0.8	1
<b>Total</b>	<b>16.9</b>	<b>20</b>

The list of services provided indicates the wide range of services that parents are using and are available locally to enable play and learning opportunities for very young children, and moreover contains a number of privately run services (such as Play Barn and Planet Play).

Despite the range of play and learning opportunities evident at Table Nine, when parents were asked whether or not they thought there were sufficient play and learning services in the area, 61% of parents considered that there were. Therefore, about four in ten local parents considers that there are insufficient play and learning opportunities available for their very young children.

Like health services, there are marked differences based on demographic variables, with

- lone parents less likely than dual parent households to identify sufficiency in available play and learning services (see Table 10)
- families that have been in the area for between 2-5 years are more likely than families that have lived in the area longer to identify sufficiency in available play and learning services (see Table 11)

- for parents that work full time they are less likely than other parents to consider that there are sufficient available play and learning services (see Table 12)

Table 10: Evaluation of play and learning service provision by parenting status

Enough play and learning services	Parenting status (%)	
	Lone parents	Dual parents
Yes	52.1	62.7
No	47.8	37.2

Table 11: Evaluation of play and learning service provision by length of time lived in area

Enough play and learning services	Length of time lived in area (%)			
	Less than 1 year	2 – 5 years	6 – 10 years	More than 10 years
Yes	n/a	70.5	59.0	61.5
No	n/a	29.4	40.9	38.4

Table 12: Evaluation of play and learning service provision by working status

Enough play and learning services	Working status (%)			
	Working full time	Working part time	Full time parent	Un-employed
Yes	46.6	68.0	62.7	n/a
No	53.3	32	37.2	n/a

The results with regard to full time working parents tends to indicate that service provision in Maltby is not sufficiently geared to address the needs of those who need childcare and infer that the availability of childcare provision is a factor in accessing full time employment. Plans to increase the availability of local childcare during 2003/04 are welcome in this context.

Of those parents that offered suggestions about areas requiring most improvement in play and learning opportunities, improvements to parks and outdoor play facilities ranked very highly, with 22% of all parents indicating this as their greatest need- and 68% of all parents that nominated a specific area for improvement- See Table 13. Given this, Sure Start Maltby should feel pleased that it has made capital improvements to local parks and other outdoor play areas through 2002/03.

Table 13: Play and learning services requested

Additional play and learning services requested	% of parents	Number of citations
Parks/outdoor play facilities	22.0	26
After school clubs (5 – 8 years)	1.7	2
Playgroups	1.7	2
Weekend activities	0.8	1
Toddler groups in afternoons	0.8	1
Toddler group on Hedgerow Estate	0.8	1
Trips for over 4s	0.8	1
Toddler groups for younger children	0.8	1
More groups for parents and children	0.8	1
Pre-school groups	0.8	1
Service for disabled children	0.8	1
<b>Total</b>	<b>32.2</b>	<b>38</b>

## Training and education facilities

As with responses to the other thematic areas, parents gave details of some of the specific training and education services they used.

Table 14: Training and education facilities used

Training and education facilities used	% of parents	Number of citations
Swimming lessons	1.7	2
WEA Computer courses	0.8	1
Thomas Rotherham College	0.8	1
Special needs at Green Arbour	0.8	1
Adult education with Children's Society	0.8	1
RCAT	0.8	1
<b>Total</b>	<b>5.9</b>	<b>7</b>

When asked whether or not they thought there were sufficient services in the area with regards training and education, 68% of parents thought there were, while 32% thought not.

As with the other thematic areas, discernible differences existed in relation to different demographic variables. Once again, lone parents were less likely to consider that there were sufficient training and education facilities parents and there are differences based on employment status, although noteworthy is that unemployed parents are the group most likely to consider that there are sufficient training and education facilities for them.

Table 15: Evaluation of training and education provision by parenting status

Enough training and education facilities	Parenting status (%)	
	Lone parents	Dual parents
Yes	60.0	69.7
No	40.0	30.2

Table 16: Evaluation of training and education provision by working status

Enough training and education facilities	Working status (%)			
	Working full time	Working part time	Full time parent	Un-employed
Yes	64.2	56.5	67.4	80.0
No	35.7	43.4	32.5	20.0

Around a quarter of parents gave details of further training and education services they would like to see in the area, listed at Table 17.

Table 17: Additional training and education services requested

Additional training and education service requested	% of parents	Number of citations
After school clubs	4.2	5
More information on courses in area	4.2	5
More training and education facilities with childcare	4.2	5
Training/education at appropriate times	2.5	3
Special educational needs support group	0.8	1
Sports and leisure facilities	0.8	1
More leisure/hobby clubs	0.8	1
First Aid	0.8	1
NVQs	0.8	1
Food and Hygiene	0.8	1
Home studying funding	0.8	1
Parenting classes	0.8	1
Job training courses	0.8	1
Cooking course	0.8	1
<b>Total</b>	<b>23.7</b>	<b>28</b>

The results give no clear consensus as to the services that parents would most like to see, although efforts to increase the level of awareness of existing services may prove worthwhile, with parents stating:

- Didn't know what facilities existed.*
- If facilities are not promoted then we don't know about them.*
- Not so much additions but promotion of the ones that are available.*

Likewise, while courses were identified as available, 5 parents noted that childcare facilities were not sufficiently developed to meet the needs of parents:

- Because they are not run at child friendly hours or offer childcare facilities.

## Support services

When asked what support services they used, only two parents gave details, indicating that they used the speech therapist and childminders support group.

When asked whether or not there were sufficient support services, 87% of parents consider that there are, while 13% do not.

Once again, a difference in views is identifiable between lone parents and dual parenting households with about 5 in 20 lone parents considering that there are insufficient services, vis-a-vis about 2 in 20 dual parent households.

Table 18: Evaluation of support provision by parenting status

Enough support services	Parenting status (%)	
	Lone parents	Dual parents
Yes	77.7	89.5
No	22.2	10.4

In relation to other services that parents identified as having value, 9 parents offered suggestions.

