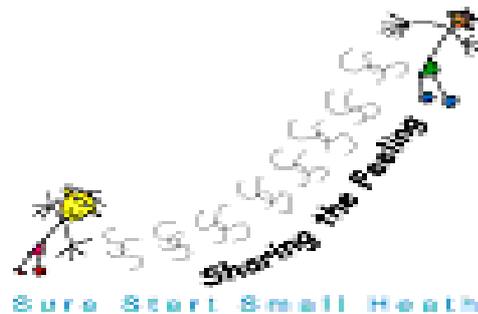


# EVALUATION

## FOR

**SureStart**  
SMALL HEATH



Prepared by



Research House UK  
*Insightful Analysis*

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**APRIL 2003 TO MARCH 2004**

For further information please contact:

Azora Hurd  
Sure Start Small Heath  
Programme Manager  
c/o Sure Start City  
St Luke's School  
Bristol Street  
Birmingham  
B5 7BN  
Telephone: 0121 622 8255

**Prepared by**



Research House UK  
*Insightful Analysis*

---

11 Furlong Road Coventry  
West Midlands CV1 2UA  
Telephone: 02476 251336  
Email: [info@researchhouseuk.com](mailto:info@researchhouseuk.com)

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## ABBREVIATIONS

SSSH	Sure Start Small Heath
PCT	Primary Care Trust
PSA	Public Service Agreements
SDA	Service Delivery Agreements
SLA	Service Level Agreements

# EXECUTIVE SUMMARY

## Introduction

In September 2003, Research House UK was commissioned to undertake an evaluation of the Sure Start Small Heath Programme (SSSH). The programme began in March 2003 and was in operation within `round five` of the funding programme. This evaluation considers 2002 to 2003 and the full year of 2003 to 2004. The first part of the first chapter provides an introduction to the Sure Start project. The second part outlines the aims of the evaluation and the methodology used including considering ethical issues to achieve these aims. The next four chapters explore the four key objectives of the Sure Start programme which include increasing the availability of childcare for all children, improving health, education and emotional development for young children and supporting parents in their role and in developing their employment and training aspirations. The final chapter provides an overall conclusion with summaries of the programme's achievements and recommendations in relation to working effectively in partnership.

## Key Achievements

The key achievements of the programme are:

- establishing structures and systems to enable the programme to operate
- establishing a participatory structure that allows parents and community to gain access to the programme
- appointment of key staff: an experienced Programme Manager and Deputy Manager, a former midwife who has knowledge of systems and procedures within the health service
- cross-linking the SSSH key strategic objectives with the operations of the programme. This is clearly seen in the establishment of the task groups and the staff teams
- registering 305 parents in the Sure Start programme by visiting known parents with under-5 year olds
- management information systems with regular reports to the Board
- appointment of outreach workers who have an understanding of various cultures and knowledge of various languages
- establishing links with service agencies such as the educational authorities, Health Service and nurseries
- producing a comprehensive directory of all the services for children and parents
- allocation of resources to make the library more accessible
- arranging regular educational visits and including educational slots in the Stay and Play Sessions
- establishment of parents as volunteers to the programme
- completing of parent satisfaction survey which showed that 45% of parents that responded to the satisfaction survey indicated that the programme had a positive impact on the area. There

was also a high awareness of SSSH considering the short time the programme had been in operation.

- completing the first year evaluation
- high attendance of Board members and Board members who are motivated to ensure the success of the programme

## Programme Development

Four key phases of the SSSH can be identified:

1. securing and establishing the programme
2. establishing processes and procedures within the SSSH programme
3. developing innovation in service delivery and mainstreaming that service gradually in the wider community
4. developing strategic structures and action to ensure change takes place while maintaining the ethos of SSSH.

There is no doubt that phases 1 and 2 have been a success in the first year of operation. Phases 3 and 4 need to be strengthened through more strategic working and operating at a more grassroots level with more marginalised communities and a wider range of communities and parents. If these two challenges can be met with the same rigour, tenacity and energy, the impact on the lives of parents with small children will be beneficial in the long term. Four key areas need to be worked on in order to develop partnership effectiveness to meet these challenges: Strategic Review, Partnership Board Development, Parents Forum and Task Groups.

## Key Recommendations

The recommended strategies and suggestions for improving the Sure Start Small Heath Programme and increasing its chances of survival are divided between the task groups:

GROUP	RECOMMENDATIONS
A Partnership Management Board	<ol style="list-style-type: none"> <li>1. Continue the 'Open' Board and 'closed' format of meeting</li> <li>2. Work more strategically (see section 6.2)</li> <li>3. Hold, carry and lobby the vision of the SSSH to decision making agencies and to the wider community (see section 1.10 and section 6.2)</li> <li>4. Consider the mainstreaming agenda and how this may happen (see section 6.2)</li> <li>5. Consider the codes of conduct and how they may be implemented (see section 1.10)</li> <li>6. Update the Delivery Plan and the Terms of Reference (to reflect changes developed, code of conduct and vision)</li> <li>7. Consider how better parental involvement can be achieved (see section 6.4)</li> <li>8. Consider the options of extending the boundary of Sure Start Small</li> </ol>

	<p>Heath in light of the development of the Children's Centre in Small Heath (see section 6.2)</p> <ol style="list-style-type: none"> <li>9. Conduct meetings differently so that some of the Board members can be encouraged to be more actively involved in meetings</li> <li>10. Undertake training for Board members as identified by the Board Away-day (appendix D)</li> </ol>
B. Quality Group	<ol style="list-style-type: none"> <li>1. Select the members of the Quality Group as the chairs of the Task Teams (already implemented)</li> <li>2. Monitor the expenditure of the budget</li> <li>3. Ensure processes and procedures are in place</li> <li>4. Develop projects which bring in innovation and new thinking (see section 6.3)</li> <li>5. Link Service Level Agreements (SLAs) with objectives</li> <li>6. Increase information and communication for Forum members to become Board members</li> <li>7. Regular meetings of the Quality Group and between the Chair and the Programme Manager need to take place</li> </ol>
C. Operational Staff	<ol style="list-style-type: none"> <li>1. Greater staff role to widen and increase the Parents Forum (see section (6.4)</li> <li>2. Induct staff into the programme by involving them in the Parents Forum and having them attend <i>at least one</i> Board meeting, Quality Group meeting and the Task Groups</li> <li>3. Link with the Midwifery Service so that information on new babies comes direct to the SSSH team</li> <li>4. Develop an IT database of all registered parents in the SSSH area</li> <li>5. Wider circulation of service providers Resource Pack by hard copy and electronic versions (CD Rom and website)</li> <li>6. Consider the development of IT information points such as kiosk points which can provide information on services in various languages in an easy-to-use format</li> <li>7. Increased help for lone parents and encouragement for them to get involved with Board and/or Forum memberships</li> <li>8. Ensure that all parents receive the necessary newsletters</li> </ol>
D. Parents Forum	<ol style="list-style-type: none"> <li>1. Present opportunities to discuss wider issues which can or should be put forward to the mainstreaming agenda and presented to the Partnership Board</li> <li>2. Develop more links with community groups and organisations and undertake small steps to promote strategic development at a grassroots and decision-making level</li> <li>3. Greater involvement of parents and wider community through the</li> </ol>

	<p>Parents Forum</p> <ol style="list-style-type: none"> <li>4. Greater awareness of opportunities of SSSH for parents to be involved</li> <li>5. Greater effort to involve fathers in all activities</li> <li>6. Better networking opportunities by holding more informal meetings such as coffee mornings at different venues</li> <li>9. Increased help for lone parents and encouragement for them to get involved with Board and/or Forum memberships</li> <li>7. Conduct meetings differently so that some of the parents can be encouraged to be more actively involved in meetings</li> <li>8. Hold meetings at a regular time and venue so that people become more familiar with the pattern of events</li> </ol>
E. Task Groups	<ol style="list-style-type: none"> <li>1. Conduct meetings differently so that some of the members can be encouraged to be involved in meetings more effectively</li> <li>2. Take more of a team approach to developing the group with more individual responsibilities and team working</li> </ol>
F. Health and Family Support	<ol style="list-style-type: none"> <li>1. Increase home visits by specialists such as dermatologists, speech therapists, counsellors, physiotherapists and dieticians where requested by parents.</li> <li>2. Develop stronger links with health visitors and early years service providers</li> <li>3. Conduct meetings differently so that some of the members can be encouraged to be involved in meetings more effectively</li> <li>4. Feed back information to health service providers on the issues and feelings of parents receiving services</li> <li>5. Consider the development of a Pregnancy Group which could link with the Parents Forum</li> </ol>
G. Primary and Community Health Services and Health and Family Support	<ol style="list-style-type: none"> <li>1. Challenge service providers on how they deliver their services by providing guidance, advice and support</li> <li>2. Examine the waiting times for appointments at GP surgeries</li> <li>3. Conduct meetings differently so that some of the members can be encouraged to be involved in meetings more effectively</li> </ol>
H. Quality Play, Learning and Childcare Services	<ol style="list-style-type: none"> <li>1. Better links need to be made between nurseries and the library</li> <li>2. Challenge service providers on how they deliver their services by providing guidance, advice and support</li> <li>3. Develop preparation strategies for under-4s with schools to ensure they are better prepared, develop their capability and potential to enable better consistency of teaching at all levels</li> <li>4. Provide translation support for parents where necessary</li> </ol>

	<ol style="list-style-type: none"> <li>5. Examine if the number of nursery places for children can be increased.</li> <li>6. Consider other activities, both indoor and outdoor</li> <li>7. Conduct meetings differently so that some of the members can be encouraged to be involved in meetings more effectively</li> <li>8. Identify a Play Team which can develop the provision of services for the nursery at Golden Hillocks</li> <li>9. Examine the exact scale of support needed for children with special needs and develop an inclusion strategy with service providers</li> </ol>
<p>I. Training and Employment</p>	<ol style="list-style-type: none"> <li>1. Conduct meetings differently so that some of the members can be encouraged to be involved in meetings more effectively</li> <li>2. Link with all schools and colleges</li> <li>3. Develop stronger links with the Job Centre Plus, particularly in light of the closure of the Job Centre on Coventry Road in order that more outreach sessions can take place in community centres</li> <li>4. Conduct an employment and training survey with parents to identify the specific issues and needs of parents in employment and training</li> </ol>

## APPENDIX E

# 1. INTRODUCTION

## 1.1. Chapter Summary

In September 2003, Research House UK was commissioned to undertake an evaluation of the Sure Start, Small Heath Programme (SSSH). The first part of the first chapter outlines the aims of the evaluation and the methodology including ethical considerations used to achieve these aims. An evaluation strategy was developed early on the programme (see appendix A). The second part provides a wider context to Sure Start at a national and local level. The vision, structure and aims of the SSSH Partnership are then presented. The penultimate section gives a background to the Small Heath area in which the Partnership operates.

## 1.2. Evaluation Aims

The aims of this evaluation are:

1. To provide a baseline that can be used to assess the effectiveness of the Board. This will assist in assessing the current structure and propose changes.
2. To identify improvements to the programme that should be made, highlight the achievements of the programme, ensure that the Board is complying with its remit and meeting the targets set by the national Sure Start programme.
3. To assess the progress of the programme in relation to the objectives set in the Delivery Plan 2003 to 2004.

## 1.3. Evaluation Methodology

Five approaches were used to evaluate the programme:

### 1.3.1 Interviews

Semi-structured interviews were conducted with the Board members on a one-to-one basis. These were carried out during the evaluation period in person or by telephone. Key questions that were asked are listed in appendix B.

### 1.3.2 Training Away-day

A Board away-day was organised on 9 March 2004. Appendix C provides some of the notes about the day including the vision and codes of conduct.

### 1.3.3 Desk Study

Information was gathered, assessed and analysed in order to give a detailed report on the quantitative and qualitative aspects of the SSSH Small Heath programme. This included:

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- Analysis of demographic population using Mapshore<sup>1</sup>
- Evaluation of six monthly update reports on the SSSH targets and milestones (April 2002 – September 2003)
- Analysis of the parent profile
- Analysis of parental satisfaction questionnaire results
- Analysis of integrated event programmes
- Assessment of Small Heath Sure Start targets and how these targets fitted into the development of the programme and projects
- Parent profile. A mapping exercise was carried out in the Sure Start area of Small Heath to establish the number of under-4s in the area and to register families with SSSH with a view to providing them with facilities that would assist the children in matters of health and education. The results from this exercise were used to provide a target profile of respondents for the parental satisfaction survey and can be seen in the desk study

### **1.3.4 Parental Satisfaction Survey**

142 parents were surveyed in the form of a door-to-door questionnaire designed to explore their views and opinions about the programme and to assess how well they were receiving services in the Small Heath area. Stratified sampling was used to survey the parents; this was based on the proportion of Sure Start Small Heath parents, ethnic origin, age and gender found in the area (the profile used for the survey is in Appendix D). The questionnaires were then carried out in the Sure Start Small Heath area according to the given profile (allowing for a 10% deviation). The sample size of 142 was identified to ensure that there was a 95% confidence level that the entire population of approximately 619 households would choose answers within 7.25% of the survey results. A full report giving analysis on the questionnaire responses can be seen in Appendix D.

### **1.3.5 Focus Group**

A focus group was conducted on 11 March 2004 to ascertain the views of the Parents Forum. Parents were recruited from the Parents Forum by the Sure Start Team. The full report and methodology of the focus group are given in Appendix E.

## **1.4. Ethics**

Ethical considerations were included throughout the evaluation process. The Board and the Programme Manager were keen to see that such consideration were an integral part of the evaluation process. Key considerations that were made included:

- involve and invited all the Board members for interviews on a one to one basis. A standard process of conducting Board member interviews, with open unbiased questions. Any other comments on the programme was also considered.

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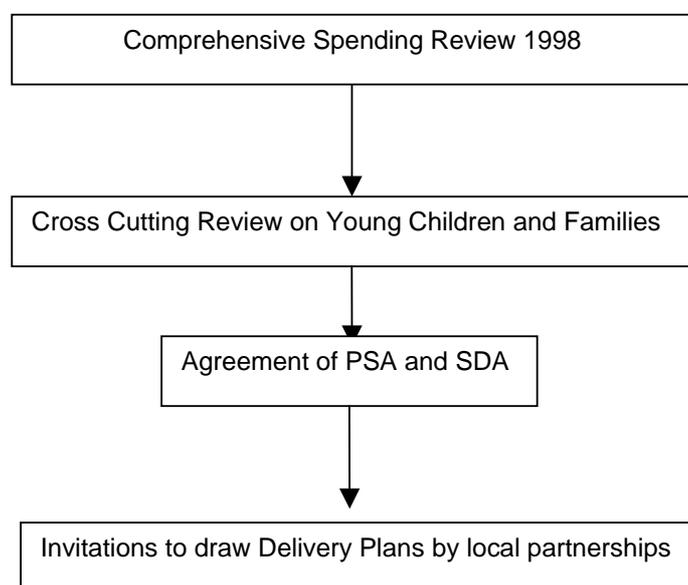
<sup>1</sup> Mapshore is a statistical GIS which extracts data from the Census 2001. Mapshore was purchased in order to extract information from the Census 2001

## APPENDIX E

- An appointment of an independent experienced trainer to facilitate the Board away day.
- The satisfaction survey to parent was contracted to a market field research company which had no association with SSSH. In addition the field interviewers were conversant in most of the Asian languages that are spoken by the majority of the population. In addition the field staff deployed to undertake the field survey reflected the culture and gender of the service users
- A pilot of the user satisfaction survey was conducted with the Parents Forum before the full survey was carried out.
- A crèche facility was also provided for the focus group with the Parents Forum members.
- Research House UK is an Associate member of the Market Research Society and are obliged abide by its Code of Conduct in conducting research.

### 1.5. Wider Context of Sure Start

Sure Start arose from the 1998 Cross Comprehensive Spending Review, from which a specific review was made for the provision of young children and their families. This particular review generated the concept of Sure Start. Public Service Agreements (PSAs), which identified the key aims, were drawn between government departments and the Treasury. These departments were given the task to draw Service Delivery Agreements (SDAs). The following diagram provides the broad context of the development of Sure Start adapted from *Working Across Boundaries* (Helen Sullivan and Chris Skelcher, 2002):



In addition to the above a Green Paper *Every Child Matters* was produced in 2003. This has a significant impact on Sure Start and the SSSH. Some of the outcomes from the Green Paper include the establishment of the Children's Centre, formation of a Children's Trust, legislation on sharing information on children between agencies and the establishment of a Director of Children's Services. These are significant structural and strategic changes which can only be carried through with the support of the

## APPENDIX E

Partnership Board (see section 6.4).

### **1.6. National Sure Start**

Sure Start was formed in 1999 as a cross-departmental initiative that aims to improve the health and wellbeing of children under four and their families in low income areas, so children are prepared for, and ready to succeed when they start school. It is a cornerstone of the Government's drive to tackle child poverty and long-term social exclusion.

Sure Start was allocated a sum of £452 million for the period 1999–2001/02 to establish 250 local Sure Start programmes in England in areas of disadvantage. Grants were paid to local partnerships comprising local parents, local community representatives and the key statutory and voluntary agencies who provide services for children and families, to reshape, enhance and add value to existing services so they provide better and more co-ordinated support for very young children and their families. Six rounds of government funding were announced, beginning with the 'Trailblazer Round' in 1999.

### **1.7. Local Context of Sure Start**

Before Sure Start, Birmingham began developing an integrated strategic approach to childcare provision between the Education Department, Health Department and Social Services. A small strategic group had been formed between Birmingham City Council (Tim Brighthouse), South Birmingham Health Authority (Cynthia Bowers) and Birmingham Voluntary Service Council (Jane Slowey) to develop family support strategy. Single Regeneration Budget 5 (Family Support) allowed some funding for the strategy to take shape, but it was the Sure Start programme which enabled the framework of strategic integration to be more formal and to identify more quickly pockets of deprivation in Birmingham that needed support services for families. SSSH was chosen because of the deprivation level and the fact that it has the highest number of births in the Ward (see section 1.12). City College Birmingham (a general further education college) led the local partnership through various consultation meetings, planning groups and the proposal bid for SSSH in the Delivery Plan 2002 to 2003.

### **1.8. Sure Start Small Heath**

The Sure Start Small Heath (SSSH) programme was established by local public, voluntary and community organisations in early September 2001. The lead body was City College, Birmingham, and the accountable body was South Birmingham Primary Health Care Trust. A Delivery Plan was submitted in October 2002 and approval was given on 31<sup>st</sup> March 2003. Technically, the programme became operational in 2002–2003 with a small budget. The programme is in its second year, under Round 5. The partnership aimed to work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children – particularly those who are disadvantaged – so that they flourish at home and when they get to school, thereby breaking the cycle of disadvantage for the

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current generation of young children.

### 1.9. Partnership Vision

As part of its planning the Board included a development day, which took place in March 2004. The aims of the day were to explore how to build more effective partnerships between different agencies and service providers, parents and local community members. The objectives included identifying:

- the barriers to effective partnerships
- the ingredients of good partnerships
- strategies for building positive partnerships.

The day was well attended by the Board members and provided an opportunity to revisit the vision. Some elements of the key vision for the SSSH for the next five years identified by the Board members were described as follows:

- Children will be able to tell what difference SSSH has made to their lives
- Strong foundations for service delivery will be developed with an emphasis on partnership working. Key words are: reflective / evaluate / review / change
- All services fully inclusive
- Childcare available to all that want it
- Parents run services
- Communities know each other and are integrated
- Parents run Board in partnership with professionals and strategic management
- Families, especially women, have a better life
- Parents have the confidence to say what they want, to influence service provision and have the skills to do this
- Parents understand the needs of 0–4 year old children
- A positive impact on children's life chances, wellbeing and educational attainment
- A long-term investment through skills and the increase in the number of parents who are trained
- No boundaries or age limit
- Sure Start team are able to refer to other services
- Strong evidence base
- SS becomes a household name
- Women's issues are addressed

### 1.10. Partnership Objectives

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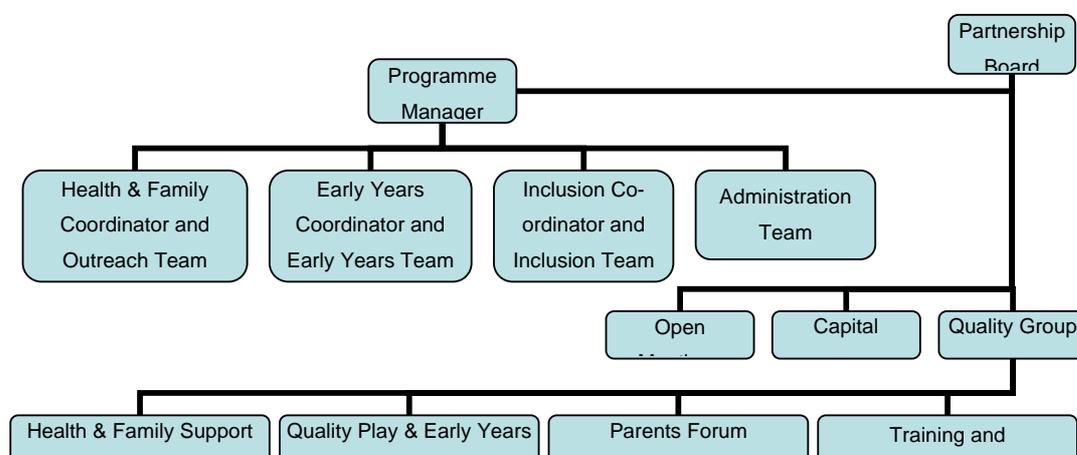
The Partnership had established four key strategic objectives<sup>2</sup>:

1. Improving social and emotional development, in particular by supporting early bonding between parents and their children, helping families to function and by enabling the early identification and support of children with emotional and behavioural difficulties.
2. Improved health, in particular by supporting parents in caring for their children to promote healthy development before and after birth.
3. Improving children's ability to learn, in particular by encouraging high quality environments and childcare that promote early learning, provide stimulating and enjoyable play, improve language skills and ensure early identification and support of children with special needs.
4. Strengthening families and communities, in particular by involving families in building the community's capacity to sustain the programme and thereby create pathways out of poverty.

