

# **Annual Evaluation Report**

## **Sure Start Little Hulton**

**2003-4**

**John Rooke**

Of the five Sure Start programmes now operating in Salford, Little Hulton is unusual in that it is led by an NGO, Spurgeon's Child Care and not by the PCT. In the preliminary stages of the programme, this has led to difficulties in accessing PCT held information. Negotiations to resolve this situation are ongoing.

### ***Evaluation and Programme Management***

Monitoring and evaluation of the Little Hulton programme are co-ordinated through a Monitoring and Evaluation sub-group. We are currently working on a quality assurance system, which will integrate monitoring and evaluation activities and replace project milestones with performance indicators (see Appendix One). A consequence of this initiative is that information gathering procedures will have to be re-assessed with each project to ensure that monitoring, evaluation and project management needs are met in the most efficient manner. The programme is investigating the purchase of a web based reporting system for projects, which will facilitate this system.

### ***Evaluation Methods***

The general strategy for evaluation is qualitative and participative. Projects are invited to develop their own criteria for success and to do their own evaluation, with support from the (0.5) evaluation researcher from the Institute of Public Health Research and Policy (IPHRP) at Salford University. Projects are advised to think about the aims of the service they are providing and how they will know if they are achieving those aims. They are also encouraged to solicit feedback from service users. These activities are supplemented by the researchers own observation and interviews with project members. Similarly, the researcher and the parental development co-ordinator act as a conduit for evaluation by service users. An emphasis is placed on using the data gathered in order to facilitate improvement in service provision.

Under the new quality assurance system, projects will be required to submit quarterly evaluation reports. Two projects (Bookstart and Language Development) have already done so.

Currently, some thought is being given to the importance of partnership working and how this can be assured adequate attention.

## ***Individual Projects***

### **Benefits Advice**

The benefits advice is being run by Salford City Council Welfare Rights and Debt Advice Service. The project is intended to provide benefits advice to the Sure Start target group and to do development work with other agencies. Referrals will be taken from Health Visitors and Midwives. However, the project has only recently been able to recruit a worker. Two advertisements in *The Guardian* newspaper failed to elicit any response. Additional funding was eventually secured from other agencies to create a four day a week post.

This service intends to use their standard client feedback form as a basis for evaluation. This is given to clients by the advisor, to be returned to the Service in a Freepost envelope. The questionnaire has twenty questions, including space for qualitative feedback.

### **Bookstart and Beyond.**

The Bookstart worker operating from Little Hulton Library was appointed to post in January 2004. Consultation has been carried out with parents, to choose books for reader's packs and determine the best time for a Story Day.

A strong tradition of effective evaluation has been established on the other Salford programmes and Little Hulton has benefited from the lessons learned. A record is being kept of activities. A questionnaire has been administered by the project worker to users of the Story Day. This showed a high level of satisfaction with the sessions and a reported increase in parents sharing books with their children. A second Story Day session is to be begun.

The project has established good relations with the local health visiting team, who are currently distributing Bookstart backpacks and collecting receipts. Plans are being made for the Health Visitors to hold 18 month checks in the Library.

Library membership is increasing, though we are still looking for an effective way of monitoring actual usage.

The project has completed two quarterly evaluation reports, covering the first six months of this year.

## **Crèche Development**

The crèche development is being run by Spurgeon's. Facilities at the Women & Families Centre are being used for a crèche, the one originally run by the centre having now ceased to function.

The crèche is unable to operate at full capacity until it gains Ofsted approval.

Due to current under use of this building, the crèche development worker must be present to open the building and lock up, which is not an optimum use of her time. This problem should be resolved when Worsley Community Association take over the lease in September or October.

The crèche development worker is doing early years development work at the Early Years Centre and is involved with the Toddler Sport Project.

The project is using an evaluation tool based on the DfES 'Birth to Three Matters' framework.

## **Domestic Violence**

The project is based at Langworthy Cornerstone. The programme, known as the Freedom Programme, was originally developed in Liverpool. It consists of a twelve-session course to educate women on the dynamics of domestic violence. The programme is operating in other Salford Sure Start areas and there is evidence of reflective practice in the way the programme has been adapted. The original practice of running a rolling programme has been abandoned in the interests of forming supportive groups. The sessions have been extended from one to two hours to allow the women more time to talk.