Table 19: Additional support services requested

Additional support services requested	% of parents	Number of citations
More promotion of services	3.4	4
More time with Homestart	0.8	1
More support for parents of young children	0.8	1
More support for parents of multiple children	0.8	1
Advice centres	0.8	1
Bereavement service	0.8	1
<b>Total</b>	<b>7.6</b>	<b>9</b>

## Observations and opportunities

1. There are marked differences between the extent to which local parents consider that there are sufficient services available locally, with:
  - ❑ 90% indicating that there are sufficient health services
  - ❑ 87% indicating that there are sufficient support services
  - ❑ 68% indicating that there are sufficient training and education facilities, and
  - ❑ 61% indicating that there are sufficient play and learning services
2. There appear to be significant opportunities to make a difference in the areas of play and learning and training and education locally. Sure Start Maltby should feel pleased that it has supported additional play and learning opportunities, especially as concerns improving outdoor play opportunities for young children.
3. Sure Start Maltby should consider involving the Early Years Development and Childcare Partnership on its Management Board to enable a greater co-ordinated impact on local play and learning efforts.
4. Plans to increase the level of childcare provision locally are welcome, as full time working parents are the most concerned at the lack of play and learning opportunities for children. This implies that appropriate quality childcare is an issue for parents accessing full time employment and, in turn, improving social inclusion.
5. Any influence Sure Start Maltby can have on encouraging improvements in the quality of the local environment and its offering of very young children suitable and appropriate outdoor play should occur.
6. In addition to the marked differences between the 'headline' levels of sufficiency across service areas, there are marked differences between different demographic groups sense of the level of sufficiency. Specifically, lone parents are less likely in all areas to consider that there are sufficient services.
7. This presents an opportunity to undertake targeted efforts to support lone parent involvement in activities. It may be that this involves information strategies or alternatively undertaking lone parent engagement strategies.

## C. User satisfaction with services

### Parents perspective

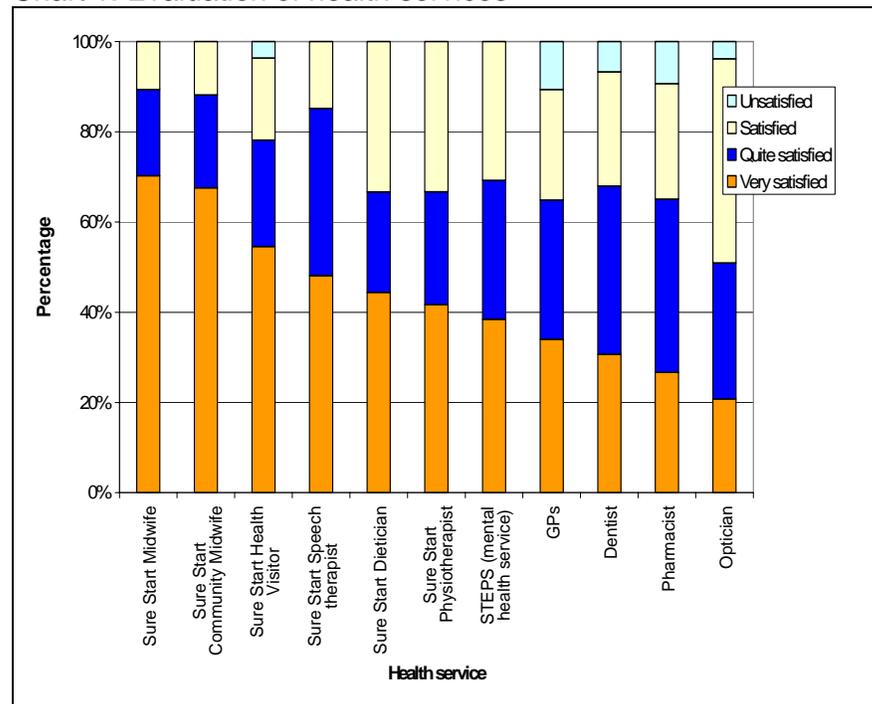
As identified, seven local parents were supported in undertaking a survey of families in the Sure Start catchment area to explore their experiences and opinions regarding services in the area, and the impact that they felt that Sure Start has had. In order to explore their perceptions of services in the area, qualitative as well as quantitative data was gathered in order to establish the strengths of the services being offered, and to identify areas for improvement.

### Health services

Parents were asked to evaluate a range of health services, both Sure Start and non-Sure Start, using an attitudinal scale ranging from Very Satisfied, Quite Satisfied, Satisfied to Unsatisfied.

The results are given in full below.

Chart 1: Evaluation of health services



The results given above indicate the significant success of the Sure Start programme to date with over 50% of parents reporting feeling Very Satisfied or Quite Satisfied with all health services.

In the case of the midwives, the results are excellent with about nine in ten parents rating their satisfaction as 'Very Satisfied' or 'Quite Satisfied', of which seven in ten parents rate the service as 'Very Satisfied'. A selection of quotes provided by respondents are given below in order to indicate what aspects of the midwifery service proved to be so popular with parents in the Sure Start area.

### Midwives

- Midwife for all the help and guidance that she gave my daughter when her child was born.*
- My midwife. When I was pregnant I was an anxious mum and she helped me put my mind at rest.*
- Midwife helpful and friendly.*
- Sure Start midwife. Excellent advice when I need it.*
- My midwife is brill and has lots of patience, although I'm having my third child I still panic and she's there whenever I need her.*
- Midwives because they were there for me when I had post-natal depression.*

In the cases of the speech and language therapist and health visiting, eight in ten parents rated their satisfaction as 'Very Satisfied' or 'Quite Satisfied'.

Moreover, there were the very low levels of parents that indicated that they were Unsatisfied with services, with only GPs, pharmacists and dentists receiving between a 5 and 10% level of dissatisfaction, which is still a reasonably low level of dissatisfaction.

The results are extremely positive for Sure Start Maltby, as these indicate that Sure Start services are more highly valued *in every instance* more than mainstream services that are available to all people, irrespective of age and family circumstance.

The only Sure Start service that received an Unsatisfied, was the Sure Start Health Visitor. The Unsatisfied rating is 4% which translates to 2 parents out of the 55 who gave a rating to this service.

The results were explored in relation to a number of key demographic variables.

Parenting status proved to be of relevance in parent's attitudes to their GP. Thus, 100% of lone parents who answered the question were

Satisfied to Very Satisfied with their GP compared to 87% of their dual parenting peers. Conversely, when asked about pharmacists in the area, the approval rating among lone parents fell to 74% whilst rising to 94% among dual parents.