### 1.11. Partnership Board Structure

The Partnership Board revised its structure towards the end of 2003/2004. Its current structure is shown below:

There is clear link between the structure and the key strategic objectives, as each team is required to provide support to these key objectives.



### 1.12. Task Groups and Objectives

The following table links together the chapters of this evaluation report, objectives, the PSA Target and the Task Groups:

Chapter	Objective	TASK GROUP(S)
---------	-----------	---------------

<sup>2</sup> Extracted from the SSSH Terms of Reference

<sup>3</sup> Extracted from the SSSH Terms of Reference

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2	<p><b>Objective 1: Improving Social and Emotional Development</b></p> <p>In particular, by supporting early bonding between parents and their children, helping families to function, and by enabling the early identification and support of children with emotional and behavioural difficulties.</p>	<p>Health and Family Support</p> <p>Quality Play and Early Years</p> <p>Parents Forum</p> <p>Quality Group</p>
3	<p><b>Objective 2: Improving Health</b></p> <p>In particular, by supporting parents in caring for their children to promote healthy development before and after birth.</p>	<p>Primary and Community Quality Group</p> <p>Health and Family Support</p>
4	<p><b>Objective 3: Improving the Ability to Learn</b></p> <p>In particular, by encouraging high quality environments and childcare that promote early learning, provide stimulating and enjoyable play, improve language skills and ensure early identification and support of children with special needs</p>	<p>Quality Play and Early Years</p> <p>Health and Family Support</p> <p>Capital Group</p> <p>Quality Group</p>
5	<p><b>Objective 4: Strengthening Families and Communities</b></p> <p>In particular, by involving families in building the community's capacity to sustain the programme and thereby create pathways out of poverty.</p>	<p>Training and Employment</p> <p>Health and Family Support</p> <p>Parents Forum</p> <p>Quality Group</p>

Table 1: Task Groups and Objectives

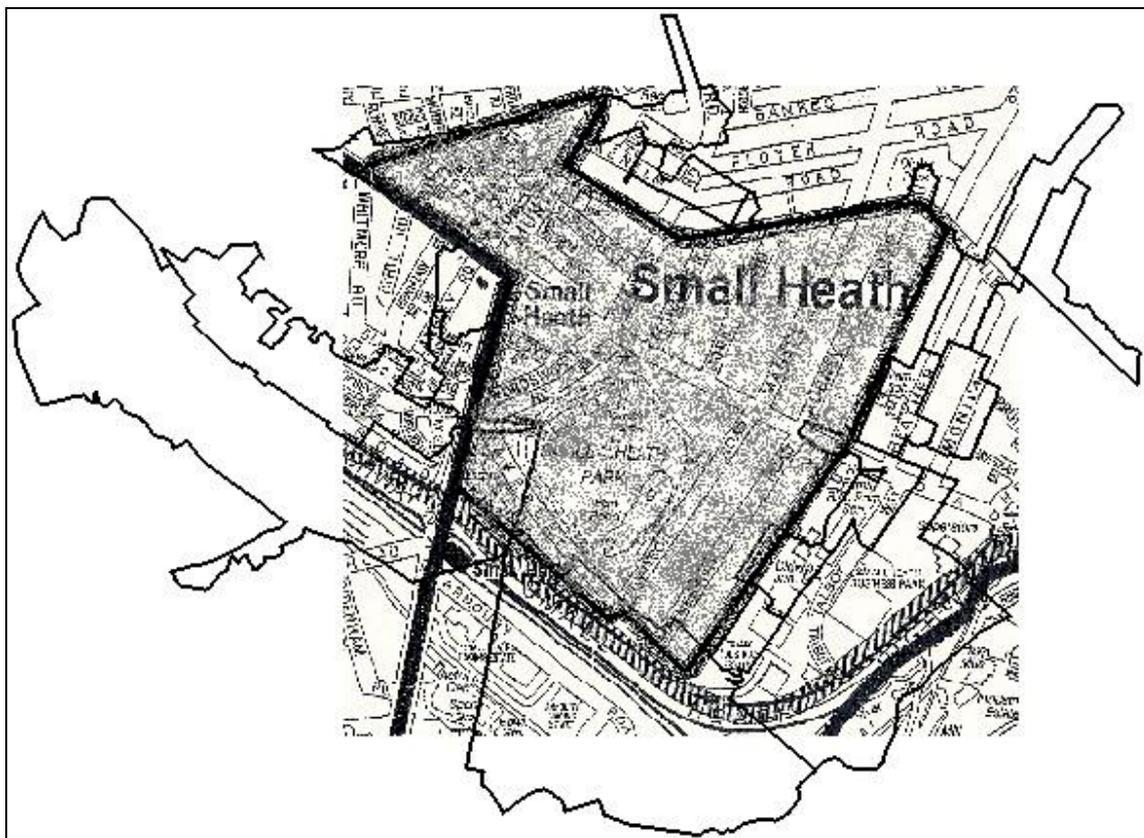
The next section considers the social, economic and demographic issues that the Partnership operates within to reach the above objectives and targets.

### 1.13. Sure Start Small Heath Area Background<sup>4</sup>

The Small Heath area and the area where the Sure Start programme operates is seen in the map in figure 1. Further information is provided by a summary of the Census 2001 data for the Sure Start Small Heath area and the Small Heath Ward. The Census 2001 data shows that the Sure Start Small Heath area contains just over 26% of the Small Heath Ward population and covers 18% of the Small Heath area.

<sup>4</sup> Data Sourced from 2001 Census

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**Figure 1: Map of Small Heath and the Sure Start Boundary**

1066 children between the ages of 0 and 4 live in the Sure Start Small Heath area, making up 11.5% of the population, and equalling the proportion of 0–4 year olds in the Small Heath Ward. Of the 2363 households in SSSH, 27% (631) have children between the ages of 0 and 4; this is slightly lower than the proportion in the whole of Small Heath where 34% of households have 0–4 year olds. The Census 2001 data also shows evidence that the Small Heath Ward has the highest number of children between 0 and 4 in Birmingham at 11.5% of the ward population. In all the other 38 Birmingham Wards children between 0 and 4 years make up between 3.6% and 10.8% of the population.

The ethnic origin of 0–4 year olds in the Sure Start Small Heath area is predominantly Kashmiri/Pakistani (63%). This proportion is higher than that of the total Sure Start Small Heath population (57%) and also the total Small Heath Ward population (51%). Also, 16% of the 0–4 population in the SSSH area are of Bangladeshi origin, 3% are Indian, and 4% are other Asian ethnicity, meaning that the majority (86%) of residents are of Asian origin. The proportions of the other ethnic origins of 0–4 year olds making up the SSSH area are shown in figure 2.

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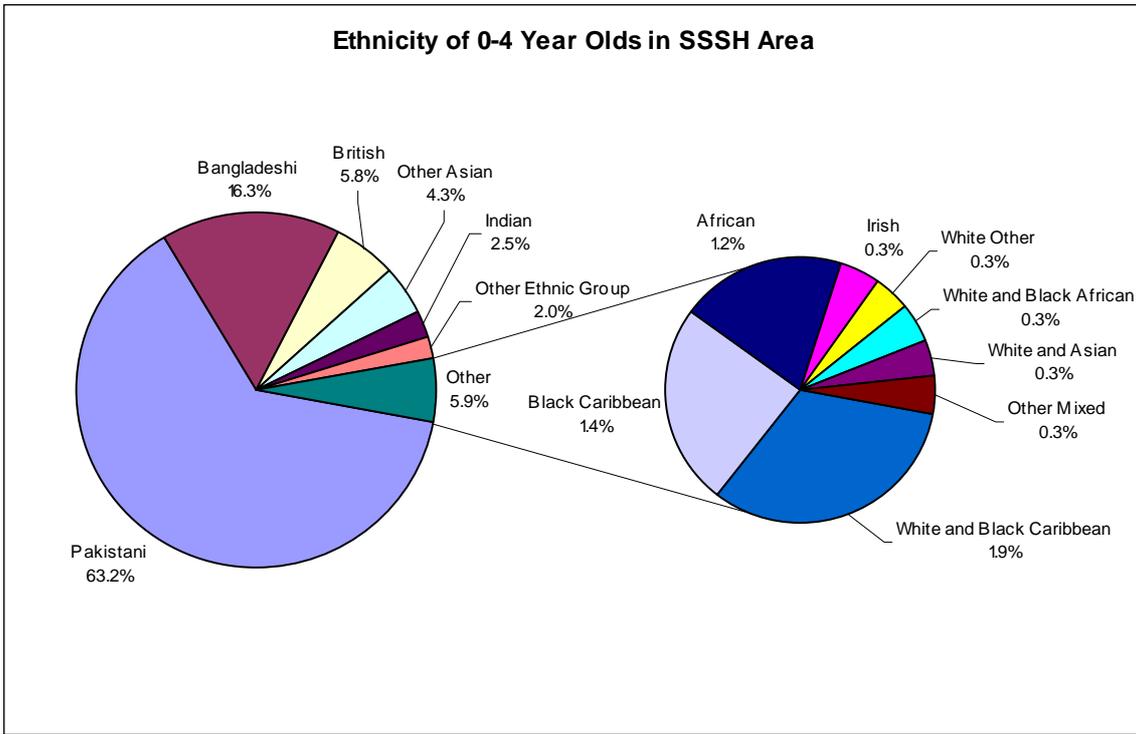


Figure 2: Ethnicity Background of Sure Start Small Heath Residents

The proportions of the ethnic origins in SSSH differ slightly from the Small Heath Ward proportions as White British ethnicity is the second largest ethnic group (22%) at ward level whereas it only makes up 12% of the population in the SSSH area. A breakdown of the proportions of ethnic groups in SSSH and Small Heath Ward is summarised in the table below (appendix F provides a more detailed breakdown between the Small Heath Ward and SSSH area).

ETHNICITY	SSSH Area (Mapshore)		Small Heath Ward (Census 2001)	
	Number	%	Number	%
<b>Total Population</b>	<b>9285</b>	<b>100.00%</b>	<b>35102</b>	<b>100.00%</b>
<b>Asian or Asian British Total</b>	<b>7229</b>	<b>77.86%</b>	<b>23145</b>	<b>65.94%</b>
<b>White Total</b>	<b>1320</b>	<b>14.22%</b>	<b>8781</b>	<b>25.02%</b>
<b>Black or Black British Total</b>	<b>452</b>	<b>4.87%</b>	<b>1841</b>	<b>5.24%</b>
<b>Mixed Total</b>	<b>161</b>	<b>1.73%</b>	<b>923</b>	<b>2.63%</b>
<b>Chinese or Other Ethnic Group Total</b>	<b>123</b>	<b>1.32%</b>	<b>412</b>	<b>1.17%</b>

Table 2: Ethnic Groups in SSSH and Small Heath as a Whole

A mapping exercise carried out in the Sure Start area of Small Heath gave an insight into the languages written and spoken. It showed that 78.3% of residents speak English and 69.4% read English. The other main languages spoken and read are Urdu (read by 34% of residents and spoken by 26%), Bengali (read by 16% and spoken by 22% of residents), Punjabi (spoken by 18% of residents) and Mirpuri (spoken by 14%).

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The mapping exercise also showed that 8% of residents were already registered with the SSSH programme, 72% were keen to sign up for the programme, 9% were unsure and 9% did not want to sign up.

### **1.14. Achievements**

A number of positive steps have been undertaken to achieve the objective on early identification of families needing support. These included:

- establishment of a Partnership Board
- approval of the Delivery Plan
- establishment of structures and systems to enable the programme to operate
- establishment of a participatory structure that allows parents and community to gain access to the programme
- cross-linking the SSSH key strategic objectives with the operations of the programme. This is clearly seen in the establishment of the Task Groups and staff teams
- inter-agency links across health, education, employment, leisure services and voluntary services.

The next four chapters explore the key objectives of the Sure Start programme such as increasing the availability of childcare for all children, improving health, education and emotional development for young children and supporting parents in their role and in developing their employment aspirations. The final chapter provides an overall conclusion with summaries of the achievements, an assessment of partnership effectiveness and recommendations.

## **IMPROVING SOCIAL AND EMOTIONAL DEVELOPMENT**

### **2.1. Introduction**

This chapter forms part of the PSA target. Its main objective is:

*Improving social and emotional development. In particular, by supporting early bonding between parents and their children, helping families to function and by enabling the early identification and support of children with emotional and behavioural difficulties.*

Its objectives are led predominantly by the operational staff under the management of the Programme Manager and the guidance of the Partnership Board. Several methods have been employed by the SSSH programme to help improve social and emotional development in the area. SSSH has worked towards achieving the following:

### **2.2. Reducing the Proportion of Children on the Child Protection Register**

*1 “To reduce the proportion of children aged 0–3 area who are re-registered within the space of 12 months on the child protection register by 20% by 2004”*

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Over the year of the programme, several activities have taken place in order to reduce the number of children aged 0–3 re-registered within the space of 12 months on the child protection register. These activities, carried out by the SSSH programme, include:

- creating links with the Social Services office
- creating links with the Stepping Stones and Tennyson Road Community Day Nursery.

The Social Care and Health Department are still compiling the figures for children on the at-risk register and therefore the programme does not have up-to-date information. However, the outreach and family support team has established firm links with Social Care and Health teams locally and is actually supporting children and families who are deemed in need and at risk. Service managers of the programme have attended child protection conferences and are working in partnership with Social Care and Health teams to support at-risk children.

### **2.3. Caring for and Supporting Mothers with Post-natal Depression**

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

The second SSSH target was for all local programmes to have agreed and implemented a culturally sensitive way of caring for and supporting mothers with post-natal depression. Throughout the past year the programme has made steps towards meeting this target by:

- appointing a Health and Family Co-ordinator from a health care background who can support mothers
- establishing a Community Development Workers' outreach programme
- appointing two Community Development Workers to work in this area
- visiting Small Heath Health Centre to target expectant and new mums
- commencing communication with health professionals and joint working
- visiting local women's hostels
- producing dual language leaflets and newsletters
- use of the Birmingham City Council translation services
- providing a culturally sensitive service by means of employing individuals from the local community or similar communities. In addition frontline staff are from an Asian background and have an understanding of the culture and the ability to speak a wide range of languages
- taking referrals from Health Visitors and attending baby clinics to access new mums
- the Programme Manager was sent on a study tour delegation to Pakistan / Kashmir in order to gain greater insight into these communities
- using Health Authority information on new babies coming into the SSSH
- staff attending and communicating with parents in the Parentcraft Classes

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- development of the Best Buddies Scheme
- staff establishing firm links with the local schools

### **2.4. Families having Contact with Local Programmes**

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

The SSSH programme worked towards this objective through achieving the target of ensuring 100% of families with young children had been contacted by local programmes within the first two months of birth.

They achieved this through activities such as:

- developing links with the Child Health Department
- commencement of outreach work
- identifying any hard-to-reach parents, expectant mums and new parents through sessional workers conducting door-to-door street visitation enquiries
- sessional workers undertaking a mapping exercise
- linking with local women's hostels
- access and use of Health Authority information
- linking with Parentcraft Classes
- Best Buddies Scheme
- Productions of newsletters and leaflets in English and Urdu
- Leaflets were reproduced to reflect the partnership working
- Development of a parent volunteer scheme
- registration of parents into SSSH
- mapping exercise to identify the number of parents and languages in the community
- mapping exercise and production of a directory
- production of leaflet which promotes all the SSSH services
- Eid party and ed card competition

The childcare and early education places information (M2) gives details of the number of children who were already accessing Sure Start places and the estimated places to be provided in the SSSH area through SSSH and non-SSSH funding. The predicted figures, however, would change in the light of Children's Centre initiatives and would require revision. The table below shows the childcare and early education place information (M2) in the Small Heath area as at 25 September 2002.

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<b>Programme Name: SSSH</b> <b>District: Small Heath</b> <b>Date: 25 September 2002</b>	<b>Existing number of places in SSSH area for 2002–2003</b>	<b>Number of new places to be provided by SSSH in 2003/04 –2005/06 (maximum provided at any one time)</b>	<b>Estimated number of new places to be provided through non-SSSH funding in 2003/04–2005/06</b>	<b>Total number of new places in Sure Start area 2005/06 (existing plus new)</b>
<b>1. Childcare</b>				
a) Day care – full time, five times a week	126	0	10	136
b) Childminder – full time, five days a week – number of full time places 0–3 year olds	0	12	12	24
c) Number of childminders	1	4	4	9
d) Other – please state:	0	0	0	0
<b>2. Early Education</b>				
a) Nursery – half day, five days a week	130	0	15	145
b) Pre-school playgroup – half day, five days a week	0	31	10	41
c) Pre-school play group various sessions per week	56	10	0	66
d) Special Needs Play Group	14	10	0	24
<b>3. Other</b>				
a) Crèche sessions per week per child – one to three hours per session	0	30	0	30
b) Crèche sessions for adult ed. users only	20	15	10	45
c) Holiday schemes – full time, five days a week – for children 0–3 only	0	20	0	20
d) Four Weeks (Summer Holiday) Pre-school Play scheme Half days children 2½–4 only	20	20	10	50
e) Wraparound or extended care – part time nursery or playgroup place plus at least one hour am and one hour pm	0	20	10	30
f) Out of school clubs – at least one hour after school – for children 0–3 only	0	0	0	0
g) Stay and Play	63	40	10	113
<b>TOTAL</b>	<b>430</b>	<b>212</b>	<b>91</b>	<b>733</b>

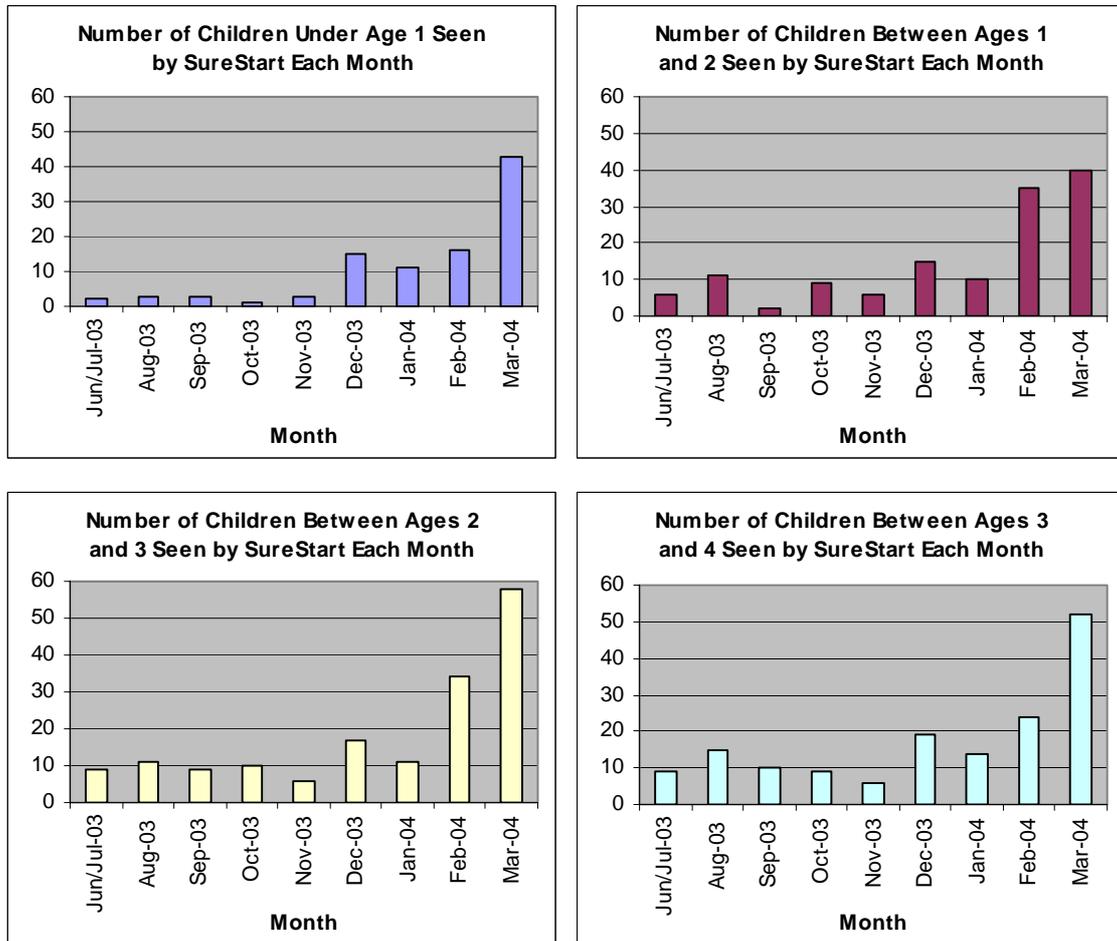
**Table 3: Childcare and Early Education Place Information (M2)**

This M2 data (see appendix G) shows there was a general planned increase in the number of childcare and education places over the twelve months from September 2002 to September 2003 through the SSSH Programme. Data for 2004–2005 has not been incorporated in the M2 form. The proposed 212 new SSSH places would provide a 49% increase in childcare and education places in the area. The SSSH programme would increase childcare places by 13%, early education places by 26% and other activity places by 41%. No figures were presented for 2004 to 2005. It is evident that programme is placing a priority to childcare and early years. The programme is currently working with local service providers and Bangladeshi Women's Resource Centre to train registered child minders. The capital development will

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allow the programme to provide its own places.