It was agreed that the programme would supply evaluation forms on a quarterly basis, however none have so far been forthcoming. Difficulties have been experienced in obtaining data from the Freedom programme in other Salford Sure Start areas. Currently, the evaluator for Winton & Peel Green is pressing to obtain data for this programme's three year report. It is anticipated that success in Winton & Peel Green will make it easier to obtain data for other areas, including Little Hulton.

## **Enhance Portage**

The Sure Start funding is being used to employ a non-designated 0.5 time worker. Responsibility for the Little Hulton programme will thus be shared among the team of eight (5.5 full time equivalent). The programme was designed with particular reference to what other agencies are doing in the area. For instance, they considered and rejected the ideas of providing Parent Survival Courses and Playing Together groups. They have decided on developing a Fast-Track service and a Portage Bridge.

They are fast-tracking two families as a pilot and have adjusted their form in order to enable them to evaluate the effects of fast-tracking. Their usual practice has not been to not ask for feedback before the two-year process comes to an end, but they are now introducing additional feedback to fit in with SS annual report cycle.

A well-established team member has begun to work on the development of a Portage Bridge. This will initially focus on facilitating the passage of one child from a private nursery to an educational establishment. This activity fits well with Portage's role as the area's special educational needs co-ordinator (SENCO). They have not yet developed an evaluation method for this process. They have agreed to record the process, in order to monitor its development.

### **Family Support**

Spurgeon's are running the family support service. An evaluation made up of the following elements has been discussed:

- A list of the services provided to families;
- Two or three case studies, illustrating the kind of problems that the service deals with and how they are overcome;
- A description of the 'pathway' for supported families
- Summary of the results from evaluation forms;
- Performance indicators;
- Monitoring information;
- A list of the agencies that the service works in partnership with;
- A discussion of the problems involved in working in partnership with these different agencies and how they might be overcome;
- A description of the management support and supervision given to staff;
- Example(s) of developing practice.

The project has already displayed evidence of reflective practice: practice was to identify the users problem and develop a plan with the service user, to resolve it. In difficult cases, this led to feelings of failure, when the plan was not fulfilled. A switch was made to setting short-term objectives. These: 1) are helpful for less experienced staff; 2) cut down on negative feedback to families.

## **Health visiting team**

The health visiting team appears to function in an effective manner and may provide a model for best practice. Specifically, the team appears to be able to make more visits per family than teams in other areas.

A number of possible factors may have a bearing on this:

- ◆ they have a different relationship to GPs than is usual;
- ◆ they have a strong ethos of team working;
- ◆ they have been allowed more autonomy within the PCT than is usual;
- ◆ they manage their own budget;
- ◆ the programme is managed by an NGO, rather than directly by the PCT;
- ◆ their case-load is predominantly in the Little Hulton area.

It is intended that the evaluation of this project should include an attempt to: 1) establish how many visits are made by the health visiting team and compare this with other areas; 2) assess the effect this difference has on service users; 3) identify the organisational factors that account for the difference. A more detailed analysis of the teams activities is included in this report as Appendix Three. It remains to be established precisely which additional group work activities are enabled through the Sure Start funding.

The health visiting team is administering the parental satisfaction survey for the overall programme (findings are reported in Appendix Five).

There is a negative consequence of the team's organisational culture; this is unease that 'outsiders' sometimes experience in being unable to identify a 'team leader' who is able to speak for the whole team. This may be an inevitable downside of the health visiting teams democratic ethos and in this case must be weighed against the high levels of morale, motivation and service user contact that the team has achieved.

## **Home-Start**

Home-Start trains and supervises volunteers who give practical and emotional support to families. It is a preventative service, whose aim is to empower service users and avert the need for crisis intervention at a later stage. Volunteers are also able to signpost other services.