There are also differences in opinion about GPs on the basis of the number of years families had lived in the area. While three quarters (75%) of parents of those who had lived in the area for between 2 and 5 years were Very Satisfied to Satisfied with their GP, the figure rose considerably to an average of 94% for those living in the area for 5 years or more.

The final variable that proved to impact upon people's assessment was that of age where differences were determined between the two largest age cohorts (20 to 24 and 25 to 44 years respectively). With regard to Health Visitors and GPs, the younger of the two age bands gave higher approval ratings (100% and 95% Very Satisfied to Satisfied respectively) than their older peers (94% and 89% respectively).

## Favourite health services

In order to fully understand user satisfaction with services, parents were invited to provide details of their favourite health services in the area, both Sure Start and non-Sure Start, as set out at Table 20.

Table 20: Favourite health service of parents

Favourite health service	% of sample	No. of citations
GP	20.3	24
Health Visitor (Non-specified)	11.0	13
Midwives (non-specified)	6.8	8
Baby clinic (non-specified)	4.2	5
Speech therapist	3.4	4
Pharmacist	3.4	4
Sure Start Midwife	2.5	3
Dentist	2.5	3
Parent craft class	1.7	2
CPN	1.7	2
Sure Start Health Visitor	1.7	2
Dietician	0.8	1
Sure Start service (non-specified)	0.8	1
District nurse	0.8	1
Optician	0.8	1
STEPS	0.8	1
Blyth Road medical centre	0.8	1
<b>Total</b>	<b>64.4</b>	<b>76</b>

The results tend to indicate the importance of GPs as front-line health service providers, and also illustrate that they often constitute the first point of contact with health services.

Illustrative quotes from parents are given below in order to help ascertain what it is about services that parents like.

### GPs

- My GP is sound as he is aware of my situation and gives advice.*
- GP because they are there for you when you need them and my GP is very good. The clinic is clean, warm and friendly.*
- GPs – the appointments are good and the GPs are good with children.*
- GPs because they are fantastic with children.*
- GPs – good service, little wait.*
- GP – helpful, see children straight away.*
- GP – always helpful and tell you everything.*
- GP – can always get appointment for my children and he is always helpful.*

The qualitative information indicates that GPs are appreciated for their accessibility and professionalism, with parents evidently appreciating the advice and assistance received. Of some interest, they also appear to be considered as child-friendly.

### Least favourite health service

Parents were also asked to elaborate on the health service which they liked least and were asked also to give indicators as to why this was the case.

Table 21: Least liked health service

Least favourite health service	% of survey population	Number of citations
GP	13.6	16
Pharmacist	5.9	7
Dentist	5.9	7
Optician	2.5	3
Health Visitor (non-specified)	1.7	2
STEPS	0.8	1
Ante-natal care (non-specified)	0.8	1
<b>Total</b>	<b>31.4</b>	<b>37</b>

An initial reading of the results indicates that under a third of parents were able to provide details of a service that they actively disliked. This

contrasts with the two thirds of parents that provided details of a favourite service.

The primacy of GPs is once again underlined, given that it is the most commonly cited service for 'least liked', accounting for 14% of all local parents. Comments include:

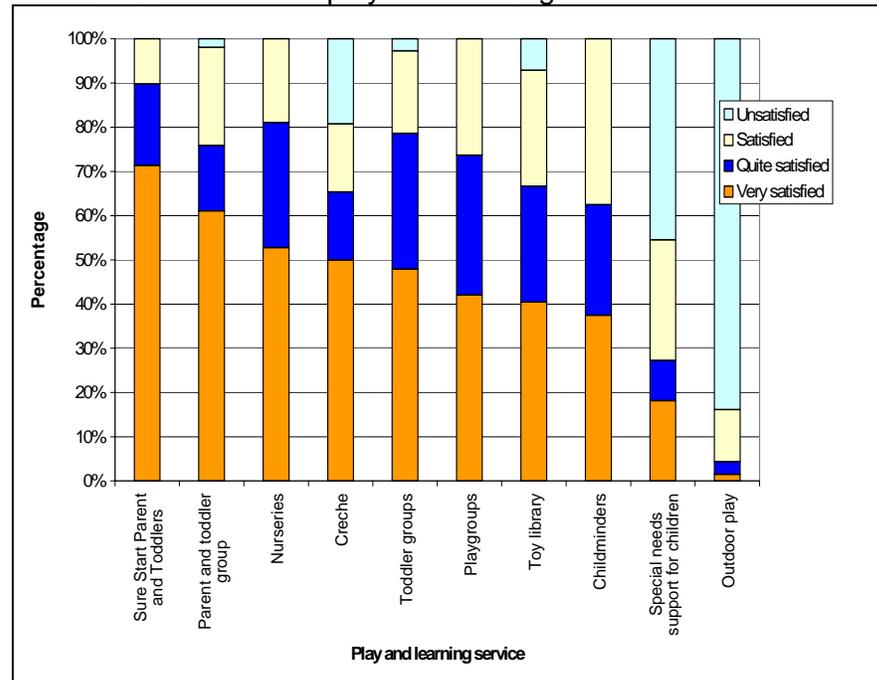
- *Doctors surgery is somewhere I don't go unless I have to as the doctors make you feel like you're making up your child is ill and often have to make 2 or 3 trips.*
- *My doctor is unhelpful and waiting times too long.*
- *Doctors. Receptionists are snotty and the doctors see you as numbers not people.*
- *My doctors as you can hardly ever get an appointment which isn't good when you have a young child.*
- *I don't particularly like my GP as they treat you like you are stupid.*

From a Sure Start perspective it is encouraging in that the most commonly cited services in this category are non-Sure Start (GP, pharmacist and dentist), suggesting that Sure Start Maltby's services offer what families want. However, the extent to which the Sure Start Maltby Partnership can help improve satisfaction with local GP services, especially as it relates to addressing issues such as waiting times and unwelcoming attitudes, would be welcomed by many in the local population.

## Play and learning

Parents were asked to evaluate a series of play and learning services in the area utilising a four point attitudinal scale running from Very Satisfied to Unsatisfied. The results are at Table 22.