The data provided from M3 describes the breakdown (by four different age groups) of children that have actually accessed the services provided by SSSH each month between June 2003 and March 2004. Note that, although the SSSH became operational in March 2003, the programme only began registration for places in June 2003 following the employment of staff and approval by the Board of the registration form. The numbers of children seen each month are shown in figure 3 (appendix H provides the exact numbers in a table format).



**Figure 3: Breakdown of Children Seen Each Month between June 2003 and March 2004**

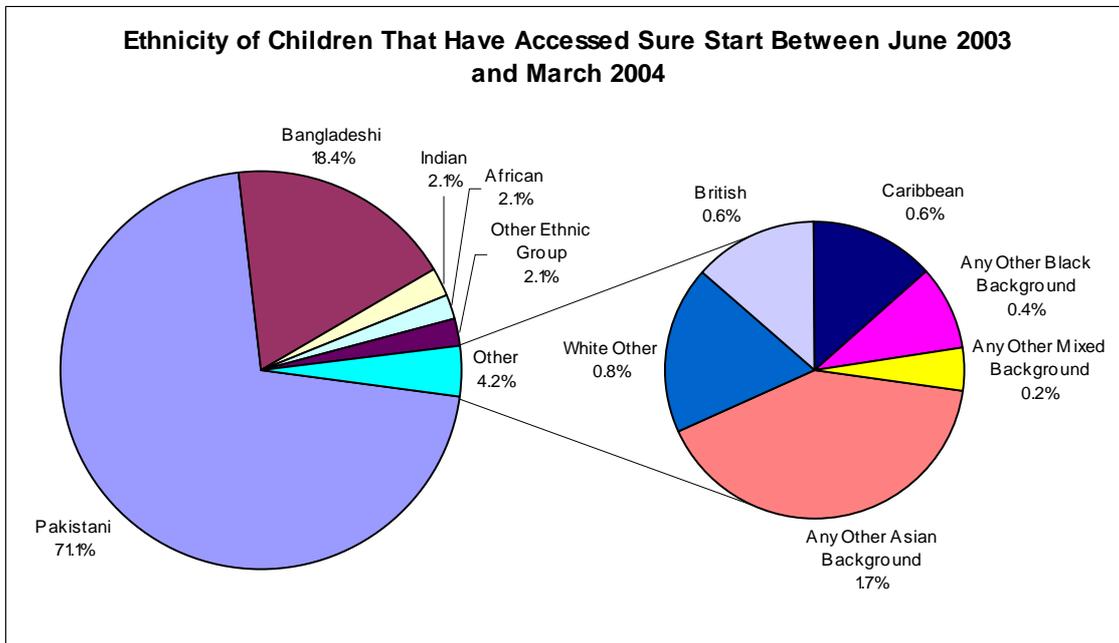
A total of 554 children were seen by SSSH between June 2003 and March 2004. Between June and November the numbers of children seen by SSSH were quite low, i.e. between 21 and 40 per month. However, from December 2003 onwards the total number of 0-4 year old children seen by SSSH each month increased to 109 in February 2004 and to 193 in March 2004. The majority of children seen by SSSH between June 2003 and March 2004 were between the age of 2 and 4 (58%) with 1 to 2 year olds making up 24% of the total. The proportion of children under the age of 1 seen by SSSH is the lowest at

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18%, with disabled and special needs children making up 3% of the total children seen.

The breakdown of children seen illustrates that although there was an initial increase in the number of children of all ages seen by Sure Start, peaking in August, the numbers decreased sharply in September. However, there was another increase in children seen, this time peaking in December. Since January there has been a significant increase in the number of children seen each month. These trends are generally true for all ages and could be due to a number of children starting back at school or nursery in September and January or children who only attend during the school holidays. It could also be due to Sure Start Programme providing the majority of activities and events in school holidays.

The chart in figure 4 illustrates the ethnic origin of the children seen by SSSH each month. It shows that the majority of children are from a Pakistani background (71%) with the next largest ethnicities being Bangladeshi (18%), Indian (2%), Other Asian (2%) or Other Ethnic Group (2%). These proportions, however, do not represent the population as seen from the 2001 census or the results of the mapping exercise. The census data indicated that the 0–4 population, although predominantly Asian, also consisted of 6% White British. This was not represented in the actual ethnicity of children seen, only 0.6% of whom were White British.



**Figure 4: Ethnic Origins of Children Seen by Sure Start Small Heath**

The monthly reach information indicated that there were 488 parents seen by SSSH between June 2003 and March 2004, 2.3% of whom were disabled or with special needs and 7.8% were lone parents. The chart in figure 5 shows the number of parents seen in each month.

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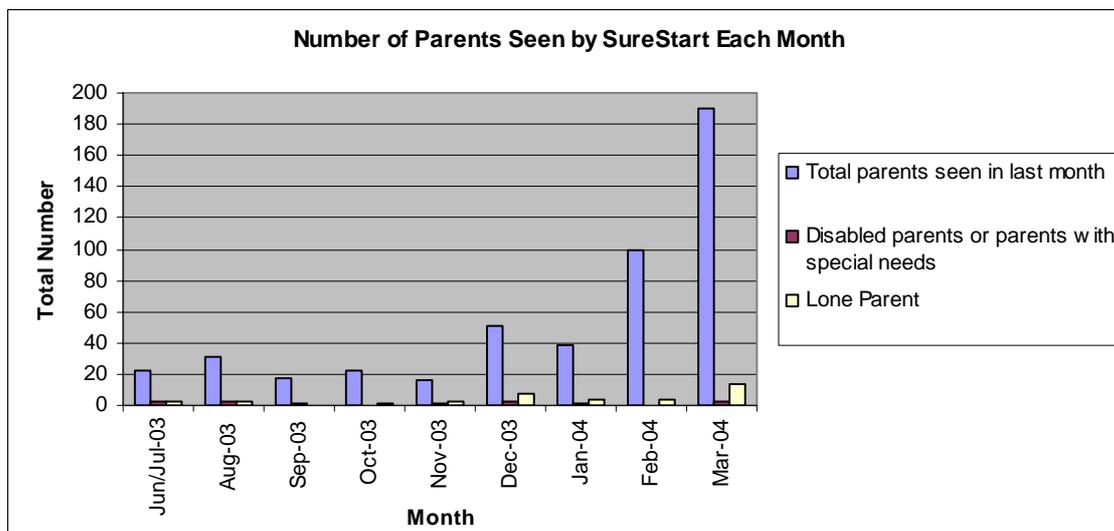


Figure 5: Monthly Breakdown of Parents Seen by Sure Start Small Heath

In the same period SSSH saw 36 pregnant women, 58% of whom were lone women and 6% disabled.

### 2.5. Emerging Issues

Small Heath is becoming a transient population. A small number of parents and babies are not being registered through the statutory agencies. This is particularly the case with new migrant communities arriving into the area such as Somalis and Yemenis. The Horn of Africa Project operated by the Family Service Unit could offer some assistance to the programme in identifying those communities. This has an impact on the planning for service provision. However the extent of unregistered children is unclear although Figure 3 does highlight that the number of 0 to 1 year old seen was low: this may be related to a low number of births since January 2003. There have been reports of waiting lists for places at nurseries in the Small Heath area. The number of children on waiting lists for nursery places is estimated to be 200 in the Small Heath ward.

### 2.6. Achievements

A number of positive steps have been taken to achieve the objective on early identification of families needing support. These include:

- increasing the number of children and parents seen (clearly indicated by the data)
- registering 305 parents in the Sure Start Programme by visiting known parents with under-5 year olds
- appointment of an experienced Programme Manager and Health and Family Support Coordinator; the latter is a former midwife who has knowledge of systems and procedures relating to the care of newborn babies within the Health Service
- Appointment of outreach workers who have an understanding of various cultures and knowledge of various languages

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- Establishing contact and links with service agencies such as the Health Service and nurseries
- Most of the contact has been with the majority Pakistani or Kashmiri population

### 2.7. Summary of Findings

The information given in this chapter makes it clear that a lot of development has been undertaken and the SSSH Programme has made a good initial start. However, there is a need to develop the success in a more sustainable and mainstream way. The following summary of findings include possible ways of how the programme can begin to address this:

- Stronger links need to be established with the mainstream statutory health agencies. This will enable better co-ordination of services between the health professional and nurseries soon after babies are born.
- Research is required to know the exact numbers on the current waiting lists at the nurseries and what the future demand will be for nursery places. Table 3, Childcare and Early Education Place Information (M2) may need revising in the light of findings.
- The number of Sure Start places available for 2004 to 2005 needs to be identified.
- The number of new places for special needs children is 10. Given the scale of the problem (see chapter 4) it is not clear if this will be adequate.
- Comparative assessment needs to be undertaken to find out whether the shortage of nursery places is peculiar to Small Heath and whether resources could be shared with other nearby Wards.
- The needs of minority populations, particularly the new migrants who are not part of the ethnic breakdown of statistical information, require consideration. Research needs to be carried out to assess the extent of the population.

The next chapter will consider the second objective of the project, improving health.

## IMPROVING HEALTH

### 3.1. Introduction

**Objective 2:** *Improving health. In particular, by supporting parents in caring for their children to promote healthy development before and after birth.*

These objectives are achieved by the operational staff and members of the Primary and Community Health Services and Support to Families and Parents with Special Needs. The SSSH Programme has helped to improve health in the area by working towards achieving the following:

### 3.2. Reduction in Mothers who Smoke in Pregnancy

1. *To achieve by 2004 in the 500 SSSH areas a 10% reduction in mothers who smoke in pregnancy.*

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The first SSSH target for improving health was to reduce the number of mothers who smoke in pregnancy by 10% before 2004. The programme has made several steps towards meeting this target. These include:

- the production and distribution of leaflets about how to stop smoking
- formal discussions on the topic at the Parents Forum
- Health Promotion and information provided through outreach contact provided by the Community Development Workers
- appointment of a further two Community Development Workers
- the targeting of fathers and male relatives since in general it is not the women who smoke but the men. The women and their babies tend to be more affected through passive smoking
- Health promotion by members of the outreach team during home visits

There does not yet appear to be any way of identifying with certainty how many women smoke in pregnancy; therefore there is no way of measuring a 10% reduction. Nor is there any clear mechanism established on how this will be achieved in the future. In addition, mothers who smoke in pregnancy need to be targeted more effectively, by other means than through the Parents Forum.

### **3.3. Parenting Support and Information**

#### *2. Parenting support and information to be available for all parents in SSSH areas.*

The next target for improving health in the SSSH area was to ensure that support and information was available for all parents. There have been a number of steps taken to achieve this target, including:

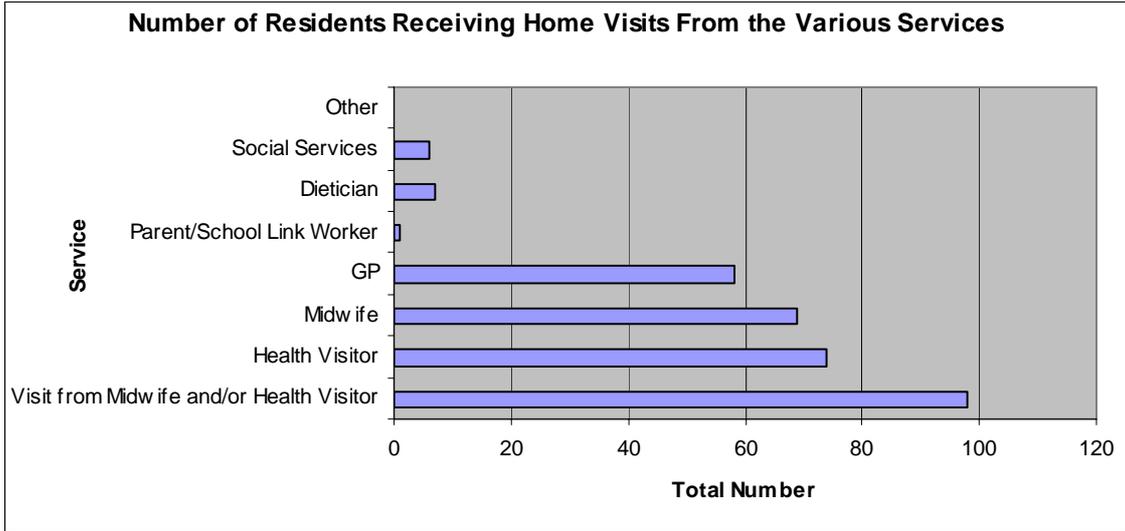
- the documentation of an Information Resource File
- production and distribution of flyers/letters/leaflets (dual language)
- education visits to capture parents on to the SSSH programme and services
- parental training
- training parents in recruitment and selection of staff
- parent newsletter
- Open Board meetings
- Parents Forum meetings
- advice surgery for parents.

It is evident that the programme has been providing information and supporting parents. Additionally the partnership has been with the statutory and voluntary sector, which has resulted in a joined up approach to information sharing and communications.

The results from the satisfaction questionnaire from this evaluation show that a high number of residents received visits from the health visitor, their GP or the midwife service within the first 2 months of their

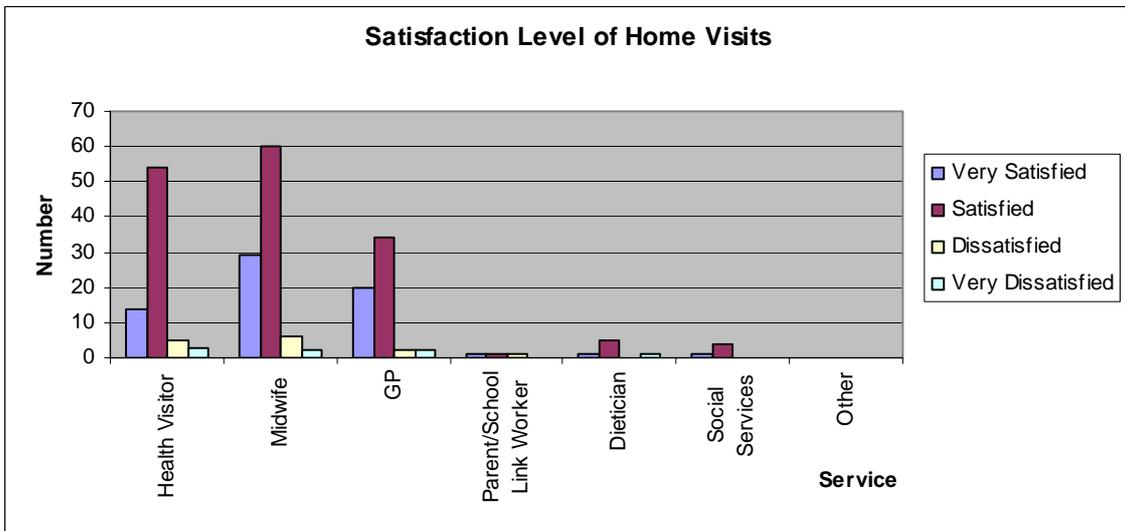
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child's birth. More specifically, from the 141 respondents, 52% had received home visits from a health visitor, 49% had received a home visit by a midwife, 70% had received a visit from a health visitor and/or a midwife and 41% had received visits from their GP. On the other hand, 5% or less had received visits from social services, a dietician or a parent/school link worker. The number of residents receiving a home visit within the first two months of their child's birth is illustrated in figure 6.



**Figure 6: Number of Residents Receiving Home Visits**

Of the residents who received home visits or had accessed the services from the health sector, the majority felt satisfied or very satisfied with the service provided. In fact, 67% or more respondents felt this way about the home visit service, and 62% or more felt satisfied or very satisfied with the health sector. The various satisfaction levels of the respondents for each of the home visit services and the various health services are illustrated in figures 7 and 8.



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Figure 7: Satisfaction Level of Residents Who Received Home Visits

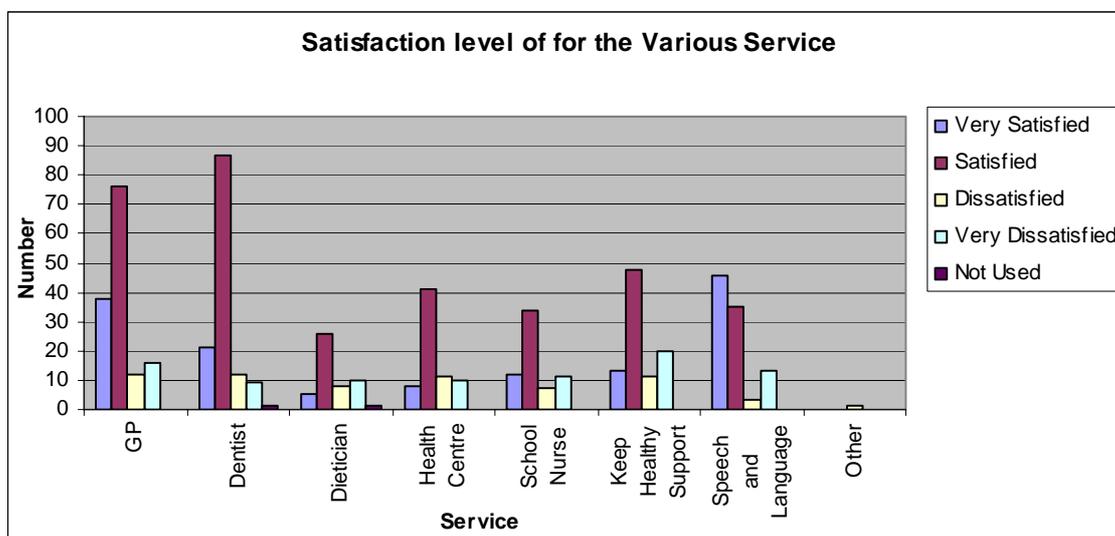


Figure 8: Satisfaction Level of the Various Health Services

The various services providing home visits and the health services have both been very successful in being sensitive towards the individual cultures. Of the respondents who had received home visits 87% said they had received a culturally sensitive service. Of the respondents who had accessed the health services 99% had received a service that was sensitive towards their culture.

Although the satisfaction survey indicated a high level of satisfaction for the various home visit and health services, the respondents of the focus group pointed out a few areas where they had not been satisfied. The focus group respondents were particularly critical of the services provided by their GPs, finding that the waiting time for an appointment to see a GP is too long to be considered acceptable. The citations in italics are direct quotes from the parents who attended the focus group.

*'[There is] too much waiting.'*

*'Emergencies should come first not told to come back tomorrow.'*

Some respondents of the focus group felt that their GPs were not issuing medical notes when in their opinion they were entitled to one. Also some in the group felt that they should be able to see the same GP to maintain continuity and build rapport.

*'It's hard to get a doctor's note even if you are ill.'*

*'I want to be able to see the same doctor every time not anyone from the surgery.'*

One respondent of the focus group also felt that children who require speech therapy or other services should be able to gain the professional help and advice that they need.

*'Speech therapists should come out but they don't. We need more visits.'*

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*'They don't have enough help for parents with [such] problems...more information and advice is what we need.'*

The respondents of the satisfaction survey felt that the home visit service could be improved by the provision of more information on diet. Respondents also felt that more home visits, more understanding, more information and advice and more health visitors would improve the services. This was also the opinion of the focus group respondents who felt that a dietician, dermatologist and a speech therapist should be available to more parents who need help and advice.

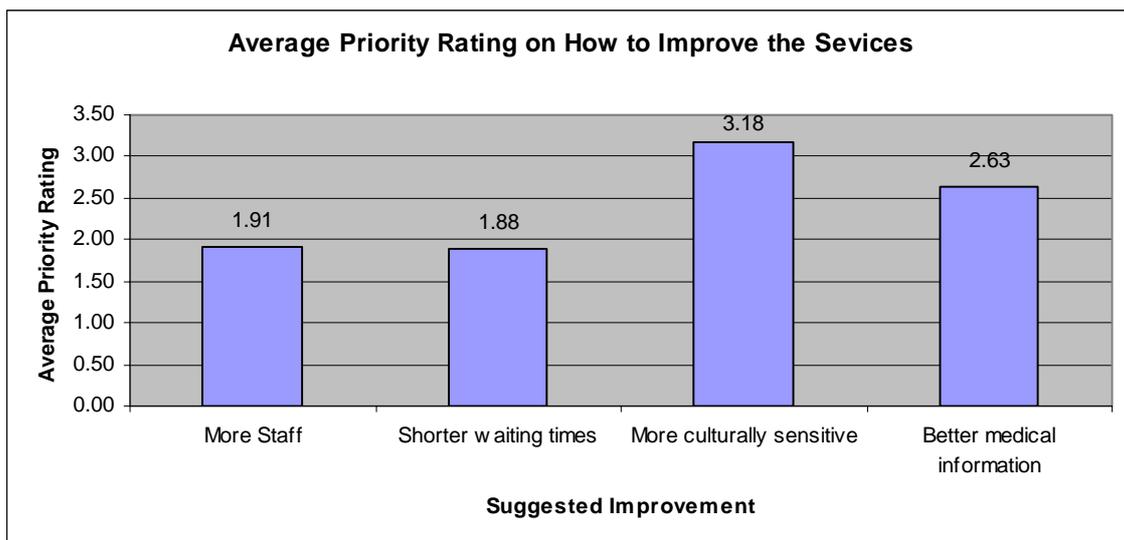
*'At the weaning age you need dietician advice to see if that will help settle children.'*

*'A dermatologist as well if children have eczema or skin problems so parents can talk to someone else.'*

*'Children who are not communicating well may need a speech therapist.'*

Another suggestion that the focus group respondents felt would improve the home visit service was better help and advice for parents who have children with behaviour or diet concerns.

The respondents of the satisfaction survey felt that the health services as a whole could be improved the most by making the services more culturally sensitive; the respondents rated the importance and priority of this suggestion as 3 out of 5. This seems to be in contradiction to the response to the question of whether the services were culturally sensitive, since 99% had indicated that they were. Other suggested improvements of the health services, along with the importance ratings, can be seen in the chart in figure 9<sup>5</sup>.