The evaluator has encountered some difficulty in establishing a shared understanding of the purpose of local evaluation with Home-Start and gaining a clear picture of activities in Little Hulton. Home-Start Salford personnel have shown some reluctance to recognise

their accountability to the local Sure Start management structure as funders and were slow to grasp the purpose of evaluation and understand the type of data required for a qualitative evaluation.

For example, a report submitted to Salford Sure Start Partnership Board meeting on August 8<sup>th</sup> 2004 outlines two recording systems used by Home-Start Salford. The first is a 'Referral Book', recording names and other details of service users. This book contains no qualitative data and categorises children as 'under 5' or 'over 5', which is not suitable for Sure Start purposes. The second system is a reporting form for Home-Start National. The data recorded is: (a) entirely quantitative; (b) does not have a figure for numbers of Sure Start families; (c) has no geographical breakdown within the Sure Start area; (d) categorises children as 'under 5' or 'over 5'.

On 15<sup>th</sup> April 2004 Home-Start Salford supplied the following data for evaluation purposes:

- 10 family records, including - records of initial organisers visit; review after one month; regular quarterly review; final review;
- details of ten week preparation courses for volunteers;
- evaluation of two team building meetings;
- a list of presentations made to other bodies;
- presentation made to Salford City Council;
- AGM Annual Report;
- Salford strategy and Little Hulton Action Plan Documents.

This data indicates a substantial effort towards team building among the Home-Start Salford organisers since August 2003. It also provides evidence relating to the training of volunteers. Unfortunately, it includes only limited reference to the actual experience of users and the benefits they have gained from the service. This consists of 10 family records, representing work in three Sure Start areas in Salford. Moreover, due to the anonymous nature of the data that has been supplied, it is not attributable to specific Sure Start areas.

On 22<sup>nd</sup> June 2004, the evaluator requested the following additional data for Little Hulton:

- ◆ 'Family Review Forms' for all cases over the last 12 months, suitably anonymised, but retaining post-codes;
- ◆ names and telephone numbers of 10 service users who have agreed to be contacted, for interview purposes.

Initially Home-Start asserted that to supply post codes to the evaluator would breach confidentiality. However, following consultation with the national Home-Start organisation, this has now been agreed.

Home-Start wrote to 10 service users requesting that they agree to be interviewed. They received two positive responses and these contacts have been supplied to the evaluator.

At a meeting on 27th September 2004, held to clear up past misunderstandings, Home-Start set out their plans to gather data to provide the type of evidence that the evaluation team had requested. If approved by the management committee in October, the following information will be collected:

- ◆ a form for parents asking questions about how contact with Home-Start has helped or not and how the service could be improved will be completed at review meetings (initially at one month and then at three monthly intervals).
- ◆ consent forms for parents to complete so that their contact details can be passed on to the evaluation team, to prevent the low response rate from the letters sent to ten parents occurring again.

The evaluator now takes the view that, with these proposed developments, an appropriate evaluation framework will be in place.

A sample of monitoring data for Homestart for a six month period is included as Appendix Six.

## **Language Development**

Sure Start funds a therapist (0.6) and a communication development worker.

The speech and language team in Little Hulton, as elsewhere in Salford, display a highly pro-active approach to evaluation. The project monitors referral numbers and attendance/drop-out rates. Parents are asked to evaluate the training given using a questionnaire. Performance is measured using the Sure Start Language Measure and a parental behaviour rating scale. The latter is administered before and after sessions. The team has requested that evaluators carry out interviews in all Salford areas to give them in depth feedback on user experience. They will supply names of 15 service users to be interviewed over the next year in Little Hulton. Interviews will address the accessibility and responsiveness of the service and parental views on the impact of the service. The communication development worker is experimenting with the use of a reflective diary and has discussed this with other members of the team.

Speech and Language were the first project to submit a quarterly evaluation report, which is included as Appendix Four.

## **Midwifery**

Midwifery receive funding for a full time midwife, distributed as follows: 0.6 Sure Start midwife; 0.4 distributed throughout rest of team for additional Sure Start work.

Little Hulton has 6 midwives, each 'named' to a GP. The Sure Start midwife is conducting an audit of team strengths, which will facilitate the planning of training.