Table 22: Evaluation of play and learning services



The results indicate a very broad range of opinions with regard to play and learning services, with the percentage of those indicating that they were Very Satisfied ranging from over 70% for the Sure Start Parent and Toddlers Group to an extremely concerning 2% for outdoor play.

On the whole, the results are very positive with the majority of parents indicating that they were Very Satisfied or Quite Satisfied with all services bar special needs support for children and outdoor play. As with health services, the headline result is one of very positive assessments for the majority of services.

Of particular note, is the success of the Sure Start Parent and Toddlers group with 90% of parents indicating that they were Very Satisfied or Satisfied. The results are also very encouraging as it relates to parent and toddlers group, nurseries, toddler groups and playgroups. The results do, however, indicate some areas for specific concern. Clearly the prevalent feelings towards outdoor play facilities and special needs support for children are very negative with 84% and 46% of parents respectively indicating that they were Unsatisfied.

Also of concern, although not to the same degree, is the finding that 19% of parents are Unsatisfied with crèche facilities, although this is mitigated somewhat by virtue of the fact that 50% were Very Satisfied. However, this is of particular concern for those parents seeking to

access or in work, and as such represents a specific barrier for those seeking to move into employment, a key concern and target for Sure Start programmes.

Once again, the areas cited were analysed in relation to key demographic variables. While response rates meant that there were not sufficient replies to assess each area, some marked differences were apparent in relation to attitudes to outdoor play facilities. These are:

- ❑ Dual parents gave a slightly higher approval rating of outdoor play facilities against their lone parenting peers with 17% Satisfied to Very Satisfied against 14% of lone parents.
- ❑ While a fifth of respondents in the age cohort 20 to 24 were Satisfied to Very Satisfied with outdoor play facilities, the figure dropped to 12% among those in the age band 25 to 44. The extent of the drop is of some concern since represents the opinions of the largest age cohort of the survey population.
- ❑ Over a quarter (27%) of respondents who worked part time were Satisfied to Very Satisfied with services here, with the figure falling to 17% among full-time parents. Again, the results here are particularly notable given that full-time parents constituted the largest working status cohort.

## Favourite play and learning services

Parents were asked to indicate which their favourite services were in relation to play and learning.

Table 23: Favourite play and learning service of parents

Favourite play and learning service	% of survey population	Number of citations
Parent and Toddler group (non-specified)	12.7	15
Sure Start Parent and Toddler Group	8.4	10
Nursery (non-specified)	6.8	8
Playgroup (non-specified)	3.4	4
Toy library	2.5	3
Baby Talk	2.5	3
Play and Learn Bus	1.7	2
Cook and Eat	0.8	1
ART	0.8	1
Park	0.8	1
Crèche	0.8	1
Sure Start Active Tots	0.8	1
Sure Start Under 2s Toddler Group	0.8	1
Childminder	0.8	1
Maltby Beavers	0.8	1
Sure Start Baby Group	0.8	1
Kids club	0.8	1
Birk holt community house	0.8	1
<b>Total</b>	<b>47.5</b>	<b>56</b>

Collectively, 21% of parents indicated that parent and toddler groups were their favourite service. The results underline the success of parent and toddler groups in the Maltby area in meeting the needs of parents.

#### Parent and Toddler groups

- *Sure Start Parent and Toddler, excellent service for the under 2s and over 2s. Good work.*
- *Parent and toddler group great service, plus good selection of toys, education etc.*
- *All toddler groups attended have provided my daughter with friends and myself a network of friends for advice and support.*
- *Toddler groups. Being a single parent, they give me a chance to speak to other parents in similar situations.*
- *Sure Start parent and toddler groups because I get to meet up with other mums and my child gets to mix with other babies and play with toys.*
- *Sure Start Parent and Toddlers as they are very good. You get to mix with other parents and your children mix with other kids. They have a good range of toys, activities, etc.*
- *Sure Start Parent and Toddler are very friendly and has helped me make many new friends.*
- *Parent and toddler groups – there are a lot of them to choose from and they are very good.*

The comments indicate that it is the social aspect for parents, as well as the quality learning and play environment for their children which parents like best about parent and toddler groups.

Beyond parent and toddler groups, however, there is no clear consensus as to favourite services. Indeed, a total of 19 different activities have been cited, suggesting a wide array of local play and learning opportunities. However, when considered in relation to parents' perspectives of the sufficiency of play and learning opportunities, there is a gap suggesting that the issue of outdoor play particularly, and issues like special needs support and childcare, are absolute priorities for local families.

### Least favourite play and learning services

When asked to detail those play and learning services they disliked, 24% of parents provided information.

Table 24: Least liked play and learning service

Least favourite play and learning service	% of survey population	Number of citations
Parks/outdoor play	19.5	23
Parent and toddler groups (non-specified)	2.5	3
Linx Toddler Group	0.8	1
Sure Start Parent and Toddler Group	0.8	1
<b>Total</b>	<b>23.7</b>	<b>28</b>

While one in five local parents indicated that parks and outdoor play areas are of greatest concern, this accounted for 83% of all parents that offered a suggestion.

#### Parks/outdoor play

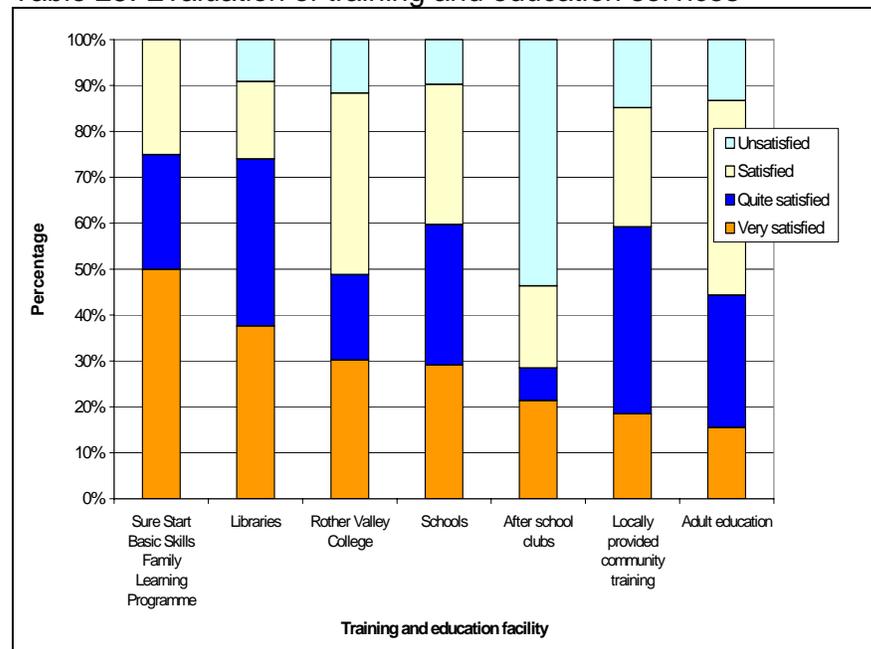
- The outdoor play area has already been set on fire so it doesn't seem safe.*
- Outdoor play as there is nowhere around where children can play.*
- Outdoor, because areas are never clean for children to play, always are broken or have graffiti on them.*
- I don't agree with where the new park's been built. It will be ruined in a month.*
- Park. It is run down and dog foul everywhere plus there are not a lot of parks in the Maltby area.*
- Outdoor play area as there is nowhere around where children can play.*