**Figure 9: Suggested Improvements to the Health Services Priority Rating (1 to 5)**

<sup>5</sup> The parent surveys addressed services provided by all agencies in the Small Heath area

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### 3.4. Breastfeeding Guidance

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

In order to improve health in the SSSH area through providing breastfeeding guidance, the following activities have taken place:

- setting up a Best Buddy Scheme and parents attendance at the training
- production and distribution of information leaflets
- training of the trainers
- general advice and support by outreach workers during home visits
- discussions during Parent Forum meetings

The majority of the residents in the SSSH area felt that they had been given proper guidance on breastfeeding. This is seen in the satisfaction survey responses (figure 10) where 59% of the respondents who had needed the guidance said that they had received it properly.



Figure 10: Number of Respondents Who Received Proper Guidance on Breastfeeding

### 3.5. Reduction of Children with Gastro-enteritis, Respiratory Infections or Severe Injuries

*3. A 10% reduction in children in the SSSH area aged 0-3 admitted to hospital as an emergency with gastro-enteritis, a respiratory infection or a severe injury.*

The health of children in the SSSH area was targeted by trying to reduce the number of children with gastro-enteritis, respiratory infections or severe injuries. The SSSH programme had taken a number of steps towards achieving this aim through the following activities:

- Parents Forum discussions
- outreach work by Community Development Workers
- links with health professionals
- issuing accident prevention safety kits

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- parents attendance on first aid training
- links with health professionals to acquire information on children admitted for emergencies

### **3.6. Emerging Issues**

The programme has very limited strategic links with health professionals engaged with mainstream health organisations. Closer contact is needed with Board members and senior directors to enable the programme to have an impact on provision of service at the mainstream level. Other strategic connections should be formed with education (see chapter 6).

This objective is also concerned with providing health support to parents before birth. Opportunities for more support could be made available by the establishment of a Pregnancy Group from the Parents Forum. This could help ensure parents with newborn babies become part of the SSSH programme and provide a support network for expectant mothers, and particularly for new parents. A good practice model is the Adderley Pregnancy Group which provides support in terms of health, nutrition and after-care for parents<sup>6</sup>. This group was formed to provide peer to peer support.

There appeared to be adequate provision of support for breastfeeding, where there are a number of campaigns, as well as training and support provided by the health authorities. It seemed there was no need to duplicate the work of the statutory agencies in this area. Fewer resources from SSSH are needed for the support of this work.

No bench marking information or data has been presented to the SSSH on the number of children admitted to hospital for emergencies. This is currently being addressed by SSSH and the health authorities.

### **3.7. Achievements**

In summary, there have been a number of achievements made to improve the health of parents before and after birth as identified early in this chapter:

- production of smoking cessation leaflet aimed at mothers who smoke during pregnancy
- health promotion is a key message from outreach workers
- a comprehensive directory of all the services for children and parents has been produced
- dual language leaflets and newsletters about Sure Start have been produced and distributed
- the setting up of a Parents Forum that provides peer-to-peer support on health, education and family care issues
- several open Board meetings have been attended by parents

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<sup>6</sup> Taken from the Heart of Birmingham PCT Strategy for Children and Young People 2003

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- a Best Buddy Scheme has been established
- distribution of a Home Safety Starter Pack
- regular Parents Forum meetings
- crime prevention/safety talks
- distribution of smoke alarms/goody bags
- Stay and Play session topics on health and safety
- keep-fit sessions for mothers have been established.

### 3.8. Summary of Findings

- A small strategic group needs to be formed to investigate the mechanics of working at a strategic level and how additional services proposed by SSSH can be mainstreamed.
- Joint working between the Health Task Group and the Parents Forum could take place to consider the support needs for parents before birth.
- The target on the reduction of mothers who smoke needs to have a clear source of information. Passive smoking by male members of the family is a bigger issue that needs to be tackled as mothers and babies are more affected by this.

The next chapter explores the third objective of the project: improving children's ability to learn.

## IMPROVING CHILDREN'S ABILITY TO LEARN

### 4.1. Introduction

**Objective 3:** *Improving children's ability to learn. In particular, by encouraging high quality environments and childcare that promotes early learning, provide stimulating and enjoyable play, improve language skills and ensure early identification and support of children with special needs.*

This objective is achieved by the support of the operational staff and the Quality Play, Learning and Childcare Services Task Group. An improvement in children's ability to learn has been worked towards through the following:

### 4.2. Reduction in Children with Speech and Language Problems

*1. To achieve by 2004 for children aged 0–3 in the SSSH areas, a reduction of five percentage points in the number of children with speech and language problems requiring specialist intervention by the age of 4.*

In order to improve children's abilities to learn, the SSSH programme worked towards meeting the target to reduce the number of children with speech and language problems requiring specialist intervention by the age of 4 by 5 percentage points before 2004. The SSSH programme worked towards this target by participating in several activities, which include:

- Stay and Play sessions with themed topics for discussion (health and safety, body parts, children

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of the world and the seasons)

- production and distribution of a Parents Pack – Speech and Language leaflets
- educational visits
- purchasing speech and language services from central provision
- Parents Forum discussions
- links with Early Years Child Development Partnership Co-ordinator
- outreach work promoting language and socialisation
- conducting national speech and language surveys in the SSSH area and feeding back results
- outreach visits escorting parents.

During the focus group, participants described how the SSSH project had been successful in reducing the number of children with speech and language problems. They felt that the programme has been particularly successful in:

- helping and advising parents how to deal with children's speech problems and how to overcome them.

*'Help with kids problems.'*

*'Advice on lads who have speech problems.'*

*'There is the speech development for children'*

The need for a speech therapist was highlighted in section 3.3.

- printing newsletters in languages other than English which have helped those parents with limited English language skills to have a better understanding of services.

*'The newsletters are good because they are not just in English.'*

- a natural speech and language assessment tool has been utilised which measures language ability in 23–25 month old children. SSSH has begun using the measure with children it has been in contact with
- links with the Library service have been established (see below).

### **4.3. Access to Play and Learning Opportunities**

*2. All children in SSSH areas to have access to good quality play and learning opportunities, helping progress towards early learning goals when they get to school*

The SSSH programme, in order to improve children's ability to learn, worked towards achieving the target of ensuring all SSSH children had access to good quality play and learning opportunities. In order to achieve this target the programme has taken several steps:

- Community Development workers holding early years qualifications
- four Stay and Play sessions weekly in a number of different locations; holiday stay and play groups

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- extending resources of existing provision with the Tennyson Road Community Day Nursery
- active volunteers promoting play and learning
- outreach visits promoting play and language
- promoting quality play at Parents Forum meeting and family outings
- crèche provision for parents during meetings
- four educational visits
- active involvement of parents in the logo competition and awards ceremony.

Local children were taken on a number of educational visits. Four of the main outings were to a nature centre, Cadbury World, Weston Super Mare and the local Tumble Jungle Centre. There was a lot of positive feedback from these visits with parents feeling that the trip had been excellent and well organised. They felt that the information, particularly the emergency telephone number, health and safety and meeting point directions they had received had been useful. The day's activities were enjoyed and the opportunity to get to know other mums and dads was welcomed. The feedback from the Cadbury's World visit was also very positive. The children were particularly enthusiastic about the chocolates, animals and the car and said that they really enjoyed the trip. The parents also said that the trip had been enjoyable; they felt it was good to be able to go out as a family and to see their children having so much fun and being able to learn new things.

The value of visits to places outside Small Heath is important when the play provision in Small Heath is considered. The majority (87%) of respondents of the satisfaction survey felt that there were not enough play facilities in the Small Heath area. More than half (57%) also felt that the play areas in the area were poor or very poor quality. Only 19% found the play areas very good or good and 24% felt neutral about this question and did not want to sway either way. The rating of the play areas in the Small Heath area can be seen in figure 11.

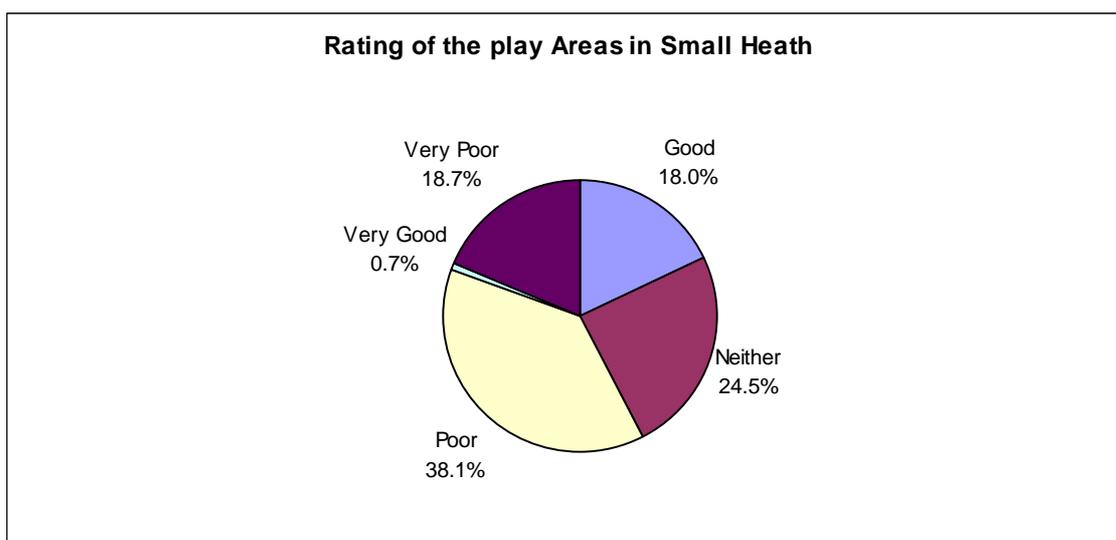


Figure 11: Rating of the Sure Start Small Heath Play Areas

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The respondents of the focus group felt the same way about the play areas in the Sure Start Small Heath area. They believe that there are limited indoor activities for children and felt that greater effort should be made to increase the facilities for children of all ages.

*'There's only a few like karate and swimming you need more for under four's and over four's.'*

The focus group also felt that outdoor activities need to be examined and improved. Small Heath Park is specifically criticised for having damaged or limited facilities.

*'There's no outdoor activities in the area.'*

*'....need more swings and slides in Small Heath park.'*

*'There's dog mess which is not cleaned.'*

*'We need more horse riding, cricket, football and netball sessions.'*

There is a view that the play and learning programmes organised by Sure Start Small Heath, such as the stay and play sessions and the crèche at the Parents Forums, are developing the basic and core skills of children at an early age. The focus group respondents saw this as one of the programme's major advantages since it has also enabled the parents to deal directly with school teachers and have a better understanding of the education system.

*'It is helping children to get access to early years education.'*

*'....early learning isn't it?'*

*'Recreation and the chance to play.'*

*'It gives you a chance to deal with teachers in schools and be more involved with children's schools.'*

*'....by having different activities like keep fit and stepping stones.'*

The focus group respondents, however, felt that extra-curricular activities such as football, music, dancing, horse riding and athletics training for children should be offered or enhanced in order to improve the area of the SSSH programme.

Although the focus group respondents felt that the Somerville, St Benedict and Holy School Family nurseries were well run and organised with helpful and friendly staff they believed that the Somerville nursery could be improved by repairing the potholes which is seen as a danger to the young children.

*'Somerville playground is dangerous and they need to improve safety. It's concrete and there are bumps as well.'*

In general due to financial and personal circumstances parents do not take their children to trips outside Small Heath. Only a quarter of the focus group respondents would take such trips during school holidays and one parent only goes on outings organised by the SSSH programme.

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*'Only go with Sure Start.'*

*'We'll sometimes go in school holidays.'*

Given the poor indoor and outdoor facilities the SSSH is undertaking measures to provide access to better quality play outside Small Heath.

### 4.4. Children with Special Needs

Of the parents with disabled children, 5% said they had received adequate provision for their child's needs by the various services. The GP and nursery were the only services to receive more positive responses than negative or no responses. The GP service received all positive responses and the nursery only received 1 negative/no response, indicating that these services were successful in providing an adequate service for disabled children. The response to the question of whether the various health services had provided an adequate provision for disabled children is illustrated in figure 12.

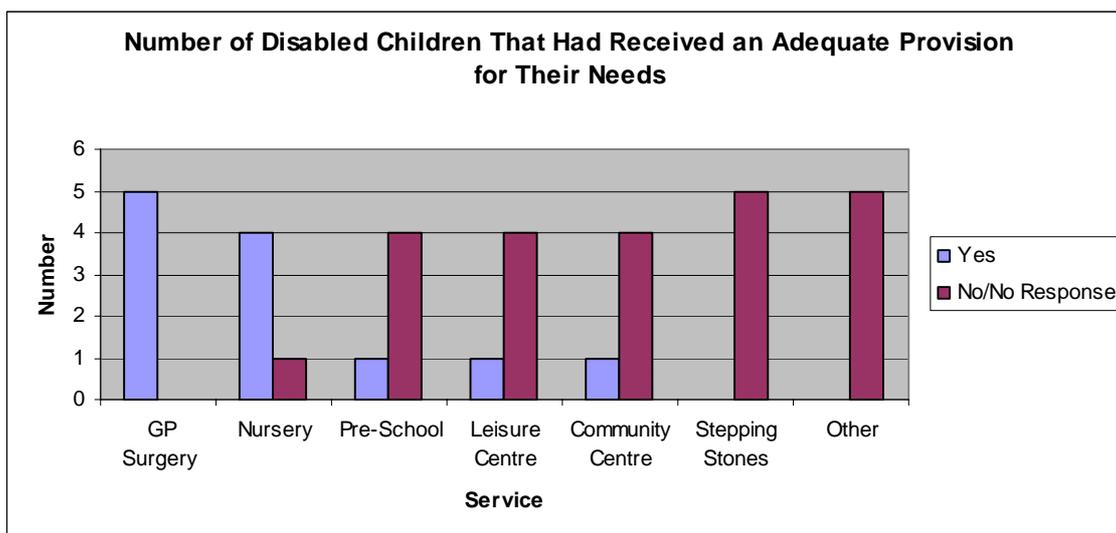


Figure 12: Whether Adequate Support was Provided for Disabled Children

The SSSH programme has developed strong links with the Child Development Centre at Heartlands Hospital. The programme receives statistical information from the Child Development Centre. The programme has undertaken necessary follow-up home visits, registration and support to parents with children who are disabled or has special needs. The programme endeavours to use buildings which have disability access.

### 4.5. Increase in the use of Libraries

3. Increase the use of libraries by parents with young children in SSSH areas.

The final target for improving children's ability to learn was to increase the use of libraries by parents with young children in SSSH. The SSSH programme took steps towards achieving this target through the

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following activities:

- library sessions are held on the second Tuesday of each month for parents and children
- an SSSH librarian outreach worker will soon be in post
- promotion of the use of the library service at Parents Forum meeting and during outreach work
- data collection from the library of families registered with the library service
- purchase of library books and equipment for a resource section specifically for SSSH in the Small Heath Community Library, including educational, Islamic and culturally sensitive books for parents
- a Sure Start Corner has been established in the Small Heath Library to encourage under-5s to have their own space and place as well as providing culturally sensitive books 90% have been for children and 10% have been for parents (£14k expenditure) and equipment (£2k).
- there has been an increase in library membership since the start of the SSSH programme.

The respondents of the satisfaction questionnaire, however, made it clear that there was little use of the libraries. A high proportion (65%) said that they had never visited the library and only a few (between 6% and 13%) had visited within the last week, month, 6 months or year. The proportion of residents visiting the library is illustrated in figure 13.

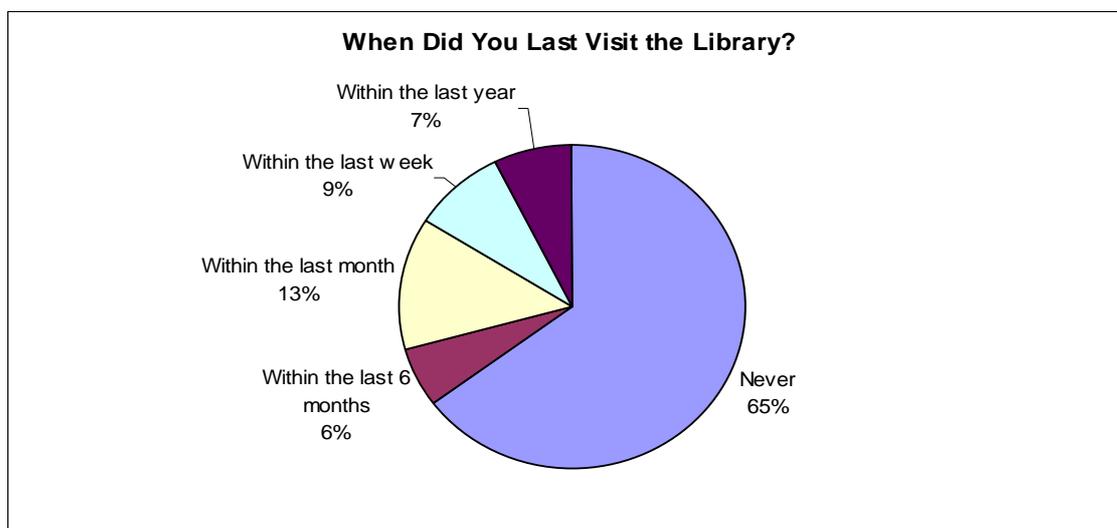


Figure 13: Time that Residents Last Visited the Library

The programme has made a good start to increase the use of the library services by raising awareness of the library service provision and providing additional resources for the library. This should be increased once the outreach librarian post has developed.

### Achievements

Achievements in this area can be summarised as follows:

- regular library sessions are made

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- resources are allocated to make the library more accessible
- outreach sessions are due to take place with the recent appointment of an Outreach Librarian
- educational visits are regular (despite the Winter)
- educational slots are designed in the Stay 'n' Play sessions
- production of Parents Pack
- plans are in place for speech therapy sessions to be established.

### **4.7. Emerging Issues**

The needs of children with a disability need more consideration. There is long waiting list for children to be observed at CDC. Some of the nurseries in the area do not practice an inclusive policy towards disabled children in the SSSH area. This puts pressure on the parents to raise their children in the home, with less opportunity for integration. Nurseries need to be challenged over the provision for disabled children. In addition a more strategic approach should be made to the health authorities to give this issue more priority. The Heart of Birmingham Strategy for Children and Young People (September 2004) identifies Disabled Children and Long Term Conditions as a priority group. It adapts the National Service Framework for Children *'To ensure that disabled children and young people enjoy the highest quality of life possible, gain maximum benefits from education opportunities, health care and social care and that their needs and those of their families are promptly and sensitively addressed and their choices are respected (p 32)'*.

The provision for indoor and outdoor play in Small Heath is limited. The educational visits organised by the SSSH programme are a vital part of learning: they provide access to other places, raise awareness of other places to visit and are educational. For some of the parents, the SSSH educational visits were the only way to get away from Small Heath.

There is a strong link between babies and books and increasing their future education capability. The high number of respondents who had not visited their library was of concern. However, action was being undertaken to address this issue. More could be done by the library to work in partnership with nurseries. No formal links or formal services are provided by the library to the nurseries in the area.

The involvement of schools is important in the long term as it has an impact on children when they enter school at reception. There are currently two schools more actively involved in the SSSH. Concerns have been raised about the varying abilities of children when they enter school. Some form of standardised assessment of children's ability should be developed as a pilot so that additional resources can be provided to those under-5s who need more support before they enter school.

### **4.8. Summary of Findings**

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- The educational visits should be maintained as they are an important aspect to learning and visiting other places.
- A clearer understanding of the scale of the provision required for disabled children is needed. Service providers and strategic authorities need to be challenged to provide adequate resources for children with disabilities and their parents.
- The use of the library should be promoted as opportunities for the nursery children to visit the library and by the library undertaking outreach sessions in nurseries. Approaches could be more imaginative, e.g. by creating character(s) who visit nurseries or taking laptops into nurseries, where parents and toddlers can get used to playing with computers
- Investigate the opportunity to develop some common standards for assessing the educational level of under-5s, before they enter school. This should NOT be a test but simple observation by a child minder of some of the capabilities that the child should be able to demonstrate. Consideration should then be given for support to improve the capabilities of children, where necessary, before they enter school. It is hoped that this will be achieved by staff in the early years team, once they are appointed.

The next chapter explores the final objective of the project: strengthening families and communities.

## **STRENGTHENING FAMILIES AND COMMUNITIES**

### **5.1. Introduction**

**Objective 4:** *Strengthening families and communities. In particular, by involving families in building the community's capacity to sustain the programme and thereby create pathways out of poverty.*

This objective is achieved by the support of the operational staff and the Training and Employment Task Group. Over the past year SSSH has worked towards the following 5 targets in order to achieve the objective to strengthen families and communities:

### **5.2. Reduction in Children living in Unemployed Households**

1. *By 2004 to reduce by at least 12% the number of 0–3 year old children in SSSH areas living in households where no one is working.* However no baseline figures are provided by the Sure Start programme.

The final objective, to strengthen families and communities, was targeted through reducing the number of 0–3 year old children living in unemployed households by 12% before 2004. The SSSH programme made several steps towards meeting this target in terms of the following activities:

- developing links with Bittech, a local training employment company
- links with Compare, a recruitment employment company who provide local training

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- links with South Birmingham Colleges and City College for the provision of training for parents
- Planning and developing of child minding courses
- commencing Volunteer Scheme for parents
- parents attending the para-professional training programme
- Parents Forum discussions and promotion leaflets/advice
- job paper distributed weekly
- sessional Community Consultative Workers visitation questionnaire
- task teams action points have been formed, particularly from Employment and Training Task Group
- advice clinics on employment, training and benefits
- training for parents on child minders courses

There still seem to be some barriers, however, to parents finding employment. Some participants in the focus group felt that parents would like to gain employment but they are prevented from doing this because of family commitments and the cost of childcare. Some suggest that Sure Start could have helped to train local parents to become qualified child minders with a view to providing affordable childcare for those parents who wish to work.