The Sure Start midwife is also carrying out a survey of service users and has incorporated the parental satisfaction survey question into this.

In Little Hulton, the midwives are responsible for delivery of the La Lèche Breastfeeding and Breastmates Programme to parents. This programme delivers training to professionals and volunteers, the latter then act as peer counsellors. Volunteers in other Salford Sure Start areas have complained of lack of support. This may be due to lack of ownership of the scheme by a professional. As the Sure Start midwife supports the project in Little Hulton, it might provide a model of best practice.

Other Sure Start funded activities are as follows: aqua-natal sessions, including discounts and transport; drop-in sessions; diet and exercise information and voucher for slimmers world issued to women with BMI over 30; wellbeing assessments, to be fully evaluated in September; information giving & monitoring.

The midwives have also done some training through Sure Start – many have done the La Lèche breastfeeding course, and all have done the Freedom Programme training.

## **Parenting**

Since January 2004 Sure Start has been supporting parentcraft classes run by the Psychology Department at [hospital], who have promised to supply: copies of satisfaction questionnaires; a quantitative analysis of data; and contacts with service users.

Sure Start have been providing crèche support since January 2004, but classes have not been well attended. The programmes senior family support worker has now been allocated two days a week funding to see if she can help remedy this. The class tutor meets with the family support worker once a month.

## **Conclusion**

It is early days for the Little Hulton programme, but three key themes seem to be emerging from the evaluation: integration; best practice and partnership. We are still wrestling with the problem of how evaluation and monitoring can best contribute to efficient programme management. As our integrated quality system develops and access is gained to data from other agencies, the answer to this question will emerge. Although

the evaluation is still in early stages and findings must be treated with caution, projects have been identified which may in the future provide examples of best practice. Finally, the question how best to evaluate effective partnership working is one which will receive increasing attention as the evaluation progresses.

## **Appendix One**

### **Sure Start Little Hulton Quality Management Plan - Guidance**

#### ***Why have a quality management plan?***

The purpose of quality management is to enable everyone involved in providing services through Little Hulton Sure Start to:

- ◆ improve our delivery to service users;
- ◆ meet national and local service delivery targets;
- ◆ improve our communication with partner agencies;
- ◆ keep our funders and managers informed;
- ◆ identify and disseminate best practice.

At the moment, our quality management consists of various procedures we are required to carry out to satisfy National Sure Start: milestones; monitoring returns; evaluation. We need to ensure that these elements work together in a coherent way to enhance the work of individual projects, provide an overview of the programme as a whole and demonstrate to the Sure Start Unit that we are carrying out work that meets National Sure Start Targets. This is why we have recently been experimenting with changing the milestones forms and Paul has spoken to some of you about developing performance indicators.

#### ***What are we proposing?***

Paul has been having discussions with a software company about introducing a web based system which will enable projects to upload performance data directly onto a central web site. This data will include:

Monthly monitoring data;

Quarterly project performance indicators;

Quarterly evaluation reports.

As before, the monitoring data will be that specified on the Contact Monitoring Forms. The performance indicators and evaluation requirements will be worked out with individual projects and specified on Project Performance Forms, which will replace the Quarterly Milestones Forms.

## ***What's Different?***

Performance indicators will be agreed with projects and will reflect the National Sure Start Targets in a local context, allowing you to measure the effectiveness or added value your project is delivering.

For example: National Sure Start Target – **An increase in the proportion of families with young children reporting personal evidence of an improvement in the quality of family support services**

In Sure Start Little Hulton both **Homestart** and the **Family Support Team** are primary contributors to this national target. However that will impact on this target in different ways. What we need to do is agree **what** we identify as performance indicators and **how** we measure them, so we can **evidence** the effectiveness/outcome of the service. The **WHAT** and the **HOW** might be different for each project. The system for recording and processing the information will be a standardised web based solution.

Projects may have additional, non Sure Start performance indicators that may need to be taken into account.