The comments indicate that parks and outdoor play are inappropriate for young children, largely because they are perceived as unsafe and unclean.

## Training and education

Parents were asked to assess training and education services.

Table 25: Evaluation of training and education services



The results in relation to training and education are reasonably positive. Over half of parents indicated that they were Very Satisfied or Quite Satisfied with all facilities bar Rother Valley College and after school clubs (with 49% and 46% were Very Satisfied or Quite Satisfied with respectively).

Once again, the results are particularly positive for Sure Start Maltby with the Sure Start Basic Skills programme, the service with the highest satisfaction rating (with 50% of parents Very Satisfied with).

There are areas of concern evidenced in the results. Around one in ten parents were Unsatisfied with libraries, Rother Valley College, schools, locally provided community training and adult education. Most striking however is the very high level of dissatisfaction with after school clubs, which 54% of parents were Unsatisfied with.

When the results were explored in relation to key demographic variables, differences in perspective emerged between lone parents and dual parents with lone parents less likely to be Very Satisfied or Satisfied with services.

Table 26: Evaluation of training and education facilities by parenting status

Training and education facilities	Evaluation – Very Satisfied to Satisfied (%)	
	Lone parents	Dual parents
Adult education	80.0	88.2
Rother Valley College	75.0	93.3
Schools	80.0	96.3
After school clubs	n/a	50.0
Libraries	85.7	93.4
Locally provided community training	n/a	86.3
Sure Start Basic Skills Family Learning Programme	n/a	100

The most striking differences exist in relation to the lower level of lone parents' satisfaction with Rother Valley College and schools.

Differences also emerged in relation to the working status of parents. In particular these emerged in relation to full-time parents. The results for full-time parents against the results for the survey population as a whole are given below.

Table 27: Evaluation of training and education facilities by working full time parenting status

Training and education facilities	Evaluation – Very Satisfied to Satisfied (%)	
	Survey average	Full time parent
Adult education	87.0	70.5
Rother Valley College	88.3	81.2
Schools	90.4	89.6
After school clubs	46.4	60.0
Libraries	91.0	88.8
Locally provided community training	85.1	81.8
Sure Start Basic Skills Family Learning Programme	100	n/a

As can be seen, full-time parents give the facilities lower satisfaction ratings except in relation to after school clubs. The greatest difference exists in relation to adult education which 71% of full-time parents were satisfied with vis-a-vis 87% of the survey population.

## Favourite training and education services

When asked to identify their favourite training and education services, just over a quarter of parents provided information.

Table 28: Favourite training and education services

Favourite training and education service	% of survey population	Number of citations
Libraries	13.6	16
Rother Valley College	5.1	6
Baby Talk	4.2	5
Libraries	0.8	1
RCAT	0.8	1
Adult education with childcare	0.8	1
TRC	0.8	1
Adult education (non-specified)	0.8	1
Adult education at Lynx Centre	0.8	1
<b>Total</b>	<b>28.0</b>	<b>33</b>

Foremost among the services highlighted by parents were libraries standing some considerable way ahead of the next most popular service, Rother Valley College.

### Libraries

- Libraries great service for young and old, am very pleased with the service. Ace!*
- Libraries, you have use of computers and videos are cheap to rent for the week.*
- Libraries are good and don't mind what condition baby books come back in.*
- I do like the libraries as a toddler can borrow the books and if they get ripped there is no charge.*
- Libraries as they always have a wide range of baby books for every age. Also good information books.*
- I enjoy taking the older children to the library and they enjoy it. The staff are friendly too.*

Libraries were evidently appreciated by parents since these provided a broader range of services than book lending. Critically, the library was identified as being child friendly, a factor integral in ensuring that parents use the service.

### Rother Valley College

- Rother Valley College – as a full time mum I have gone back to further education and the courses I am doing are in the community and are provided with crèche.*

- *Rother Valley College as courses are run during term time.*
- *Rother Valley College as they provide child care facilities.*
- *Rother Valley College – friendly and helpful staff at hand.*

With regard to Rother Valley College, the key element that was appreciated seemed to be that of the crèche facilities that are provided in conjunction with courses offered.

## Least favourite training and education services

Table 29 identifies those training and education services that parents most wanted improved. Only 10% of survey parents provided details.

Table 29: Least liked training and education service

Least favourite training and education service	% of parents	No. of citations
Library	5.1	6
Lack of training with crèche facilities	1.7	2
More after school clubs	1.7	2
Not enough community training courses	0.8	1
Standards of training	0.8	1
<b>Total</b>	<b>10.1</b>	<b>12</b>

The only service that generated an appreciable reaction were libraries, cited by 5% of the survey population.