*'Parents do generally want to work but it costs too much for child minders, nurseries. We need affordable childcare.'*

*'Sure Start could train parents to be child minders and provide subsidised childcare for children'.*

The Jobcentre provides a scheme to ensure that working does make people better off from working. A tax credit scheme offers 70% towards childcare costs. It is not clear if this financial intervention is appropriate and further work needs to be carried out in order to assess this (see section 5.7).

### **5.3. Links with Employment Service Jobcentres**

2. *All SSSH programmes to have developed local targets for ensuring links between the local SSSH partnership and Employment Service Jobcentres.*

The SSSH programme worked towards achieving the target to develop links with local Employment Service Jobcentres in order to strengthen families and communities. The programme carried out the following activities in order to achieve this target:

- employment of sessional Community Consultative Workers
- Job Centre Plus representation on Board and Employment and Training Task Group and on the Board
- linking parents with Job Centre Plus and Job Centre Plus staff

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### 5.4.Improvement in Family Support Services

3. 75% of families reporting personal evidence of an improvement in the quality of services providing family support.

The third target with the objective of strengthening families and communities was to increase the number of families reporting personal evidence of an improvement in the quality of services providing family support. There are no tangible baseline figures to show the volume of support given to parents at this stage of the programme. However, in the satisfaction survey, respondents were asked to prioritise the different areas in which they needed extra support. The highest priority ratings were given to parenting classes and employment. Other areas where the respondents felt they needed extra support were with pre-school, housing, health, welfare and nursery provision. The average priority ratings for each of these support areas can be seen in figure 14.

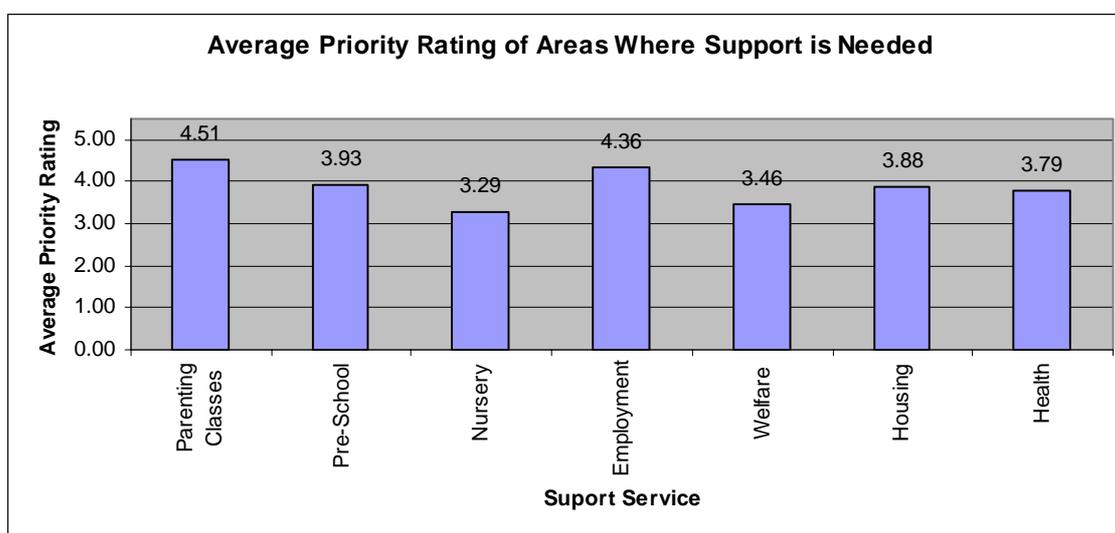


Figure 14: Average Priority Rating of Suggested Extra Support Areas

The respondents from the focus group believed that the SSSH programme had taken steps that would yield several positive developments in the area. They believe the programme has enabled them to socialise and develop their own skills and knowledge on issues like health.

*'It involves parents a lot more.'*

*'Parents get [out] of the house more and socialise with other parents.'*

There are, however, a number of areas which the respondents feel could improve the support for parents with children. They include:

- undertaking a risk assessment for members' homes such as checking for suitable stair gates, fire guards etc.
- providing more outings to places such as parks

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- encouraging greater involvement of fathers
- adding new training courses, e.g. on computers, beauty and diet
- giving more opportunities for networking such as coffee morning sessions.

*'Sure Start should check homes with children for stair gates, fire guards and mediate with companies to provide families with discounted or free stair gates. This used to happen but it doesn't any more.'*

*'It should be a safety check for everyone; some people don't know what is needed with young children in the house.'*

*'...provide smoke alarms, video guards. There is a fridge lock in parent's pack already which is good.'*

*'More outings are needed to the seaside and safari parks and all that.'*

*'You should involve fathers and may be grandparents in meetings and outings.'*

*'...more home and craft lessons like sewing, computers, hairdressing, beauty and dieting classes but also to have a crèche so parents can do the activity.'*

*'A coffee morning so parents can chill out.'*

Activities provided by Sure Start Small Heath were also highly praised by focus group respondents. However, some felt that there should be more sessions in the evenings and at weekends.

*'Sure Start has helped me a lot.....developed me social skills.'*

*'Sure Start is a good thing.'*

*'They are a good idea but we need more sessions in evening or weekends as well. Also longer keep fit sessions may be twice a week.'*

*'There is good safety on trips. Sure Start are vary safety conscious and well organised.'*

In order to improve the SSSH programme, the focus group respondents felt that several services should be offered or increased. This includes offering more information on the services that are currently available in the form of newsletters in respective Asian languages. There is a feeling that this information is not reaching the community:

*'We need more information on what is there already. There is a lack of information or the information is not distributed to everyone. They need to send newsletters to all members because some did not receive any.'*

### **5.5. Father Engagement**

A study by the National Evaluation Sure Start, 'Fathers in Sure Start', found there was a limited role for fathers. Of the Sure Start Programmes investigated only 12% have 'high' levels of service and provision

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for fathers. Barriers to the involvement of fathers included the lack of a male presence; problems of access to Sure Start services (fathers may be at work during the day and Sure Start offices are closed in the evening); services focused on female-type activities; and the lack of awareness of Sure Start. The key factors for those programmes that did have 'high' involvement of fathers were (see page 8):

- considering fathers as priority provision
- providing a wide programme for fathers
- having a strategy for fathers' involvement
- providing a service catering for fathers
- having dedicated staff for targeting fathers.

The one male respondent in the focus group agreed that some of these solutions would be helpful. In order to get more fathers involved with the Parents Forum it is suggested Sure Start should target and invite such groups to a meeting and explain the role of Forum members and the benefits that they can gain:

*'I've heard of the Parents Forum but I'm not a member. There isn't enough information and I'm not sure if they want me to get involved. They do look for women more than men.'*

The male respondent is very much of the opinion that services at Sure Start Small Heath are mainly targeted at mothers and more should be done in the way of getting fathers involved a great deal more. He feels this can be done by having specialist sessions for men:

*'They need to keep it up because they do good work but it's mainly for women at the moment they should do more for men by having maybe sports groups or men only evenings.'*

SSSH attracted a small number of fathers to the Parents Forum group at the start, but due to personal circumstances the presence of fathers in the Parents Forum decreased over time. The programme has endeavoured to attract fathers and it has been more success during the family education visits over weekends. The programme will need to look more closely at how it can attract more fathers to the Parents Forum if it is going to achieve an inclusive approach to provision of services.

### **5.6. Parent Representation**

*4. All SSSH programmes to have parent representation on the local programme board.*

Another way the SSSH programme aimed to strengthen families and communities was by encouraging parent representation on the local programme Boards. The SSSH programme worked towards doing this

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by carrying out the following activities:

- Board membership – five regular parent representatives out of a total of thirteen
  - parent presentation at a regional Sure Start Conference
  - parent presentation and attendance at Open Board meetings
  - parent involvement during Board away day
  - increasing numbers of parents who wish to volunteer
  - representation on Task Teams
  - representation on Capital Task Team
  - parents included in all interview panels for the selection and recruitment of permanent posts.
- Training was provided to parents for them to be fully engaged in the process

Parent representation on the SSSH programme Board has enabled parents to share their experiences and to socialise more than they would otherwise.

*‘..discuss with parents.’*

*‘Make friends.’*

*‘Everyone has a say in what happens.’*

*‘Work as a group and help each other out.’*

The role of the Board is seen as a vital component in making the programme a success by sharing the views of parents. Focus group respondents feel that their views are considered and decisions made accordingly.

*‘We give a parent’s voice and say what we feel [improvements or recommendations].’*

*‘We are listened to as parents and decisions are agreed by everyone.’*

In general, the focus group feels there are no barriers in the partnerships that currently exist. They say that the Board is working well and the voucher reward system is a suitable incentive to get members to attend such meetings.

*‘There’re no barriers. Everyone makes decisions together and we look at good and bad points together. We are rewarded every time we go to meetings with vouchers, which is good.’*

Some focus group respondents, however, feel that the Board meetings are too formal and find that some Board members are not receiving the newsletters.

*‘...too formal sometimes. May be more informal and small group activities so it’s not so formal.’*

*‘It is ok.....send newsletter to all members....some did not receive it.’*

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The focus group respondents also indicated that they would consider becoming Board members but they feel at present there is limited information about joining; they would need to know about the dates of meetings and what their role would entail.

*'...lack of information. Don't know about the Board and that I could become a member.'*

*'When are the meetings? We need more newsletters and phone call to tell parents about such things like meetings.'*

SSSH has made considerable effort to involve parents in the design and delivery of the programme from Parents Forum through to involvement in staff selection. Although this requires greater effort in terms of training and briefing, the rewards are high as there is a greater sense of ownership of the programme by the parents.

### **5.7. Closing the Gap between Childcare Availability in SSSH and Other Areas**

*5 All SSSH programmes to work with their Early Years Child Care Development Partnership (EYCDP) to help close the gap between the availability of accessible childcare for 0–3 year olds in SSSH areas and other areas*

The final target in order to strengthen families and the community was to close the gap between childcare availability in SSSH and other areas. The programme worked towards achieving this target through the following activities:

- Board representative from EYCDP
- task team representative on Capital Task group
- chair representative on Quality, Play, Learning and Childcare Task Group
- advice on nursery and day care provision
- data on all nursery and day care provision in the Small Heath area
- child minder support and advice provided
- high levels of awareness (40%) in relation to the short period of time the programme has been running.

There are some aspects of childcare provision, however, that were still felt to be unsatisfactory despite the work of the SSSH programme. The participants of the focus group felt that:

- It takes too long to gain a place for a child at Sure Start  
*'It takes too long to sort out [places] someone I know has been waiting to getting in but they don't do nothing.'*
- Age limit is too low  
*'They have an age limit of four it should be up to fourteen or sixteen year old.'*

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- There were not enough summer schools  
*'We need this to run in the summer like summer schools'*
- There were not enough playgroups compared to Stay and Play sessions  
*'We need playgroups not a stay and play. Where we can drop off kids for two hours and go and do some shopping or whatever.'*
- The places were not available to a large enough section of the community  
*'Nursery Placement opportunities were limited'*  
*'It should be open for all in Small Heath not just restricted streets. There are parents on the next road who want to come and they can't and I think that is unfair.'*

There was no pick-up service by means of a mini-bus

The Partnership Board is aware of the limitations in early years nursery provision. The Partnership Board has in its plans to address this issue by year three.

### **5.8. Achievements**

Achievements in reaching this objective include: Establishment of a Parents Forum which has been involved in a number of activities

- Parents are part of the Management Board structure
- Parents part of staff interview panel
- Organisation of four education visits
- Involvement with Stay and Play
- Part of the Board Away-day
- Crèche facilities provided at the Board meetings and open Board meetings
- Payment of childcare for parents on interview panels, parent training and other activities.

The respondents of the satisfaction survey were asked how the Sure Start programme had impacted upon the Small Heath area. The majority (55%) of parents did not have an opinion on the impact of Sure Start and chose the 'neither' answer, the rest of the respondents (45%) all indicated that the programme had a positive impact on the area.

### **5.9. Emerging Issues**

There is a need to involve a wider range of community members, in particular the new migrant communities (see chapter 2), fathers (see section 5.5) and more hard-to-reach parents who are in more closed communities. Midwives and health visitors have access to most of the parents who have just had a baby. Firmer links with the professional will provide an avenue for the programme to establish better

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provision to the wider community.

The age issue and the geographical boundary of SSSH were restrictive and there have been some tensions between those communities in SSSH and those that are not. Often these tensions are absorbed by SSSH staff who are sometimes faced with confrontational situations. It has been down to the skill of staff to be as inclusive as possible without causing unnecessary tensions.

The need for transport for the programme seems to be an emerging issue particularly with those parents who have limited access to cars and have to rely on public transport. The possibility of a minibus should be explored (leasing helps to reduce capital outlay and maintenance is less of an issue).

### 5.10. Summary of Findings

Greater support could be provided for the Parents Forum if the Forum could have their own worker who could strengthen the Forum generally, forge links with the wider community, develop links with fathers and also attract the most vulnerable parents such as lone parents. A joint group meeting between the Parents Forum and the Task Group should be initiated to prioritise wider community engagement and develop a strategy for inclusion. The issues with age and the geographical boundaries are strategic and policy issues which need to be considered by the Management Board. If this cannot be resolved then a protocol needs to be established for the staff to refer to in order to deal with the issue in a consistent manner.

## CONCLUSION

### 6.1. Introduction

The programme made rapid progress and has learnt to quickly establish some of the major foundations for it to break into the mainstream and form stronger strategic partnership. Four key phases of the SSSH programme can be identified:

Phase Period	Phase
1.	Securing and establishing the programme
2.	Establishing processes and procedures within the SSSH programme
3.	Developing innovation in service delivery and mainstreaming that service gradually in the wider community
4.	Developing strategic apparatus and action to ensure change takes place while maintaining the ethos of SSSH.

There is no doubt the SSSH programme achieved early results, completing phases one and two successfully. Impressively rapid progress was made in getting the programme, processes and procedures established on a solid footing at the outset. The programme developed a strong structural foundation through the involvement and engagement of a number of groups and parents in the design and

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development of the programme. Factors contributing to the success of the SSSH include:

- an energetic and committed Programme Manager who has strong experience in partnership development and a community engagement background and a Deputy Manager experience and awareness of health and community issues
- Dedicated Policy Officer and Outreach Workers
- establishment of a Parents Forum who actively engaged with the programme at different levels
- involvement of a wider number of community groups and organisations through Open Board meetings (the style of these meetings is to allow access by the Partnership Board of other stakeholders in the Small Heath area so that there is greater transparency and participation by other groups. Three Open Board meetings were held during the year)
- committed Board members who provide support to the programme beyond the Board meetings
- dedicated staff at different levels
- risk management undertaken which has achieved high praise from the Government Office of West Midlands
- significant awareness of the programme in a short period of time
- detailed consideration to due procedures and processes.

This has been achieved despite some of the difficulties of the programme in:

- recruitment and retaining staff
- having no permanent base in Small Heath and staff having to work in different places
- limited space at head office to develop team spirit.

Phase three needs to be developed and more imaginative and risk-taking opportunities should be pursued. It is only by taking managed risks in new areas that people's imagination will be fired and challenges made to the established structures and services to parents and children. The basic structures are now in place to involve the wider community. Phase four thinking needs to be developed by undertaking a strategic review before December 2004.

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### 6.2. Partnership Effectiveness

There are a number of factors which can help support partnership development. A paper published by the Local Government Association 2000<sup>7</sup> identifies some key factors which help partnership working:

- The development of the Health Improvement Plan (now the Strategic Plan by PCTs) and its supporting guidance
- An understanding of complementary roles in achieving health equality
- Good close working relationships between personnel that was not competitive
- Representation on Primary Care Trusts
- A high level of importance attached to joint working by key personnel
- Personal commitment and enthusiasm
- A history of joint working and availability of existing networks
- Incentivised funding for certain initiatives or benefits from sharing resources
- Co-terminosity of geographical boundaries
- Political support from members
- An understanding of each other's cultures and processes
- Joint planning strategies.

In order to increase partnership effectiveness for the SSSH, four key areas are considered in the following sections:

- Strategic Review
- Partnership Board Development
- Parents Forum
- Task Groups.

### 6.3. Strategic Review

SSSH has developed some of the structures which allow the programme to make a significant impact on the lives of many parents living in Small Heath. For SSSH to have a long-term impact, it needs to operate more strategically both in the Small Heath area and outside it with strategic decision makers who can help bring about the mainstreaming of SSSH work. A strategic think tank group should be established with members from the Management Board and external advisors to consider:

- realising the vision of the SSSH as identified in section 1.10
- greater strategic links with the Primary Care Trust at a senior level, i.e. with PCT Board members and senior executive staff
- greater strategic links with education at a senior level, i.e. BCC Education Committee and other elements within BCC
- forming stronger contacts with politicians such as Councillors, MPs, Small Heath Ward

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<sup>7</sup> Partnerships with Health, a survey of local authorities

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Committee, etc in order to gain wider political support for policy changes and to strategically integrate with development from the Green Paper *Every Child Matters* (see section 1.4)

- focusing on mainstreaming the activities of SSSH (for example knowing which activities should be mainstreamed and by whom)
- developing innovation and managing risk in order to break away from the traditional way of delivering services and improve the quality of services
- developing benchmarks to ascertain the impact of SSSH on the area and its impact on mainstream services
- considering the engagement of regeneration programmes and other strategic initiatives (such as Local Strategic Partnership, New Opportunities Fund five a day programme, HoB Nutrition Team, the East Birmingham Regeneration Zone) which would not only bring additional resources but offer the chance to extend provision of services.

### **6.4. Board Development**

The Management Board has met fourteen times since the programme began. A recent positive change in the structure, with the establishment of a 'Quality' Group to consider operational issues, should allow more strategic thinking and forward planning. More strategic players could also be involved and room should be made on the Management Board to allow other organisations, who would have a significant role in the future of SSSH, to be part of the group. Members of the Management Board should be classed as a working group, promoting change and lobbying decision makers (see the above section on Strategic Review). Some of the key tasks of the Management should now focus on:

- more strategic working
- working with vision
- mainstreaming services developed by SSSH
- codes of conduct
- revising Terms of Reference (to include changes, code of conduct and vision)
- more sustainable parental involvement.

### **6.5. Parents Forum**

The Parents Forum is very well established with a great deal of support from the SSSH Team. The Parents Forum has been involved in a number of initiatives. It has a small core of committed parents who have gained a great deal of experience and skills. This allows greater opportunity for the Parents Forum to develop and be the agent to link with wider community groups and pass on their skills and experience. Employing a Parent Link-Worker who could support the Forum on a day-to-day basis would enable the expansion of the group into other areas such as:

- more parent representation in task groups
- increasing the opportunities for fathers to be involved in the Forum

## APPENDIX E

- involving the wider community, particularly more marginalised community members and the hard-to-reach parents
- undertaking training to increase the Forum's capacity to be more engaged with the Management Board
- providing peer support for new parents joining the Forum
- undertaking training courses in risk assessment in the home and continuing to supply essential safety equipment (the programme does supply safety material for parents and children)
- offering training in child minding thereby creating a supply of registered child minders who can support each other (this is being considered by the Partnership Board and the Early Years Task Group)
- commissioning research to investigate various issues with parents.

### 6.6. Task Groups

There are four key task groups (see section 1.11). The attendance at subgroup meetings is low and sometimes meetings are cancelled. The task group needs to function in a more rigorous way, allowing greater responsibility for the management of discrete parts of the programme and their respective targets.

Each task group needs to work as a team in which each team member would carry out a range of tasks. Team member roles would vary with each group but there would be some common roles such as a Team Chair, Finance Officer, Secretary (staff member), and Strategic Worker. Each member should have the responsibility to report back to the team. Teams could be developed to consider specific issues. Some of the common tasks of the teams could be:

- revising Terms of Reference and benchmarking, impact assessment and monitoring of targets
- reviewing the findings of the Evaluation
- developing projects which bring in innovation and new thinking
- considering the mainstreaming agenda
- ensuring there is a parent representative from the Parents Forum making recommendations to the Quality Group and the Partnership Board.