## ***How will it work?***

It will be some time before the software for a web based system will be available. However, this does not prevent us from making a start. The standard items on the Project Performance Form for which you will be required to provide information will be:

- ◆ Return of Monitoring Forms
- ◆ Return of Performance Indicator data
- ◆ Return of Evaluation Reports
- ◆ Return of Financial Data

An additional item will be:

- ◆ Attend Sure Start Little Hulton Project Meeting

Our target is that ***all projects will be fulfilling these requirements by the start of the next quarter (October – December).***

The agreed Performance Indicators, together with the monitoring and financial information will provide a basis for the evaluation, which will also include:

- ◆ qualitative data on how the projects work and what they are achieving, including feedback from users and partner agencies;
- ◆ improvement plans and targets based on the data.

John will provide individual projects with guidance and feedback on their evaluation reports.

### ***What happens next?***

The programme of work is as follows:

Action	By Whom	Date
Present Quality Management Plan to Sure Start Little Hulton Management Group for Approval	Paul Walsh/John Rooke	July 04
Meet with Software Developers	Paul Walsh/John Rooke	July 04
Meet with Project Leads/Managers to agree individual Quality Management Plans	Paul Walsh/John Rook	August/September 04
Implementation of Quality Management Plan	Projects/Paul Walsh/John Rooke	October 04
Report to Management Group	Paul Walsh/John Rooke	January 05

### ***What do you think?***

If you have any comments or suggestions, now is the time to make them while you still have the chance to influence things. You can contact any of us with your questions or advice.

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## Appendix Two

### Project Costs, April 2004 – March 2005

PCT - Health Visitors	£	65,000
PCT - Speech & Language	£	44,000
PCT - Accountable Body Fees	£	7,000
PCT - Domestic Violence	£	8,000
PCT - Sure Start Staff & None Pay	£	8,150
PCT Sub Total	£	132,150
SCC - Pay	£	210,486
SCC - Support	£	35,000
SCC - Premises (office)	£	9,375
SCC - Premises (w&fc)	£	7,000
SCC - None Pay General	£	31,893
SCC - None Pay Specific	£	18,417
SCC - Sub contractors - Midwifery	£	38,000
SCC - Sub contractors - Family Action	£	15,000
SCC - Sub contractors - Befriending	£	33,000
SCC - Sub contractors - Advice Services	£	19,000
SCC - Sub contractors - Evaluation	£	30,671
SCC - Sub contractors - Portage	£	12,500
SCC - Sub contractors - Book Start	£	24,667
SCC - Sub contractors - Parenting	£	7,500
SCC - Sub contractors - PND Counselling	£	14,341

SCC - Sub-contractor - Design Team	£	10,000
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SCC - Sub-contractor - Playgroup	£	14,000
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SCC Sub Total	£	530,850

## **Appendix Three**

### **Health Visiting Project**

#### ***Team ethos and Governance***

Health visitor's expertise includes general nursing and child development. The latter includes practical knowledge about issues such as weaning. They also have a sign-posting role.

The Little Hulton Health Visitor Team adopts a holistic approach to the family health, which involves responding in a flexible manner to the perceived needs of the families in their care. The team engages in health promotion in an opportunistic manner, based on and ongoing health needs assessment. They will respond, for instance, if the father of the family expresses a desire to give up smoking.

Three years ago the team adopted a corporate model of governance (corporate caseload working) in preference to the traditional system of each health visitor being attached to a particular GPs surgery. They report that this facilitates a more rational distribution of workload. It might also account in part for the team's apparent ability to make more efficient use of resources.

The team has an intensive programme of contacts for each family (sixteen in all, including an ante-natal visit, two optional visits (at weeks eight to twelve weeks and at six months) and a final session at the health centre, when the child is three years old. This programme helps the health visitors to build up a relationship. Parents come to know and trust them and will telephone for advice. Thanks to Sure Start funding there is now usually a health visitor available in the office to take the calls. Each health visitor has a duty day, managed by rota, on which they remain in the clinic and deal with telephone calls, clients who come into the clinic and clerical duties.

The health visiting team in Little Hulton has a great deal of autonomy and unlike other Salford health visitors, have a case-load largely concentrated in a discrete geographical area. They manage their own Sure Start budget, which has allowed them to spend where they think will be most effective. Unlike other Salford Sure Start programmes, Little Hulton is managed by Spurgeon's rather than the PCT and no health visitor lead has been appointed.