### Libraries

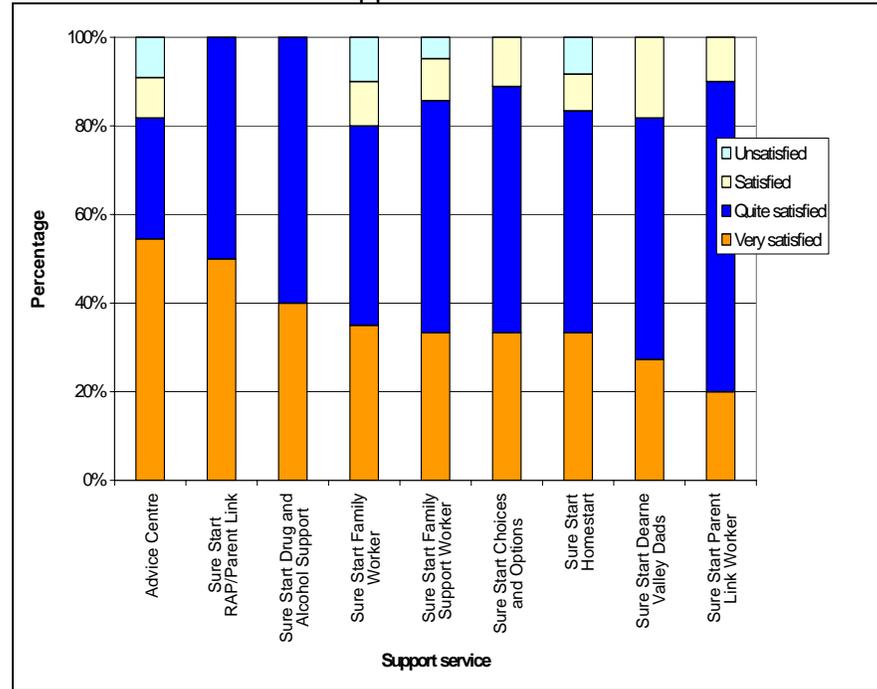
- *Library because getting through the doors with a pram is difficult. If you want to use the computers you sometimes feel that your child must be quiet and this can be quite difficult.*
- *Library, you cannot get through the door, it's too heavy.*
- *Libraries as the doors are too heavy and if you have a double buggy as a friend of mine does, it is very hard to get through. Though it is a good service inside.*

It is interesting to note that where the library was cited, this was largely due to matters of accessibility rather than the service provided per se. Dealing with access to the library would seem to represent a quick and relatively easy way of promoting use of the library amongst parents of young children.

## Support Services

Local parents also indicated their levels of satisfaction with locally available support services.

Table 30: Evaluation of support services



The results in relation to support services are very positive with 80% plus of parents indicating that they were Very Satisfied or Satisfied with every services listed.

Some areas of note, Sure Start RAP/Parent Link and Sure Start Drug and Alcohol Support services both attained 100% of parents stating that they were Very Satisfied or Quite Satisfied, an exceptional result at this stage of the programme's life.

Moreover, there were the very low levels of parents that indicated that they were Unsatisfied with services, with only the Sure Start family worker and the Advice Centre receiving between a 5 and 10% level of dissatisfaction, which is still a reasonably low level of dissatisfaction.

The results are extremely positive for Sure Start Maltby and suggest a significant impact is being made.

The level of responses for support services proved to be too low to allow for analysis with regard to demographic variables.

### Favourite support service

Around 12% of parents gave details of a favourite support service in Maltby, as set out at Table 31.

Table 31: Favourite support service

Favourite support service	% of parents	Number of citations
Family Worker	5.1	6
Advice centre	2.5	3
Health Visitors	1.7	2
Midwife	0.8	1
Speech therapist	0.8	1
Sure Start service (non-specified)	0.8	1
<b>Total</b>	<b>11.9</b>	<b>14</b>

Family workers proved to be the service most commonly cited as favourite. While constituting just 5% of the survey population, citations for family worker made up around half of suggestions for favourite support service.

#### Family worker

- Family worker because she is right down to earth and easy to talk to.*
- Sure Start family support worker as I know they are there for support for me and my family.*
- Family workers are just great for advice and help*

#### Least favourite support service

Only one respondent provided details of a support service which they liked the least, which is too small a number to draw any inferences about issues overall.

- Link worker. Never seen her.*

#### Other Services

The survey also assessed a couple of key services in the area which were likely to impinge on the lives of parents in the area.

Table 32: Evaluation of other services

Other services	Evaluation (%)			
	Very satisfied	Quite satisfied	Satisfied	Un-satisfied
Parks	2.6	5.3	12.3	79.8
Public transport	14.7	34.9	39.4	11.0

The results in relation to parks reinforce the findings in relation to play and learning services which highlighted the negative attitudes in the area

to outdoor play facilities. When asked directly about parks in the area, a considerable 80% of parents noted that they were Unsatisfied.

Conversely, attitudes in relation to public transport were largely positive with 89% of parents indicating that they were Satisfied with current provision and close to one in two parents either Very Satisfied or Quite Satisfied.

When looked at in relation to key demographic variables, variances emerged in relation to the working status of parents. The results are set out at Table 33.

Table 33: Evaluation of other services by working status

Other services	Evaluation – Very Satisfied to Satisfied (%)			
	Working full time	Working part time	Full time parent	Un-employed
Parks	22.2	29.1	17.6	7.6
Public transport	93.7	80.7	91.4	92.3

Unemployed parents are the most negative about park facilities with only 8% satisfied, while working parents are less likely to be negative. However, between seven and eight parents in ten are still likely to be dissatisfied if they are working.

## Observations and opportunities

1. The results identified represent baselines for measuring progress in future years. These baselines could be updated through annual external evaluation processes.
2. Sure Start Maltby could consider setting satisfaction targets for all activities that recognise the goal of improving the levels of satisfaction with locally available services.
3. Sure Start Maltby could also consider exploring ways of improving understanding of the component parts of satisfaction, such as ‘friendliness of staff’, ‘opening times’ and ‘ease of making an appointment’. This could occur through consultation processes with local parents.

## Health services

4. In terms of health services, the level of satisfaction with Sure Start provided health services is very high. The health services results are very encouraging as it relates to Sure Start Maltby services, with just

2 parents indicating any dissatisfaction with a Sure Start provided health service.

5. Satisfaction levels range from 95% to 100% in all health oriented services. Particularly high levels of satisfaction exist for midwifery services and Sure Start speech and language therapy services.
6. The most favourite health service for local parents are GPs and the least favourite service are also GPs. Such results are not uncommon, reflecting the crucial role that GPs play as primary health care providers and gateways to other services. Any efforts, however, which can improve waiting times and welcoming attitudes would be welcome by a significant proportion of local parents.