### 6.7. Key Recommendations

The recommended strategies and suggestions for improving the Sure Start Small Heath Programme and increasing its chances of survival are divided between the task groups:

GROUP	RECOMMENDATIONS
A. Partnership Management Board	<ol style="list-style-type: none"> <li>1. Continue the 'Open' Board and 'closed' format of meeting</li> <li>2. Work more strategically (see section 6.2)</li> <li>3. Hold, carry and lobby the vision of the SSSH to decision making agencies and to the wider community (see section 1.10 and section</li> </ol>

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	<p>6.2)</p> <ol style="list-style-type: none"> <li>4. Consider the mainstreaming agenda and how this may happen (see section 6.2)</li> <li>5. Consider the codes of conduct and how they may be implemented (see section 1.10)</li> <li>6. Update the Delivery Plan and the Terms of Reference (to reflect changes developed, code of conduct and vision)</li> <li>7. Consider how better parental involvement can be achieved (see section 6.4)</li> <li>8. Consider the options of extending the boundary of Sure Start Small Heath in light of the development of the Children's Centre in Small Heath (see section 6.2)</li> <li>9. Conduct meetings differently so that some of the Board members can be encouraged to be more actively involved in meetings</li> <li>10. Undertake training for Board members as identified by the Board Away-day (appendix D)</li> </ol>
B. Quality Group	<ol style="list-style-type: none"> <li>1. Select the members of the Quality Group as the chairs of the Task Teams (already implemented)</li> <li>2. Monitor the expenditure of the budget</li> <li>3. Ensure processes and procedures are in place</li> <li>4. Develop projects which bring in innovation and new thinking (see section 6.3)</li> <li>5. Link Service Level Agreements (SLAs) with objectives</li> <li>6. Increase information and communication for Forum members to become Board members</li> <li>7. Regular meetings of the Quality Group and between the Chair and the Programme Manager need to take place</li> </ol>
C. Operational Staff	<ol style="list-style-type: none"> <li>1. Greater staff role to widen and increase the Parents Forum (see section (6.4)</li> <li>2. Induct staff into the programme by involving them in the Parents Forum and having them attend <i>at least one</i> Board meeting, Quality Group meeting and the Task Groups</li> <li>3. Link with the Midwifery Service so that information on new babies comes direct to the SSSH team</li> <li>4. Develop an IT Database of all registered parents in the SSSH area</li> <li>5. Wider circulation of service providers Resource Pack by hard copy and electronic versions (CD Rom and website)</li> </ol>

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	<ol style="list-style-type: none"> <li>6. Consider the development of IT information points such as kiosk points which can provide information on services in various languages in an easy-to-use format</li> <li>7. Increased help for lone parents and encouragement for them to get involved with Board and/or Forum memberships</li> <li>8. Ensure that all parents receive the necessary newsletters</li> </ol>
D. Parents Forum	<ol style="list-style-type: none"> <li>1. Present opportunities to discuss wider issues which can or should be put forward to the mainstreaming agenda and presented to the Partnership Board</li> <li>2. Develop more links with community groups and organisations and undertake small steps to promote strategic development at a grassroots and decision-making level</li> <li>3. Greater involvement of parents and wider community through the Parents Forum</li> <li>4. Greater awareness of opportunities of SSSH for parents to be involved</li> <li>5. Greater effort to involve fathers in all activities</li> <li>6. Better networking opportunities by holding more informal meetings such as coffee mornings at different venues</li> <li>7. Increased help for lone parents and encouragement for them to get involved with Board and/or Forum memberships</li> <li>8. Conduct meetings differently so that some of the parents can be encouraged to be more actively involved in meetings</li> <li>9. Hold meetings at a regular time and venue so that people become more familiar with the pattern of events</li> </ol>
E. Task Groups	<ol style="list-style-type: none"> <li>1. Conduct meetings differently so that some of the members can be encouraged to be involved in meetings more effectively</li> <li>2. Take more of a team approach to developing the group with more individual responsibilities and team working</li> </ol>
F. Health and Family Support	<ol style="list-style-type: none"> <li>1. Increase home visits by specialists such as dermatologists, speech therapists, counsellors, physiotherapists and dieticians where requested by parents.</li> <li>2. Develop stronger links with health visitors and early years service providers</li> <li>3. Conduct meetings differently so that some of the members can be encouraged to be involved in meetings more effectively</li> <li>4. Feed back information to health service providers on the issues</li> </ol>

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	<p>and feelings of parents receiving services</p> <p>5. Consider the development of a Pregnancy Group which could link with the Parents Forum</p>
G. Primary and Community Health Services and Health and Family Support	<p>1. Challenge service providers on how they deliver their services by providing guidance, advice and support</p> <p>2. Examine the waiting times for appointments at GP surgeries</p> <p>3. Conduct meetings differently so that some of the members can be encouraged to be involved in meetings more effectively</p>
H. Quality Play, Learning and Childcare Services	<p>1. Better links need to be made between nurseries and the library</p> <p>2. Challenge service providers on how they deliver their services by providing guidance, advice and support</p> <p>3. Develop preparation strategies for under-4s with schools to ensure they are better prepared, develop their capability and potential to enable better consistency of teaching at all levels</p> <p>4. Provide translation support for parents where necessary</p> <p>5. Examine if the number of nursery places for children can be increased.</p> <p>6. Consider other activities, both indoor and outdoor</p> <p>7. Conduct meetings differently so that some of the members can be encouraged to be involved in meetings more effectively</p> <p>8. Identify a Play Team which can develop the provision of services for the nursery at Golden Hillocks</p> <p>9. Examine the exact scale of support needed for children with special needs and develop an inclusion strategy with service providers</p>
I. Training and Employment	<p>1. Conduct meetings differently so that some of the members can be encouraged to be involved in meetings more effectively</p> <p>2. Link with all schools and colleges</p> <p>3. Develop stronger links with the Job Centre Plus, particularly in light of the closure of the Job Centre on Coventry Road in order that more outreach sessions can take place in community centres</p> <p>4. Conduct an employment and training survey with parents to identify the specific issues and needs of parents in employment and training</p>

Table 4: Recommendations

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**LIST OF APPENDICES**

**A. Evaluation Strategy**

**B. One-to-One Interview Questions**

**C. Training Away-day Notes**

**D. Satisfaction Questionnaire Sample Profile and Analysis Report**

**E. Focus Group Report**

**F. Census 2001 Summary for the SSSH Area and the Small Heath Area as a Whole**

**G. M2 Data**

**M3 Data**

## APPENDIX E

### **ONE TO ONE INTERVIEWS QUESTIONS WITH SURE START SMALL HEATH MANAGEMENT BOARD**

1. What do you think the Sure Start Small Heath will achieve at the end of the programme
2. What do you think has worked for the programme
3. What do you think has worked for the Board?
4. What have been the barriers to working with partnership effectiveness?
5. What do you think the role of Board member should be?

### **HOW WE WANT TO BE TOGETHER AS A BOARD**

- Vision and goal is clear to everyone
- Challenge the issue (e.g. what's been said and no personal attacks)
- Be affirming
- The Chair/Acting Chair "supports" the code of conduct
- Moderate meetings, etc and follows up
  
- Respect each others' individuality ("isms")
- Work in small groups to build confidence
- Make sure information is understandable
- Share tasks and shared ownership of tasks have realistic timescales
- Remember this is a long term plan
- Be aware of staff workloads
  
- Humour
- Food

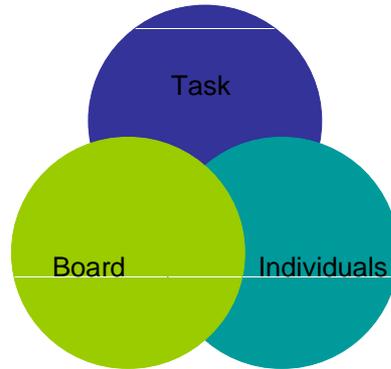
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- Recognise value and praise each other and the work everyone does
- If you can't attend board meetings offer another "named" person if possible
- Take part in the dialogue, support those that can't
- Commit yourself to the board
- Keep confidentiality

## EXPECTATIONS

- Know each other so that Sure Start can work better
- What is the ultimate goal/what is the Board about
  - levels of commitment
  - SS or own hats?
- Future – mainstreaming SS
  - Structure of boards
  - Influence future practice
  - More effective meetings
  - Clarity of Board members' roles/responsibilities
  - Share with parents – need to have more parents
  - Tools for parent forums
  - Make parents more comfortable about the board
  - Use of task groups and interaction with board
  - Links of SS with other initiatives and programmes – how the work of SS can be taken back to partners/organisations
  - Common vision

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### **BARRIERS**

- Perceived “professionalism”
- Unequal Status
- Paranoia
- Bossiness: tell you to do something you can’t do
- Jargon
- Too task focused
- Lack of clear information and too much information to make decisions
- Confidentiality – means cannot contact parents
  
- Busy lives with other communities
- “ISM’s”
- Recognise our own imitations
- Is there any me in my enemy?

### **FUTURE BOARD DEVELOPMENT DAYS**

- Explore differences – isms’
- Structure of meetings
- Team building: focused on getting to know each other. Get to know the person (fun & games!)
- Re-visit contract

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### **SURE START SMALL HEATH IN FIVE YEARS TIME**

- Children will tell what difference SSSH has made to their lives
- Developed strong foundations for service delivery: be reflective / evaluate / review / change especially partnership working
- All services fully inclusive
- Childcare available to all that want it
- Parents are running services
  
- Communities know each other and are integrated
- Parents running board in partnership with professionals and strategic management
- Families, especially women, have a better life
- Parents are confident to say what they want and influence service provision and skilled to do this
- Parents understand the needs of 0-4 year old children
- A positive impact on children's life chances and well being and educational attainment
- Left a long term investment through skills and increase number of parents who are trained
- No boundaries and age limit
- Sure Start team are able to refer to other services
- Strong evidence base
- SS becomes a household name
- Women's issues are addressed

APPENDIX E  
**SMALL HEATH SURE START**  
**FIELD RESEARCH NOTES**

**Introduction**

The Small Heath Sure Start project aims are provide support to parents and children under the age 4 years. This questionnaire will be used to assess what services are provided and how well they are provided for parents and children. Interviews must be completed by 31<sup>st</sup> January 2004

Questionnaire Objectives

1. To provide information on the needs of the local community with regards to parents and children
2. To identify gaps in the current service provision
3. To take sample of views on the services currently offered to the local community

Key Areas of Survey

- A. OUTREACH AND HOME VISITING
- B. SUPPORT TO FAMILIES AND PARENTS
- C. QUALITY PLAY, LEARNING AND CHILDCARE SERVICE
- D. PRIMARY AND COMMUNITY HEALTH CARE
- E. SUPPORT FOR FAMILIES WITH SPEACIAL NEEDS
- F. PERSONAL

Sampling

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Category	Population	Category Percentage
A	37	11%
B	55	17%
C	51	16%
D	49	15%
E	56	17%
Coventry Road	3	1%
Somerville Road	72	22%
Total	323	1

Population	619
Confidence Interval	7.28%
Confidence Level	95%
Sample Number	140

Sample number broad broken down as\*:

Sample Number	Bengali	Pakistani	Other Asian	Black Caribbean	British	Mixed	Other
16	3	9	1	0	2	0	1
24	0	16	4	1	1	1	1
22	3	17	2	0	0	0	0
21	4	11	4	1	0	1	0
24	4	13	6	0	1	0	0
1	0	0	1	0	0	0	0
31	4	20	4	1	1	0	1
140	18	86	22	3	5	2	4

Note:

1. A tolerance level of 20% will be placed either side of the sample
2. Other sample points will be identified to capture those who have experienced some of the services

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### Field Researchers

The field research was carried by Fieldresearch UK, a specialist company which undertakes market and social research. It had employed field staff who had knowledge of the area, culture and language.

### Timetable

The Fieldresearch period will be between 26<sup>th</sup> January 2003 to 31<sup>st</sup> January 2003. Field briefings will be held with the field workers to:

- Work through the questionnaire survey to ensure understanding and the requirements of the questionnaire are clear.
- To have a clear understanding of the various sample points that will be undertaken in the Small Heath area.
- To have clear understanding of the reporting and clear communication procedures for any issues that may arise from the field survey.

140 questionnaires will be conducted at various locations (door to door, street, shopping centres) in Small Heath

## REMINDERS FOR RESEARCH INTERVIEWERS

### Before the Interview

- Explain you are conducting this interview for Small Heath Sure Start and your carrying out research
- Explain about why the research is being carried out the importance of finding out what the parents think of the services-in the long run what they say will be important as it will inform future policy and services
- Explain the incentive of the prizes and the draw dates, time and venue

### During the Interview

- Introduce yourself
- Introduce Small Heath Sure Start
- Say why you are doing the survey
- Explain confidentiality (names will not be passed unless you wish)
- Write down what they say **however irrelevant** to the question

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After the Interview

- Thank them for the interview.
- Ask if they would like to be entered into the draw
- Ask if they would like to be registered with Sure Start (if not)
- Ask if they like some feedback to the research? If so, how?

**YOUR ARE INVITED TO ATTEND THE SMALL HEATH SURE START AGM**

**ON THE 5<sup>TH</sup> MARCH 2003**

**YOUR QUESTIONNAIRE RESPONSE WILL BE ENTERED INTO A PRIZE DRAW**

Please write name, address and telephone number where we may contact you:

Name

Address

Telephone

The draw will take place in 5<sup>th</sup> March 2003 at the Sure Start AGM (Small Heath Community Centre).

**There will be four prizes of £50 gift vouchers**

If you have any further comments or questions please contact:

Azora Hurd

Sure Start Small Heath Programme Manager

St Luke's School

Bristol Street

Birmingham

B5 7BN

Telephone: 0121 622 8255

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LINKS BETWEEN OBJECTIVES AND QUESTIONNAIRE

Objective 1: Improving social and emotional development	PSA Target	SDA Target	Question	Service Area
In particular, by supporting early bonding between parents and their children, helping families to function, and by enabling the early identification and support of children with emotional and behavioural difficulties	To reduce the proportion of children aged 0-3 in the 500 Sure Start areas who are re-registered within the space of twelve months on the child protection register by 20 per cent by 2004.	All local Sure Start programmes to have agreed and implemented, in a culturally sensitive way, ways of identifying, caring for and supporting mothers <b>with post natal depression.</b>		Outreach and home-visiting  Support for families with special needs
		100 per cent of families with young children contacted by local programmes within the first two months of birth	A1	

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<b>Objective 2 Improving Health</b>	<b>PSA Target</b>	<b>SDA Target</b>	<b>Question</b>	<b>Service Area</b>
<p>In particular, by supporting parents in caring for their children to promote healthy development before and after birth.</p>	<p>To achieve by 2004 in the 500 Sure Start areas, a 10 per cent reduction in mothers who smoke in pregnancy.</p>	<p>Parenting support and information available for all parents in Sure Start areas</p>	<p>B3</p>	<p>Primary care and health</p>
		<p>All local programmes give guidance on breast feeding, hygiene and safety</p>	<p>D4</p>	
		<p>10 per cent reduction in children in the Sure Start area aged 0-3 admitted to hospital as an emergency with gastro-enteritis, and respiratory infection, or a severe injury</p>		

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<b>Objective 3: Improving the ability to learn</b>	<b>PSA Target</b>	<b>SDA Target</b>	<b>Question</b>	<b>Service Area</b>
<p>In particular, by encouraging high quality environments and childcare that promote early learning, provide stimulating and enjoyable play, improve language skills and ensure early identification and support of children with special needs</p>	<p>Achieve by 2004 for children aged 0-3 in the 500 Sure Start areas, a reduction of five percentage points in the number of children with speech and language problems requiring specialist intervention by the age of 4.</p>	<p>All children in Sure Start areas to have access to good quality play and learning opportunities, helping progress towards early learning goals when they get to school.</p>	<p>C1</p>	<p>Access to good quality play, learning and childcare</p>
		<p>Increased use of libraries by families with young children in Sure Start areas.</p>	<p>C4</p>	

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<b>Objective 4: Strengthening families and communities</b>	<b>PSA Target</b>	<b>SDA Target</b>	<b>Question</b>	<b>Service Area</b>
In particular, by involving families in building the community's capacity to sustain the programme and thereby create pathways out of poverty.	Reduce the number of 0-3 year old children in Sure Start areas living in households where no-one is working by at least 12 per cent by 2004	75% of families report personal evidence of an improvement in the quality of services providing family support.	A4 + B1+ A2	Outreach and home-visiting  Support for families and parents
		All Sure Start local programmes to have parent representation on local programme boards.	BOARD	
		All Sure Start programmes to develop local targets ensuring links between local Sure Start partnerships and Employment Service Jobcentres.	F1 + F2	

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		All Sure Start programmes to work with their EYDCP to help close the gap between the availability of accessible childcare for 0-3 year olds in Sure Start areas and other areas.	C2	
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**SMALL HEATH SURE START QUESTIONNAIRE**

We are conducting a survey to assess how well parents are receiving services in the Small Heath area. Small Heath Sure Start and would like to know your views and opinions. Please take a few minutes to help us by completing this questionnaire.

How many children do you have in the house 4 years and under?	
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<b>What are the age ranges of your child/ren?</b>	0-6 months <input type="checkbox"/>	6-12 months <input type="checkbox"/>	1-2 years <input type="checkbox"/>	2-4 years <input type="checkbox"/>
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**Comments:**

<b>Have you ever heard of Sure Start?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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*A OUTREACH AND HOME VISITING*

		Yes	No	<b><u>Comments</u></b>
<b>1) Did you receive a visit from any of the following within 2 months of your child's birth?</b>	Health Visitor	<input type="checkbox"/>	<input type="checkbox"/>	
	Midwife	<input type="checkbox"/>	<input type="checkbox"/>	
	GP Doctor	<input type="checkbox"/>	<input type="checkbox"/>	
	Parent/School Link Worker	<input type="checkbox"/>	<input type="checkbox"/>	
	Dietitian (Food Advisor)	<input type="checkbox"/>	<input type="checkbox"/>	
	Social Services	<input type="checkbox"/>	<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	

**Comments**

<b>2) On a scale from 1 to 4, how satisfied were</b>	Health Visitor	<input type="checkbox"/>	
	Midwife	<input type="checkbox"/>	

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<b>you from the home visits?</b> <b>1= Very Dissatisfied</b> <b>2= Dissatisfied</b> <b>3= Satisfied</b> <b>4= Very Satisfied</b>	Parent/School Link Worker	<input type="checkbox"/>	
	Dietitian	<input type="checkbox"/>	
	Social Services	<input type="checkbox"/>	
	GPs	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	

**Comments:**

<b>3) Do you feel the services were sensitive towards your culture?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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(1-7) **Comments**

<b>4) How would you improve the service for the home visits (please rank 1 to 7)?</b>  <b>1 = highest priority</b> <b>7 = lowest priority</b>	1. More information and advice	<input type="checkbox"/>	
	2. More understanding of you	<input type="checkbox"/>	
	3. More medical information	<input type="checkbox"/>	
	4. More Health Visitors	<input type="checkbox"/>	
	5. More diet information	<input type="checkbox"/>	
	6. More home visits	<input type="checkbox"/>	From:
	7. Other:	<input type="checkbox"/>	

**B SUPPORT TO FAMILIES AND PARENTS**

**Comments**

<b>1) What kind of impact do you believe Small Heath Sure Start will have in your area?</b>	Positive	<input type="checkbox"/>	
	Negative	<input type="checkbox"/>	
	Neither	<input type="checkbox"/>	

(1-8) **Comments**

<b>2) In what areas do you feel you need more support (please rank 1 to 8)?</b>  <b>1 = most needed</b> <b>8 = least needed</b>	1. Parenting Classes	<input type="checkbox"/>	
	2. Pre School costs	<input type="checkbox"/>	
	3. Nursery	<input type="checkbox"/>	
	4. Employment	<input type="checkbox"/>	
	5. Welfare (benefits)	<input type="checkbox"/>	
	6. Housing	<input type="checkbox"/>	

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7. Health	<input type="checkbox"/>	
8. Other:	<input type="checkbox"/>	

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**Comments:**

1) Do you feel there are enough quality play facilities in Small Heath?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

	Name:		Name:		Name:	
2) Which nurseries and child care places have you used for 0-4 year olds and what is your opinion on their quality of service?	Very Poor	<input type="checkbox"/>	Very Poor	<input type="checkbox"/>	Very Poor	<input type="checkbox"/>
	Poor	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Poor	<input type="checkbox"/>
	Neither	<input type="checkbox"/>	Neither	<input type="checkbox"/>	Neither	<input type="checkbox"/>
	Good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Good	<input type="checkbox"/>
	Very Good	<input type="checkbox"/>	Very Good	<input type="checkbox"/>	Very Good	<input type="checkbox"/>

**Comments**

3) How would you rate the play leisure areas in Small Heath (outdoor and indoor)?	Very Poor	<input type="checkbox"/>	
	Poor	<input type="checkbox"/>	
	Neither	<input type="checkbox"/>	
	Good	<input type="checkbox"/>	
	Very Good	<input type="checkbox"/>	

	Activity:		Activity:		Activity:	
4) Which activities (eg. Parent + Toddler, parks, swimming,) do you take your 0-4 years old and how often do you go?	More than once a week	<input type="checkbox"/>	More than once a week	<input type="checkbox"/>	More than once a week	<input type="checkbox"/>
	Once a week	<input type="checkbox"/>	Once a week	<input type="checkbox"/>	Once a week	<input type="checkbox"/>
	Once a month	<input type="checkbox"/>	Once a month	<input type="checkbox"/>	Once a month	<input type="checkbox"/>
	Once every 6 months	<input type="checkbox"/>	Once every 6 months	<input type="checkbox"/>	Once every 6 months	<input type="checkbox"/>
	Once a year	<input type="checkbox"/>	Once a year	<input type="checkbox"/>	Once a year	<input type="checkbox"/>
	Never	<input type="checkbox"/>	Never	<input type="checkbox"/>	Never	<input type="checkbox"/>

**Comments**

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<b>5) When did you last visit the library to borrow toys or books</b>	Within the last week	<input type="checkbox"/>	
	Within the last month	<input type="checkbox"/>	
	With the last 6 months	<input type="checkbox"/>	
	Within the last year	<input type="checkbox"/>	
	Never	<input type="checkbox"/>	

**D PRIMARY AND COMMUNITY HEALTH CARE**

		(1-4)	<b>Comments</b>
<b>1) How satisfied are you from the following services:</b>  <b>1= Very dissatisfied</b> <b>2= Dissatisfied</b> <b>3= Satisfied</b> <b>4= Very Satisfied</b>	GP	<input type="checkbox"/>	
	Dentist	<input type="checkbox"/>	
	Dietician (food advisor)	<input type="checkbox"/>	
	Health Centre	<input type="checkbox"/>	
	School Nurse	<input type="checkbox"/>	
	Keep healthy support	<input type="checkbox"/>	
	Speech and language	<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	

**Comments**

<b>2) Do you feel the services were sensitive towards your culture?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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		(1-6)	<b>Comments</b>
<b>3) How would you improve the services (please rank 1 to 6):</b>  <b>1 = highest priority</b> <b>6 = lowest priority</b>	1. More staff	<input type="checkbox"/>	
	2. Shorter waiting times	<input type="checkbox"/>	
	3. More culturally sensitive	<input type="checkbox"/>	
	4. Better medical information and knowledge	<input type="checkbox"/>	
	5. Other:	<input type="checkbox"/>	