They hold a formal team meeting once a week, where they share out the case load and they meet in the office at the beginning and end of each day, which allows them the opportunity to discuss difficult cases on an ongoing basis. Names of new babies go up on board, along with the date of birth and the health visitor allocated to the case.

### ***Additional services paid for by Sure Start***

#### **F12 (2004) spending per activity per financial year**

2003-2004	£48,750
2004-2005	£45,000
2005-2006	£55,000

Pays for extra health visitors (FT + 5 hours), staff nurse (E grade) and 20 hours admin. £5k for group work activities.

#### *Extra Health Visitor*

- now able to have health visitor continually available at the health centre
- now able to make an extra visit to families
- taken on extra 250 families

#### *Staff nurse*

This is a developing role, involving an holistic and flexible approach to promoting family health. The staff nurse takes referrals from the health visitors. Aspects of role:

- Giving advice on weaning, potty training, etc.;
- Home immunisation;
- Building and maintaining links with other agencies, including drugs team, district nurses, youth clubs;
- Helping with group work
- Following up A&E reports.

#### *Administrator*

To deal with paperwork created by:

- extra groups;

- induction of 250 new families;
- routine induction of new families;

Also:

- puts packs of give-aways together;
- sends out birthday cards;
- makes inputs into Comwise (when trained).

*£5k for group work activities*

- 'Fun in the Sun' days each summer (give sun cream).
- 'Smile for Santa' day at Xmas (give out tooth brush + paste, satsuma, educational toy).
- Baby massage session (weekly)
- Weaning session (monthly)
- Play and health session
- Additional give-aways: At 5 weeks, rattle and rag/soft book; Safety pack; Hand blender; Toothbrush and toothpaste; mug; wrist strap; PE backpacks + skipping rope.

### **Programme of Contact**

<b>Time of visit</b>	<b>Purpose of contact</b>	<b>Give-aways</b>
Ante-natal	Introduction to service. This means that the primary visit can focus on the mother and baby.	
Primary visit	Initial assessment, especially for first mums. Discuss sexual health.	Condoms.
Each week for the next seven weeks.	Advice and support, building relationship. At 5 weeks, invite to massage sessions.	At 5 weeks, rattle and rag/soft book.
Occasional extra visit between 8 and 12 weeks.	Administer PND questionnaire.	
Week 12 -16.	Talk about safety and weaning. Invite to weaning club. PND questionnaire, if not done earlier.	Safety pack. Hand blender and ice cube tray for mothers who attend weaning club.
6 months (if wanted, most do)	Second stage weaning.	
8 months	Developmental assessment, including hearing. Further PND screening.	Toothbrush and toothpaste, mug and Bookstart bag.
12 months	Reminder to attend and information about MMR injection sent by post.	First birthday card.
14 months (nursery nurse)	Nursery nurse talks about safety, play and MMR. Administers a developmental check.	Wrist strap.
3 years (at health centre)	Developmental check.	PE backpacks + skipping rope

## **Appendix Four**

### **Appendix Four**

#### **Speech and Language Quarterly Evaluation Report**

Project activity is being well received by both parents and other workers. Both the Communication Development Worker and Speech and Language Therapist are now establishing their roles in the Little Hulton Community. Recent parent consultation at Little Hulton Early Years Centre has indicated that parents want our continued service in the area. The Language Development Project Team is going to do more consultation regarding the nature of activity parents think would be beneficial to them and their children as part of the service.

Contact has been initiated with many families through the visits we can now offer to all children turning two years of age in the area, and through informal home visits that have been requested by families or other workers regarding questions or concerns the family has about their child's language development. At the two year visits parents have responded positively to the language activity packs, as reported in worker's reflective journals. Sue, Communication Development Worker (CDW), has also been able to take this opportunity to introduce families to Sure Start and support them in filling in a registration form.