### Play and learning

7. In terms of play and learning, the level of satisfaction with Sure Start provided play and learning services is high. The Sure Start Parent and Toddlers group results are particularly excellent with 90% of parents indicating that they were Very Satisfied or Satisfied.
8. Key aspects of success in play and learning appear to be the provision of a social aspect for parents at the same time as quality learning and play for children (including a range of activities/ toys)
9. Play and learning satisfaction level results are also very encouraging as it relates to parent and toddlers group, nurseries, toddler groups and playgroups.
10. However, there is widespread dissatisfaction with outdoor play facilities and special needs support for children, with 84% and 46% of parents respectively Unsatisfied. Also about one in five parents is not satisfied with the level of crèche, albeit that parents in work are more likely to be dissatisfied. (see also observations CB5)
11. Efforts on the part of Sure Start Maltby to address these issues with investment in outdoor play areas and equipment, the provision of additional support for children with special needs, such as physiotherapy and a speech and language therapist, and providing crèche support are very welcome. However, addressing these issues are about working in partnership with other agencies, including EYDCP, Rotherham MBC and Maltby District Council.

## Training and education

12. In terms of training and education, the level of satisfaction with Sure Start provided services is high. The Sure Start Basic Skills programme is the service with the highest satisfaction rating.
13. The results in relation to training and education are reasonably positive, especially as it relates to libraries and schools. Indeed, libraries were the most favourite service, with their child friendly nature being the most satisfying factor. The Rother Valley College was also well appreciated by local parents, especially as it relates to the provision of childcare to enable parent attendance at courses.
14. Most striking however is the very high level of dissatisfaction with after school clubs, which 54% of parents were Unsatisfied with.

## Support services

15. Support services represent a considerable success for Sure Start Maltby, with more than 80% of all parents indicating that they were Very Satisfied or Satisfied with every services listed.
16. Of particular note is the Sure Start RAP/Parent Link work and the Sure Start Drug and Alcohol Support services which both attained 100% of parents stating that they were Very Satisfied or Quite Satisfied.
17. There are very low levels of parents that indicated that they were Unsatisfied with services, with only the Sure Start family worker and the Advice Centre receiving between a 5 and 10% level of dissatisfaction, which is still a reasonably low level of dissatisfaction. However, the Sure Start family working was also regarded as the most favourite service because of the welcoming and approachable nature of the staff.

## Other services

18. There is a reasonable level of satisfaction with public transport. However, there is a very high level of dissatisfaction with parks, with this dissatisfaction even more acute amongst unemployed parents.

# Children's Consultation

## Background

Some research was also conducted with five children within Sure Start Maltby. The aim was to give some direct representation for children in the evaluation, rather than more traditional evaluation exercises, where children are represented by care givers and adults in loco parentis.

## Methodology

The methodology adopted for consultation was the Mosaic Method, a system devised specifically for use with very young children and devised by the Institute of Education Studies, London.

Five children in the community aged 3 to 4 years were given disposable cameras and were asked to take adults on a tour of the environment which they were in, be this the nursery they attend, their home, or out an about in Maltby. The children took photos of things that they liked, and were asked also to take photos of things which they did not like. Each child was accompanied by a parent or play worker who took down details of what they were photographing, and also some observations of their own to provide their perspective on the results.

Finally, when the photos were developed, those adults who had taken part were asked to look through the photos to identify among themselves where they thought interesting trends or results had emerged.

## Location

In all 5 Maltby children participated in the consultation. Of these children, 4 were girls and one was a boy. Between them the children took 115 photos.

The results were initially assessed to establish the environment in which the photographs were taken. Images could confidently be related to the correct environment by using the comments enclosed by adults which pinpointed the location where the photos were taken. The results are given below.

Table 34: Location of images taken by children

Location of image taken	Number of images	% of total images taken
Nursery - indoors	50	43.4
Home	32	27.8
Playground/outdoor play area/park	16	13.9
Out and about	12	10.4
Garden	5	4.3
<b>Total</b>	<b>115</b>	<b>100</b>

Given that the consultation was organised in conjunction with a local nursery, the fact that nurseries feature most strongly is to be expected, constituting some 43% of the total number of images taken.

Of some interest, while the main focus of the consultation was within a nursery setting, over one quarter of the images were of the children's home environment. After the home, the next largest theme (at some 14%) was of playgrounds and parks. This included both nursery playgrounds and public parks around Maltby.

The category Out and About was used to designate those photos of the general Maltby area. It included images of streets in Maltby, shops (both interior and exterior) and use of transport (largely car journeys).

### Image taken

The images were also assessed to ascertain what the primary content of the photos were. Once again, the notes taken by parents and play workers were used to establish with accuracy the image that the child was intending to take.

Given that other children feature in a significant number of the overall total of photos (especially when taken in a nursery environment), they were not recorded as being the primary subject unless the notation provided by adults specifically indicated that the photo was of a friend or sibling. (see Table 35)

Table 35: Image taken

Image taken (thematically)	Number of images	% of total images taken
Building blocks	12	9.9
Parents/relatives	8	6.6
Snacks/eating/food	7	5.8
Dressing-up/role play	7	5.8
Pets	7	5.8
Messy play (clay, sand, water)	6	5.0
Toy animals	6	5.0
Animals	6	5.0
Bicycles/scooters/skating	6	5.0
Park equipment	5	4.1
Computer/IT	4	3.3
Climbing equipment	4	3.3
Writing/mark making	4	3.3
TV	4	3.3
Toys	4	3.3
Jigsaw/games	4	3.3
Painting	3	2.5
Siblings	3	2.5
Bed	3	2.5
Dolls house/dolls	3	2.5
Pictures	2	1.7
PE/dance	2	1.7
Self	2	1.7
Books	2	1.7
Friends	2	1.7
Soft toys	2	1.7
Cutting and sticking	1	0.8
Woodwork	1	0.8
Tent	1	0.8
<b>Total</b>	<b>121</b>	<b>100</b>

## Likes

The top five themes that emerged from the photos were building blocks, parents, snacks/eating/food, dressing up/role play and pets. The comments attached by adults to the photos of these themes were looked at to see if there were any indication as to why preferences were expressed for these areas.

The following comments, however, are taken verbatim from the children whilst those non-italicised quotes are the observations of the adults.