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**Comments**

4) If you or your partner breast fed/feed any of your children, do you feel you received proper guidance?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
	Not required	<input type="checkbox"/>	

**E SUPPORT FOR FAMILIES WITH DISABLED CHILDREN**

**Comments**

1) Does your child require any special needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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		Yes	No	<u>Comments</u>
2) Do you feel there is adequate provision for your child's special needs in the following places:	Small Heath Health Centre	<input type="checkbox"/>	<input type="checkbox"/>	
	GP Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Which:
	Nursery	<input type="checkbox"/>	<input type="checkbox"/>	Which:
	Pre School services	<input type="checkbox"/>	<input type="checkbox"/>	Which:
	Leisure Centre	<input type="checkbox"/>	<input type="checkbox"/>	
	Community Centre	<input type="checkbox"/>	<input type="checkbox"/>	
	Stepping Stones	<input type="checkbox"/>	<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	<input type="checkbox"/>	

**G PERSONAL**

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<b>1) Gender:</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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<b>2) Age:</b>	Under 16 <input type="checkbox"/>	17-24 <input type="checkbox"/>	25-59 <input type="checkbox"/>	Over 60 <input type="checkbox"/>
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Comments

<b>3) Would you consider yourself having a disability?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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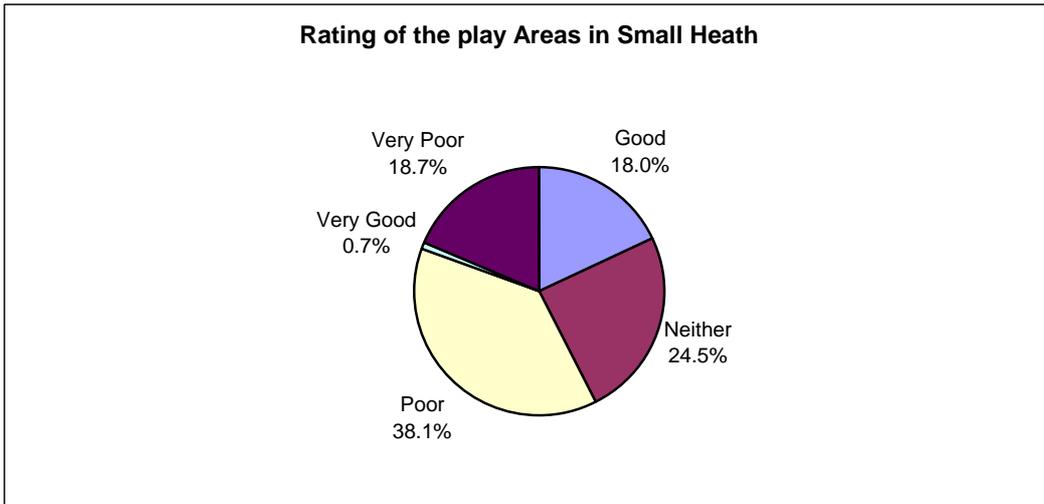
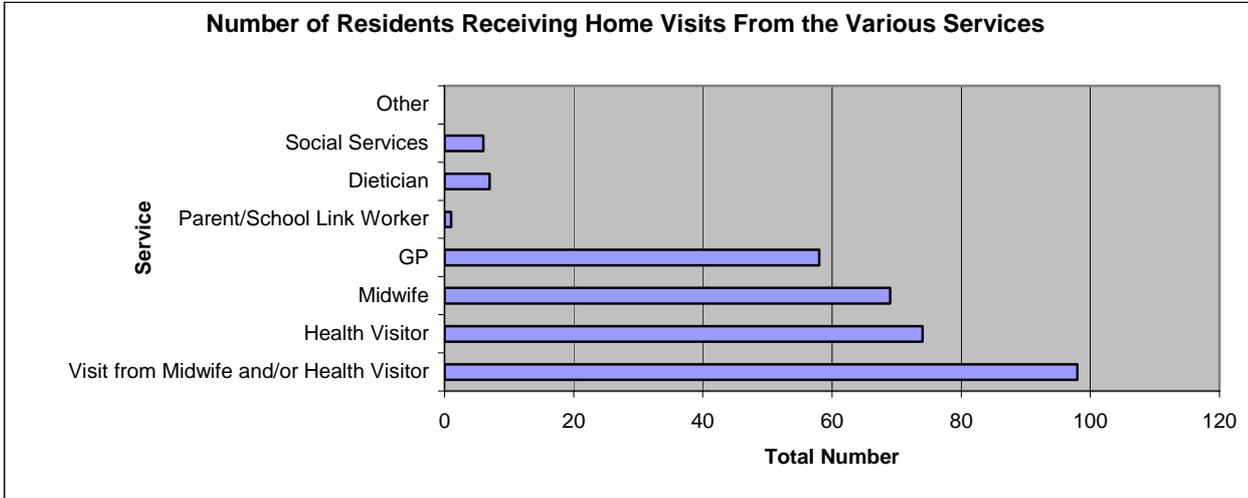
<b>4) Ethnic Origin</b>				
<b>1. White</b>	<b>2. Mixed Parentage</b>	<b>3. Asian or Asian British</b>	<b>4. Black or Black British</b>	<b>5. Other ethnic groups</b>
British <input type="checkbox"/>	Black African/White <input type="checkbox"/>	<i>Indian</i> <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	Black Caribbean / White <input type="checkbox"/>	<i>Pakistani</i> <input type="checkbox"/>	African <input type="checkbox"/>	Any other Ethnic groups <input type="checkbox"/>
Other White <input type="checkbox"/>	Asian/White <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Somali <input type="checkbox"/>	
	Asian/Black <input type="checkbox"/>	Kashmiri <input type="checkbox"/>	Any other <input type="checkbox"/>	
	Other mixed background <input type="checkbox"/>	Other Asian mixed background <input type="checkbox"/>		

**4) Any other comments:**

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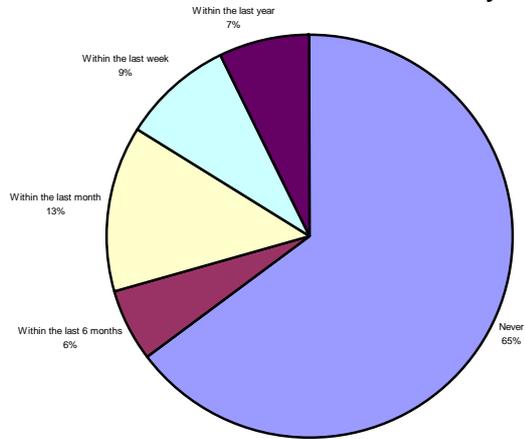
Thank you for taking part in this survey

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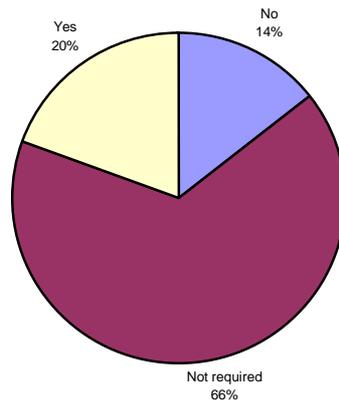


## APPENDIX E

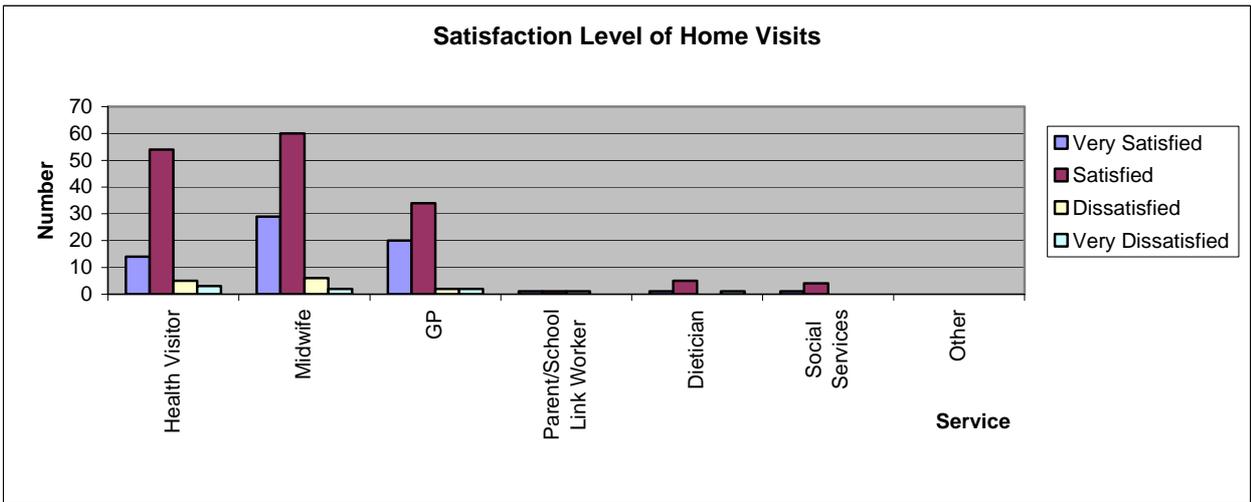
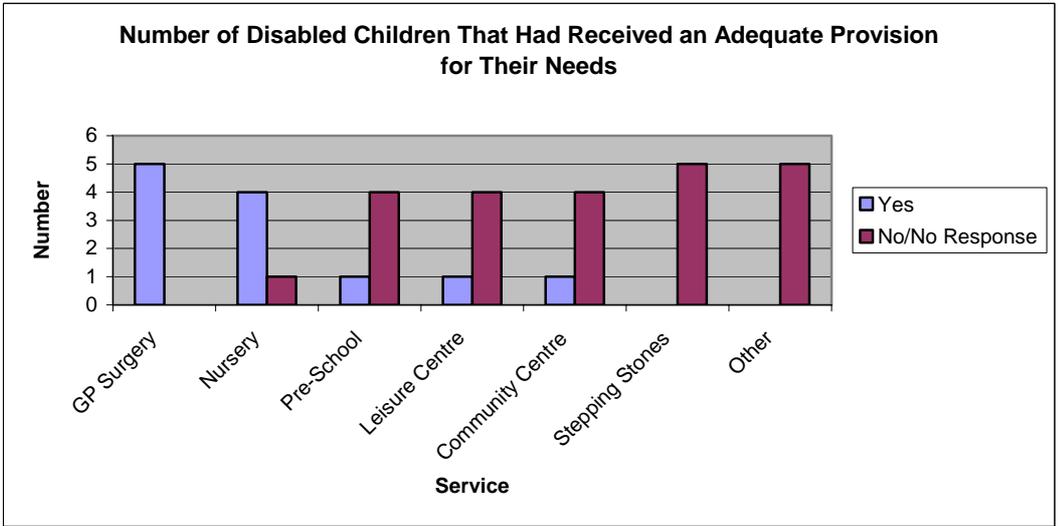
### When Did You Last Visit the Library?



### Proper Guidance Given on Breastfeeding?

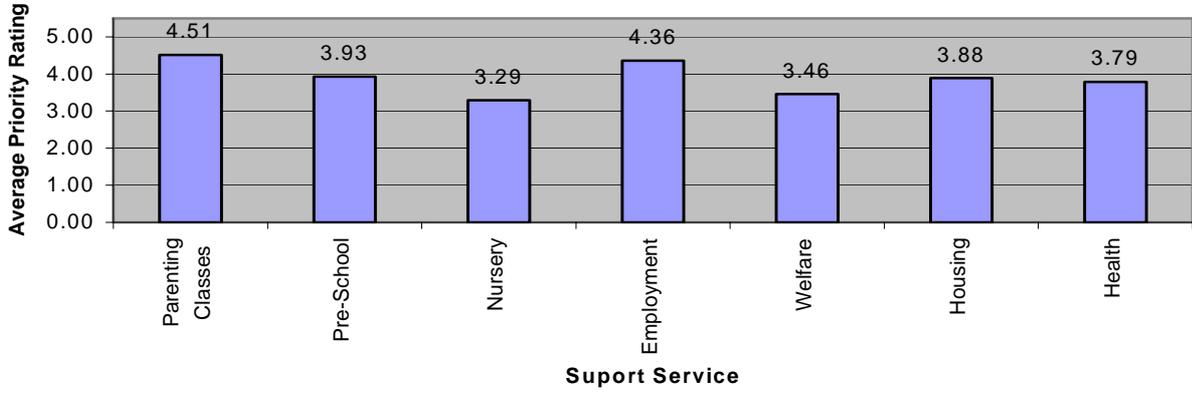


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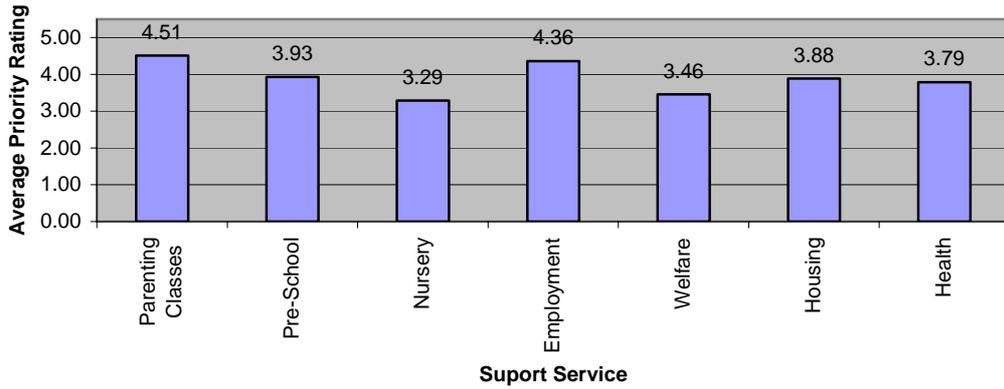


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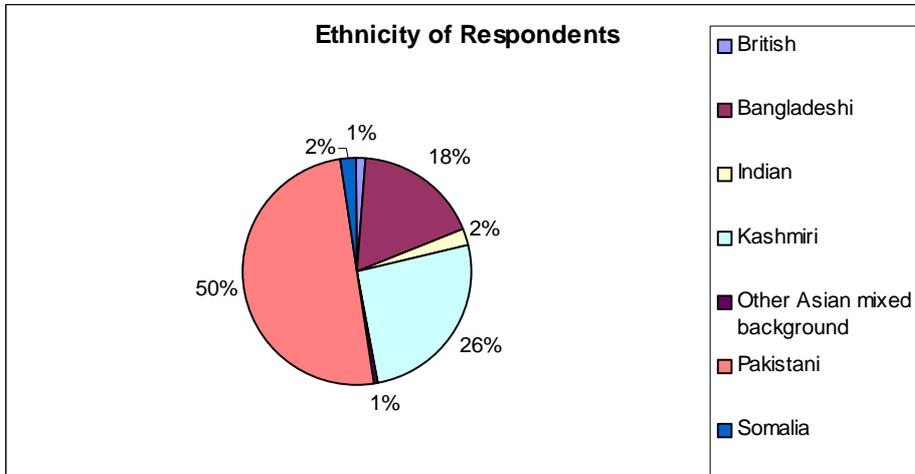
Average Priority Rating of Areas Where Support is Needed



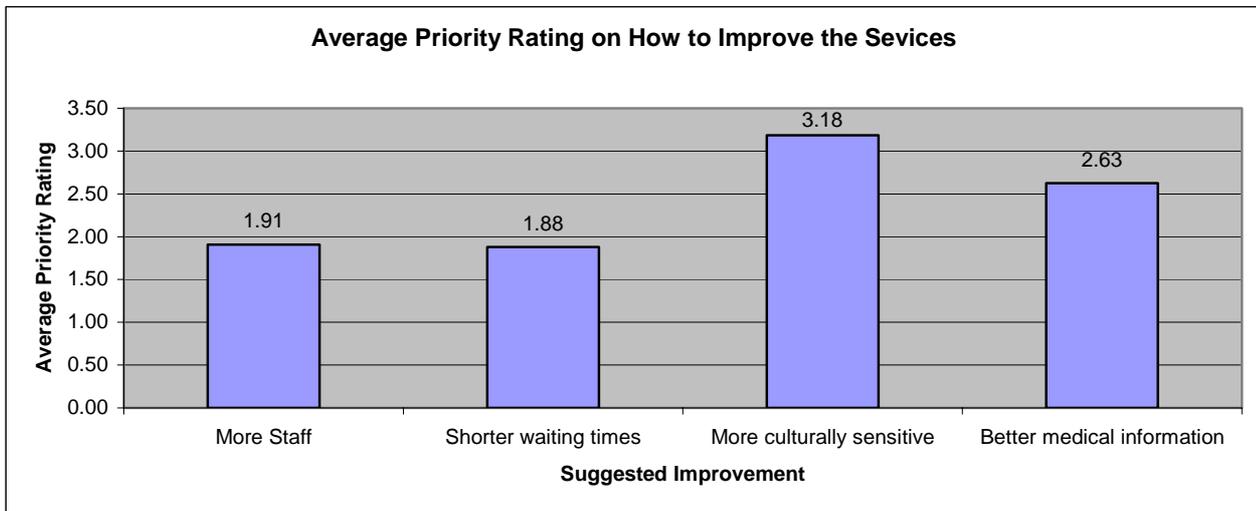
Average Priority Rating of Areas Where Support is Needed



APPENDIX E



APPENDIX E



**Focus Group with Parents Accessing  
Services of Sure Start Small Heath**

**Research House UK**

**- April 2004 -**

APPENDIX E

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## 1.0 EXECUTIVE SUMMARY

There are a number of positives that the group feels will be achieved by the end of the programme. To date it has enabled them to socialise and develop their own skills and knowledge on issues like health. At the same time they say that children are developing the basic and core skills at a much earlier age.

Respondents feel that there are a number of services that have worked well on this programme some of these include the 'Best buddy' scheme, domestic violence help and advice, help and advice in dealing with children issues such as speech problems with some children and how to overcome them. Newsletters that are printed in languages other than English are also mentioned and respondents say that they help those parents with limited English language skills to have better understanding of services.

The efforts of the outreach workers are given particular praise not only for their help and advice and their ability to communicate in Asian languages such as Urdu and Punjabi.

There are some areas that the group feels have not worked as well as they expected. These include the time it takes to gain a place for a child at Sure Start is longer than they expect, the age limit should be increased, schools, limited placement opportunities, there should be a facility to have playgroups rather than a stay and play session, the services should be available to a larger section of the community and consideration for a pick up service by means of a mini-bus.

As well as the midwife and health visitor respondents feel that a dietician, dermatologist and speech therapist should also be available to those parents who need such help and advice.

There are a number of recommendations that respondents make that could improve the support for parents. Some in the group understand that there may be financial or funding implications in order to achieve some of these. They include:

- ◆ Undertake a risk assessment for member homes such as checking for suitable stair gates, fire guards etc.
- ◆ Increased outings to places such as safari parks.
- ◆ Greater involvement for fathers.
- ◆ Increase the training courses to include computer, beauty and diet classes.
- ◆ More opportunity for networking such as coffee morning sessions.

Some respondents access the Somerville, St Benedict and Holly Family nurseries in the area. Generally, they feel that these establishments are well run and organised with helpful and friendly staff.

Respondents are critical of both indoor and outdoor activities for children in the Small Heath area. They feel more can be done to ensure that Small Heath park an attractive and safe environment for children.

In general due to financial and personal circumstances parents do not take their children to trips outside Small Heath.

The group is critical of the services provided by their GPs and say that the time it takes to arrange an appointment to see a GP is longer than what is expectable to them.

The role of the board is seen as a vital component in making the programme a success by sharing the views of parents. This is the main reason why respondents became board members. The group also feels that the partnerships are effective and working well together.

Respondents say that in the main they joined the Parents Forum to socialise and make new friends. They also want improve the skills of their children. Over half of the forum members would consider becoming board members but they feel at present there is limited information and they would like to find out dates of such meetings and what their role would entail.

## **2.0 BACKGROUND AND METHODOLOGY**

Fieldresearch UK was commissioned by Research House UK to moderate a focus group with local parents who are accessing the services of Sure Start, Small Heath.

The group was selected at random from a database of respondents who are currently board or forum members. Sure Start Small Heath Manager and the outreach workers recruited the group.

The main objectives of the discussion were to gain a better understanding of the way services that are provided by Sure Start, Small Heath and how such services can be improved for the future.

There were eleven females and one male respondent. Respondents have between two and seven children and their native languages include Urdu, Punjabi and Gujarti.

Respondents were made aware of Sure Start Small Heath in a variety of ways including leaflets, open day at the Small Heath Leisure Centre and the vast majority by word of mouth (friends, teachers at nurseries, such as St Benedict and Somerville).

The group took place on 11<sup>th</sup> March 2004 with the discussion taking approximately one-and-a-half hours.

### 3.0 A NOTE ON QUALITATIVE RESEARCH

Qualitative research involves an interactive process between the researcher and those being researched. It provides a way of probing underlying attitudes and obtaining an understanding of the issues of importance. The real value of qualitative research is that it allows insight into attitudes, and the reasons behind those attitudes, that could not be probed in as much depth with a structured questionnaire. Group discussions allow residents to share and explore their attitudes and experiences. The group dynamic allows participants to consider and respond to the views of others, illuminating diversity in perceptions. It represents an excellent way of mapping the range and extent of these attitudes and experiences.

However, it must be remembered when interpreting these results that they are not based on quantitative statistical evidence. The findings are based on a small sample, which is designed to cover a cross-section of residents, but this should not be confused with statistical representativeness.

It should also be remembered throughout this report that we are dealing with perceptions, not facts. Participants may hold views that are based on incorrect information; these perceptions are reported here. Members of group discussion use each other as 'spring boards', generating new ideas and concepts that may not come to light in a survey or individual depth interview.

### 4.0 GENERAL VIEWS ABOUT THE SURE START PROGRAMME

There are a number of positives that the group feels will be achieved by the end of the programme. Some respondents say that to date it has enabled them to socialise and develop their own skills and knowledge on issues like health.