Initial contacts with many families and early years workers have also been made through Language Development Project Workers presence at a variety of community groups and events. For example Sue dropping in to the Tots and Tiddlers parent/toddler group. Her input has included chatting with parents about the importance of listening skills in young children and giving out activity packs to promote this skill. The drop-in at the Early Years Centre and the team's presence at school coffee mornings (used to introduce new children and parents to a school), have created a number of opportunities for parents to meet us and raise any questions or queries. The Communication Development Worker has also made strong links with Bookstart and participate in their sessions at the library.

The option of home visit as an alternative to clinic appointment for children who have been referred to Speech and Language Therapy continues to be a popular one. Of the seven children offered initial assessments during this quarter, 6/7 chose to have a home visit for their child rather than a clinic appointment, indicating a strong need to continue this aspect of project activity.

Following the initial contacts two more significant forms of service delivery are now available. Talking Tots, our parent/toddler group focussing on parent/child interaction and communication development, is open to all little ones aged 18 months to 3 years and their parents. The second course is now running following positive feedback from the

questionnaires completed by parents at the end of the first course. It was beneficial working together with the Bookstart worker during the 'books' session. Following the Talking Tots course comments included:

"A very friendly and relaxed environment where the children and parents feel comfortable to enjoy the sessions".

In response to the question: how do you feel that your child has benefited from attending Talking Tots?

"a lot she shares more now and is not as shy"

All participants reported that having time to do activities with their children was one of the most useful and important aspects of the course.

The other activity is that involves significant contact with a particular family is Communication Development Worker (CDW) home visits focussing on parent/child interaction and communication development. Rating scales showing parent's use of strategies that promote children's communication development before and after the sessions, are indicating increased number of strategies used following the sessions, a positive trend.

With regards to our measurable target concerning uptake of the service, we managed to achieve 100% uptake of the service for 0-4 year olds referred to Speech and Language Therapy in the Sure Start area. However, during the same quarter in 2003 100% uptake was achieved by the mainstream service also (looking across the year and at previous years, this appears to be an anomaly)! Over the period July to September in 2003 17% of 0-4 year olds referred to Speech and Language Therapy in little Hulton failed to access the service. We propose that the measurable target over the quarter July to September 2004 should be set at a 10% increase in access (rather than the 20% previously stated).

## Appendix Five

### Analysis of Baseline Parental Satisfaction Survey Returns

#### *Returns*

53 returns in total

6 had no postcode, or postcode out of area

47 valid returns

#### *Satisfaction Ratings*

**Question:** What do you think of services for families with young children in your local community?

very satisfied	satisfied	dissatisfied	very dissatisfied
10	22	8	5

One respondent declined to rate services on the grounds that they were new to the area.

## ***Analysis of qualitative responses***

**Question:** Is there anything you'd like for families with young children in this area?

Quantified coding of responses. (number of mentions in brackets)

Better/more parks/play areas (16 – see below)

More playgroups/sessions (7)

More things for children to do/places to go (5)

Kindergym/Whacky Warehouse (2)

More fun days (3)

Trips (3)

Clubs (2)

Better organised mother and toddler groups

More activities in the holidays

Children's time/story-time in the swimming baths

Somewhere to take them that doesn't cost the earth

Music, dance, drama clubs

More support for working mums, including more frequent toddler/baby groups, so they don't miss out through being at work

Crèche for under 2s

local swimming pool

More places for children to play

Free equipment such as high-chairs, safety gates, rug guards etc. (like in Winton)

Safer roads

## **Parks**

Play areas/playgrounds (5)

More play equipment in park (2)

Un-vandalised play area (2)

Safe/supervised play areas (3)

Nice park with no youths

Park activities

Madamswood Rd park has closed – nearest is 20 minutes away

Nature trail/pond

toilets

## **Something for older kids (8)**

## Appendix Six

### Home-Start: Sample case load (no. of families) December 2003 – May 2004

Month	New cases	Discharged cases	Current caseload
December	0	0	11
Jan	0	0	11
Feb	0	0	11
March	1	0	12
April	2	2	14
May	1	0	13

Thus, nine families remained on the books for the full six month period; four new families were visited; and two families were discharged. This gives a total of fifteen families visited in the six month period.

## Contact Details

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