### Building blocks

- You can build with them.*
- You can build a train with them.*
- I like the big bricks because they're for big boys like me, not my baby sister.*
  
- She said she liked big bricks. When asked if she liked small bricks X said she liked them all big ones and small ones.
- Because he could pick the bricks up and carry them. He said they were heavy and he could make a house to go inside

### Parents

- Because I like to hug him.*
- Because I love daddy a lot.*
- Because I love you (to mother)*
- I like helping my dad fix things when they're broken.*
  
- X wanted to take a picture of his daddy because he likes him.

### Snacks/eating/food

- When I get hungry I always go there.*
- I like to help make dinner. I like sandwiches.*
- I like snacks and apples. I like all food. My mummy makes me milk shakes at home.*

### Dressing up/role play

- I like dressing up – I can be a princess and wear a pretty dress.*
- Because it (kitchen play area) has things in that mummy has at home.*

### Pets

- Because I like to stroke him. He doesn't scratch, he wants to be tickled.*
- I like to play with Ziggy (dog). Ziggy feels soft. I like to mess with Ziggy.*

While the results indicate a diverse range of activities liked, the results do however indicate a few key areas of interest.

Creative play underlies a number of the images taken, be this playing with building blocks, role playing or messy play, with these three themes alone constituting more than 20% of all images.

In addition to creative play, animals constituted a fairly large proportion of the total number of photos (be they pets, animals seen out and about, or toy animals) at some 16% of images taken.

## Dislikes

The results indicated that the children found it easier to verbalise those things that they liked, and found it harder to conceptualise and indicate those things that they did not like.

Whilst this was the case, some of the images taken were of things that the children in the consultation disliked. Negative assessments were only apparent by reading the comments of adults accompanying the children.

- *I don't like my bedroom, I have to keep it tidy.*
- *I don't like walking. It makes my legs tired.*
- *Lots of boys in the playground. I don't like boys.*
  
- X doesn't like to go to bed.
- X says that his bedroom is stupid. That's why he likes mummy and daddy's bed.

## Appendix A: Demographic data of parents consulted

### About you

#### Gender

	Male	Female	No response
%	5.9	91.5	2.5
No.	7	108	3

#### Age of parents

	Up to 19	20 - 24	25 - 44	45 – 54	55 - 64	65 plus
%	6.8	16.1	72.0	4.2	0.0	0.8
No.	8	19	85	5	0	1

#### Number of children

	None	1/ expectant	2	3	4	5 plus
%	0.8	37.3	31.4	20.3	7.6	2.5
No.	1	44	37	24	9	3

#### Parents with children under 4

	Parents with one or more children 4 or under	Parents with no children 4 or under	No response
%	96.8	1.6	1.6
No.	114	2	2

#### Multiple births

	Single birth	Twins	Triplets	Other	No response
%	79.7	4.2	0.0	0.0	16.1
No.	94	5	0	0	19

### Ethnicity

	White British	Black (African, Caribbean)	Asian (Pakistani, Indian, Bangladeshi)	Other	No response
%	98.3	0.8	0.0	0.0	0.8
No.	116	1	0	0	1

### Parenting status

	Lone parent	Dual parent	No response
%	19.5	78.8	1.7
	23	93	2

### Length of time lived in area

	0 – 1 year	2- 5 years	6 – 10 years	10 years plus	No response
%	5.9	14.4	20.3	58.5	0.8
Actual	7	17	24	69	1

### Working status

	Working full time	Working part time	Full time parent	Un-employed	Other	No response
Respondent (%)	15.3	22.9	44.1	11.0	6.8	0.0
Respondent (no.)	18	27	52	13	8	0
Partner (%)	60.2	5.1	4.2	5.9	3.4	21.2
Partner (no.)	71	6	5	7	4	25

### Other working status:

- Childminder - 1 citation
- Housewife/homemaker - 2 citations
- Maternity leave - 1 citation
- Student - 3 citations
- Armed services - 1 citation
- Grandparent - 1 citation
- Self-employed - 2 citations
- Foster carer - 1 citation
- Agency work - 1 work

## Appendix B: Draft Delegations Procedure

### Policy

Sure Start Maltby is committed to ensuring that it empowers programme management to make decisions expeditiously to the benefit of local families with children under four, while ensuring that such authorities are exercised in a manner that is accountable and transparent.

### Procedure

#### Delegations

1. The nature and extent of all financial delegations, and the decision making that these confer, will be defined in job descriptions for the relevant Sure Start Maltby officers and managers.
  
2. The Accountable Body is ultimately responsible for the decision making of the Sure Start Maltby programme. However, Rotherham Metropolitan Borough Council delegates to the Management Board responsibility for decision making within:
  - the limits of the Sure Start Maltby budget
  - consistent with the rules of the Sure Start Unit
  - consistent with Sure Start Maltby policies and procedures concerning procurement and making payments, and
  - solely to deliver on the objectives of the Sure Start Maltby programme.
  
3. The Management Board delegates the following levels of authority for day to day operational effectiveness and small grant making:
  - Up to £5,000 to the Programme Manager to approve small grants applications and to place orders and authorise payments for goods and services
  - Up to £1,000 to the Programme Co-ordinator to place orders and authorise payments for goods and services
  - Up to £500 to the Office Manager to place orders and authorise payments for goods and services
  - Up to £100 to the Finance Officer to authorise payments for goods and services

4. In all cases, where the value of the order for good or service is at least £5,000, the Management Board is responsible for making the decision about ordering and the authorisations of payments will be signed by the Programme Manager and at least one member of the Management Board.
5. The Management Board can delegate order making of in excess of £5,000 to the Programme Manager, the Chair and at least one member of the Management Board to expedite decision making. Where this occurs, however, these decisions will be minuted in the Board minutes.
6. For all orders for goods and services where the value of any transaction with the same vendor on the same date is at least £500, these must be tabled at the next meeting of the Partnership Board.
7. All small grant approvals made by the Programme Manager, irrespective of their value, must be tabled at the next meeting of the Management Board.
8. The Management Board can, at any time, change the delegations noted at 3-7. Where this occurs, the Board meeting must be quorate and decisions minuted. It will be the responsibility of the Chair to communicate to the programme management changes to delegations and for the Programme Co-ordinator to make any changes to job descriptions to reflect these changes.