*'It involves parents a lot more [with health issues].'*

*'Parents get of the house more and socialise with other parents.'*

*'You learn about health issues.'*

There is a view that such programmes are developing the basic and core skills of children at an early age. The group sees this as one of the major advantages. It has also enabled the parents to deal directly with schoolteachers and have a better understanding of the education system.

*'It is helping children to get access to early years education.'*

*'...early learning isn't it?*

*'There is the speech development for children.'*

*'Recreation and the chance to play.'*

*'It gives you a chance to deal with teachers in schools and be more involved with children's schools.'*

Respondents have extremely positive views about what the programme has achieved so far. These include:

- ◆ Improved their communication skills.
- ◆ Learning from the experience of others.
- ◆ Enabled them to gain confidence and self-esteem by simply getting out of the house and having a bigger circle of friends.

*'It's a good programme. You learn from other parents. You make friends and your communication improves.'*

*'You gain self-esteem by getting out.'*

Respondents feel that there are a number of services that have worked well on this programme. These include:

- ◆ 'Best buddy' scheme.
- ◆ Domestic violence.
- ◆ First Aid.
- ◆ Community Family Course.

The effort of the outreach workers is given particular praise not only for the help and advice that they give but also for their language skills.

*'They help parents who don't speak English.'*

*'They speak Urdu and Punjabi and all that which is good.'*

Some of the other services that respondents feel have worked on the programme to date include:

- ◆ Help and advice in dealing with children issues such as speech problems with some children and how to overcome them.
- ◆ A good range of activities that have enabled the parents to maintain interest.
- ◆ Newsletters that are printed in languages other than English help those parents with limited English language skills to have better understanding of services.

*'Help with kids problems.'*

*'Advice on lads who have speech problems.'*

*'...by having different activities like keep fit and stepping stones.'*

*'The newsletters are good because they are not just in English.'*

There are some areas that the group feels have not worked as well as they expected. These include:

- ◆ It takes longer than they expect to gain a place for a child at Nursery.
- ◆ Limited placement opportunities at Nursery.
- ◆ There are limitations regarding age of children who are entitled to join the programme and geographical boundary that it covers.
- ◆ A need for summer schools.
- ◆ Facility to have playgroups rather than a stay and play session.
- ◆ Should be available to a larger section of the community.
- ◆ Consideration for a pick up service by means of a mini-bus to take parents to board and or forum meetings.

*'They have an age limit of four it should be up to fourteen or sixteen year old.'*

*'It takes too long to sort out [places] someone I know has been waiting to getting in but they don't do nothing.'*

*'We need this to run in the summer like summer schools and it should be open for all in Small Heath not just restricted streets. There are parents on the next road who want to come and they can't and I think that is unfair.'*

*'We need playgroups not a stay and play. Where we can drop off kids for two hours and go and do some shopping or whatever.'*

## 5.0 SUPPORT TO FAMILIES AND PARENTS INCLUDING HOME VISITS

There are a number of recommendations that respondents make that could improve the support for parents with children. Some in the group understand that there be financial or funding implications in order to achieve some of these. They include:

- ◆ Undertake a risk assessment for member homes such as checking for suitable stair gates, fire guards etc.
- ◆ Increased outings to places such as safari parks.
- ◆ Greater involvement for fathers.
- ◆ Increase the training courses to include computer, beauty and diet classes.
- ◆ More opportunity for networking such as via coffee morning sessions.

*'Sure Start should check homes with children for stair gates, fire guards and mediate with companies to provide families with discounted or free stair gates. This used to happen but it doesn't any more.'*

*'It should be a safety check for everyone, some people don't know what is needed with young children in the house.'*

*'...provide smoke alarms, video guards. There is a fridge lock in parent's pack already which is good.'*

*'More outings are needed to the seaside and safari parks and all that.'*

*'You should involve fathers and may be grandparents in meetings and outings.'*

*'...more home and craft lessons like sewing, computers, hairdressing, beauty and dieting classes but also to have a crèche so parents can do the activity.'*

*'A coffee morning so parents can chill out.'*

The male respondents is very much of the opinion that services at Sure Start Small Heath are mainly targeted at mothers and more should be done in the way of getting fathers involved a great deal more. He feels this can be done by having specialist sessions for men.

*'They need to keep it up because they do good work but it's mainly for women at the moment they should do more for men by having may be sports groups or men only evenings.'*

Some in the group feel that parents would like to get in to employment but they are prevented from doing this because of the family commitments and the cost of childcare. Some suggest that Sure Start could help to train local parents to become qualified child minders with a view of providing affordable childcare for those parents who wish to work. Others say that with the benefits that they receive at present they would be financially worse off if they were in employment.

*'Parents do generally want to work but it costs too much for child minders, nurseries. We need affordable childcare.'*

*'Sure Start could train parents to be child minders and provide subsidised childcare for children.'*

Activities provided by Sure Start Small Heath are highly praised by respondents. However, some feel that there should be increased sessions at evening and weekend time.

*'Sure Start has helped me a lot.....developed me social skills.'*

*'Sure Start is a good thing.'*

*'They are a good idea but we need more sessions in evening or weekends as well. Also longer keep fit sessions may be twice a week.'*

*'There is good safety on trips. Sure Start are vary safety conscious and well organised.'*

Respondents list other services that should be offered or increased. These include:

- ◆ Better help and advice for parents who have children with behaviour or diet concerns.
- ◆ Increased help to get lone parents more involved.
- ◆ Increased information on the services that are currently available. There is a feeling that this information is not reaching the community. This can be done in the form of newsletters in respective Asian languages.

- ◆ Extra curricular activity such as football, music, dancing, horse riding and athletics training for children.

*'We need more information on what is there already. There is a lack of information or the information is not distributed to everyone. They need to send newsletters to all members because some did not receive any.'*

As well as the midwife and health visitor respondents feel that dietician, dermatologist and speech therapist should also be available to those parents who need such help and advice. There are no negatives reported regarding the midwife and health visitors.

*'At the weaning age you need dietician advice to see if that will help settle children.'*

*'A dermatologist as well if children have eczema or skin problems so parents can talk to someone else.'*

*'Children who are not communicating well may need a speech therapist.'*

## 6.0 QUALITY PLAY, LEARNING AND CHILDCARE SERVICES

Some respondents access the Somerville, St Benedict and Holly Family nurseries in the area. Generally, they feel that these establishments are well run and organised with helpful and friendly staff. However, one respondent feels that the playground at the Somerville nursery could be improved as it has a number of potholes, which can be dangerous for young children.

*'Somerville playground is dangerous and they need to improve safety. It's concrete and there are bumps as well.'*

Respondents feel that there are limited indoor activities for children in the Small Heath area and say that greater effort should be made to increase facilities for children of all ages.

*'There's only a few like karate and swimming you need more for under four's and over four's.'*

The group feels that outdoor activities also need to be examined and improved. Small Heath park in particular is criticised for having damaged or limited facilities.

*'There's no outdoor activities in the area.'*

*'...need more swings and slides in Small Heath park.'*

*'There's dog mess which is not cleaned.'*

*'We need more horse riding, cricket, football and netball sessions.'*

In general due to financial and personal circumstances parents do not take their children to trips outside Small Heath. About a quarter of respondents will take such trips during school holidays and one parent goes on outings organised by Sure Start Small Heath.

*'Only go with Sure Start.'*

*'We'll sometimes go in school holidays.'*

## 7.0 HEALTH CARE & SUPPORT FOR FAMILIES WITH SPECIAL NEEDS

Looking at primary and community health care the group is critical of the services provided by their GPs. All respondents agree that the time it takes to arrange an appointment to see a GP is longer than what is expectable to the group.

*'...too much waiting.'*

*'Emergencies should come first not told to come back tomorrow.'*

According to some respondents their GPs are not issuing medical notes when in their opinion they are entitled to one. Also some in the group feel that they want to be able to see the same GP to maintain continuity and build rapport.

*'It hard to get a doctor's note even if you are ill.'*

*'I want to be able to see the same doctor every time not anyone from the surgery.'*

In short the group says that there needs to be increased GPs in the area in order to improve the service.

One respondent has a child who requires speech therapy. This person has requested professional help and advice but to date there have not been any visits made to the respondents home.

*'Speech therapists should come out but they don't. We need more visits.'*

The respondent also feels that there is limited help and advice for parents in similar situations.

*'They don't have enough help for parents with [such] problems.....more information and advice is what we need.'*

## 8.0 BOARD AND FORUM INVOLVEMENT

This consisted of three board members and nine forum members. The main reason for becoming board members is to try to ensure that the programme is successful and to air views of parents accessing the services.

*'...to help progress Sure Start.'*

*'...give parents opinions and to pass them on.'*

*'To build a relationship with Sure Start.'*

Respondents say that by becoming board and forum members it has enabled them share their experiences and to and to socialise more than they would otherwise.

*'..discuss with parents.'*

*'Make friends.'*

*'Everyone has a say in what happens.'*

*'Work as a group and help each other out.'*

The role of the board is seen as a vital component in making the programme a success by sharing the views of parents. Respondents feel that their views are considered and decisions made accordingly.

*'We give a parent's voice and say what we feel [improvements or recommendations].'*

*'We are listened to as parents and decisions are agreed by everyone.'*

Some respondents feel that the meetings are a little too formal and they would prefer a more casual but professional approach.

*'...to formal sometimes. May be more informal and small group activities so it's not so formal.'*

In general the group feels that there are no barriers in the partnerships that currently exist. They say that the board is working well and the voucher reward system is a suitable incentive to get members to attend such meetings.

*'There's no barriers. Everyone makes decisions together and we look at good and bad points together. We are rewarded every time we go to meetings with vouchers, which is good.'*

The main responsibility of board members is seen as giving parents views, and maintaining confidentiality.

*'To have confidentiality if required and to inform other parents of the agenda.'*

Generally respondents feel that they do receive all the information from the board. However, on occasion some members have not been receiving the newsletters.

*'It is ok.....send newsletter to all members....some did not receive it.'*

The one male respondent feels that more could be done to encourage fathers to become board members. At present he feels that there is limited information available as to the role of board members. In his opinion such information should be distributed by leaflets and or by telephone.

*'I'm not a board member because I don't know what is involved. There's not much publicity about it. They could phone a lot more and tell people. Just to be persistent in finding people home and explaining to them the benefits of becoming a member.'*

Respondents say that in the main they joined the Parents Forum to socialise and make new friends. They also want improve the skills of their children.

*'Meet new friends and wanted to teach me child how to share and just to socialise with children and parents and of course for the vouchers.'*

In order to get more fathers involved with the Parents Forum it is suggested Sure Start should target and invite such groups to a meeting and explain the role of Forum members and the benefits that they can gain.

*'I've heard of the Parents Forum but I'm not a member. There isn't enough information and I'm not sure if they want me to get involved. They do look for women more than men.'*

Over half of the forum members would consider becoming board members but they feel at present there is a limited information and they would like to find out dates of such meetings and what their role would entail.

*'...lack of information. Don't know about the board and that I could become a member.'*

*'When are the meetings? We need more newsletters and phone call to tell parents about such things like meetings.'*

## **9.0 RECOMMENDATIONS**

Continue with the efforts of the outreach workers and if parents have limited English language skills then to continue to send someone who is able to communicate in their native tongue.

Examine if the number of places for children can be increased.

Look at options of extending the boundary of Sure Start Small Heath.

Continue with the work of midwives and health visitors and consider increased visits by dermatologists, speech theorist and dieticians where requested by parents.

Increased activities both indoor and outdoor such as football, music, dancing and horse ridding.

Greater effort to involve fathers with all activities particularly in becoming Forum and Board members. It appears that some fathers are interested in becoming members but they have is limited information about what is expected. Such information can be distributed via leaflets of telephone calls.

Better networking opportunities by holding coffee mornings.

Increased help for lone parents and encourage them to get involved with board and or forum memberships.

Increased information and communication for forum members to become board members perhaps via literature printed in various Asian languages such as Urdu and Punjabi and to explain what the role entails.

Ensure that all parents receive the necessary newsletters.

Examine the waiting times for appointments at GP surgeries.

## **SURE START SMALL HEATH FOCUS GROUP BRIEF AND TOPIC GUIDE**

### **INTRODUCITON**

This part of the research will provide more qualitative material. Qualitative research involves an interactive process between the researcher and those being researched. It provides a way of probing underlying attitudes and obtaining an understanding of the issues of importance. The real value of qualitative research is that it allows insight into attitudes, and the reasons behind those attitudes, that could not be probed in as much depth with a quantitative questionnaire. Depth interviews allow respondents to explore their attitudes and experiences with the researcher on a group basis. Questions tend to be more open.

However, it must be remembered when interpreting these results that they are not based on quantitative statistical evidence. The findings are based on a small sample, which is designed to cover a cross-section of participants, but this should not be confused with statistical representation.

In addition, perceptions will be presented and not facts. Participants may hold views that are based on incorrect information; these perceptions are reported.

### **Aim**

To provide qualitative information on the partnership effectiveness of the Sure Start Small Heath Programme

### **Numbers**

Between 6 and 12 in each group.

### **Duration**

The focus group session will last between 1-2 hours

### **Roles**

Sure Start Small Heath will organise the respondents to be available for the focus group study at a suitable location and date for them.

Shabnham Khan from Fieldresearch will contact the parents and arrange the venue (either at St Benditicates or Holy Family) moderate the focus group.

Working within a fast paced market research company for over five years, Shabnham have seen many changes and developed the skills to adapt and progress in this evolving business. Flexibility is the key to improving an organisation's performance and having worked within various departments Shabnham has interviewed people both on the telephone and face to face as well as working on the data entry and report stages of projects. Recent Projects: Focus Group Moderation and in-depth face to face interviewing. Shnabnham speaks Milpuri

Nitin Thakrar, Research House UK will write observe and write the focus group report

A £10 gift voucher will be presented to the parents for attending the group meeting. In addition crèche facilities will also be provided.

The following topics will form the basis of the discussions:

- G. OUTREACH AND HOME VISITING
- H. SUPPORT TO FAMILIES AND PARENTS
- I. QUALITY PLAY, LEARNING AND CHILDCARE SERVICE
- J. PRIMARY AND COMMUNITY HEALTH CARE
- K. SUPPORT FOR FAMILIES WITH SPECIAL NEEDS
- L. BOARD INVOLVMENT

## **SURE START SMALL HEATH FOCUS GROUP TOPICS**

The following topics will form the basis of the discussions:

M. GENERAL

N. OUTREACH AND HOME VISITING

O. SUPPORT TO FAMILIES AND PARENTS

P. QUALITY PLAY, LEARNING AND CHILDCARE SERVICE

Q. PRIMARY AND COMMUNITY HEALTH CARE

R. SUPPORT FOR FAMILIES WITH SPECIAL NEEDS

S. BOARD INVOLVEMENT

T. FORUM INVOLVEMENT

**WARM UP QUESTIONS**

Your name

How many children do you have?

What are the ages?

What languages do you speak?

How did you come to know about SHSS and the Board?

**GENERAL**

- 1) What do you think the Sure Start Small Heath will achieve at the end of the programme?
- 2) What do you think of the programme so far?
- 3) What do you think has worked for the
- 4) What has not worked for the Sure Start Small Heath?

**A OUTREACH AND HOME VISITING**

- 1) Who do you think should make a home visit other than the midwife and health visitor (such as dietician, dentist, pharmacist)

**B SUPPORT TO FAMILIES AND PARENTS**

- 1) What can the SSSH programme do to support parents with their children?
- 2) Do you think parents want to get a job?
- 3) What stops them from getting a job?
- 4) What do you think of some of the Sure Start activities that have taken place (Such as the trips, swimming, keep fit, parent sessions, etc)

5) What *other* kind of help is needed for parents in the SSSH?

- Housing help
- Benefit help
- Child's education
- Children's health
- Nursery or Play Group
- Men's health
- Women's health
- Volunteering
- Group meetings
- Social services
- Violence in the home

#### **C QUALITY PLAY, LEARNING AND CHILDCARE SERVICE**

- 1) What nurseries do you use in Small Heath?
- 2) What do you think of the nurseries?
- 3) What do you think of the indoor activities for children in the Small Heath area (how would you make them better)?
- 4) What do you think of the outdoor activities for children (how would you make them better)?
- 5) How often do parents take the children to trips outside Small Heath?

#### **D PRIMARY AND COMMUNITY HEALTH CARE**

- 1) What do you think of the primary health care support in Small Heath? Such as those from the GP, nurses, health visitor, dentist?
- 2) How would you make them better?

**E SUPPORT FOR FAMILIES WITH SPECIAL NEEDS**

- 1) Do you or anyone know of their child needing special needs? What are some of the problems they are facing?
- 2) What further help do you think they need?

**F BOARD INVOLVEMENT AND FORUM INVOLVEMENT**

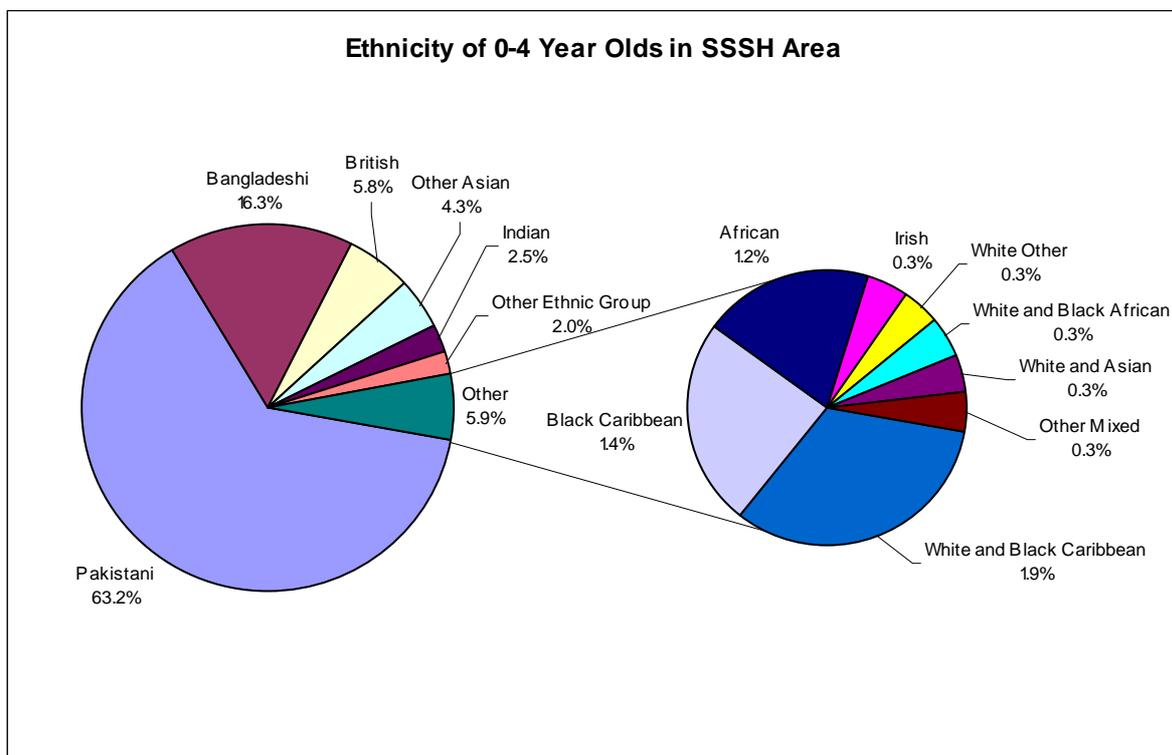
*[Identify Board members and Forum members]*

- 1) Why did you get involved with the Board?
- 2) What do you get from being a Board and Forum member? How do you feel about it?
- 3) How do you see your role on the Board?
- 4) Do you feel you are listened to on the Board?
- 5) What would you change about the Board?
- 6) What do you think has worked for the Board?
- 7) What have been the barriers to working with partnership effectiveness?
- 8) What do you think the responsibility of the Board member should be?
- 9) Do you feel you receive all the information from the Board?

**G FORUM INVOLVEMENT**

- 1) Why did you get involved with the Parents Forum?
- 2) Those in the Forum, would like to be involved on the Board?

- 3) What stops you in being involved in the Board?
- 4) What do you need to know from the Sure Start Board to help you to be involved?



## Programme Name: Small Heath Sure Start

District: Small Heath

Year: 25th September 2002

	Existing number of places in Surestart area for 2002-2003	Number of new places to be provided by Surestart in 2003/04 - 2005/06 (maximum provided at any one time)	Estimate number of new places to be provided through non-Surestart funding in 2003/04 - 2005/06	Total number of new places in surestart area 2005/06 (existing plus new)
<b>1. Childcare</b>				
a) Day care - full time, five times a week	126	0	10	136
b) Childminder - full time, five days a week - number of full time places 0-3 year olds	0	12	12	24
c) Number of childminders	1	4	4	9
d) Other - please state:	0	0	0	0
<b>2. Early Education</b>				
a) Nursery - half day, five days a week	130	0	15	145
b) Pre-school playgroup - half day, five days a week	0	31	10	41
c) Pre-school play group various sessions per week	56	10	0	66
d) Special Needs Play Group	14	10	0	24
<b>3. Other</b>				
a) Creche sessions per week per child - one to three hours per session	0	30	0	30
b) Creche sessions for adult ed. Users only	20	15	10	45
c) Holiday schemes - full time, five days a week - for children 0-3 only	0	20	0	20
d) Four Weeks (Summer Holiday) Pre-school Play scheme Half days children 2 1/2-4 only	20	20	10	50
e) Wraparound or extended care - part time nursery or playgroup place plus at least one hour am and one hour pm	0	20	10	30
f) Out of school clubs - at least one hour after school - for children 0-3 only	0	0	0	0
g) Stay and Play	63	40	10	113

