

Beaumont Leys & Stocking Farm Sure Start Programme

2004 Evaluation Report

By

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Preface & Acknowledgements

This report is primarily written for the Sure Start BL & SF Management Group, the practitioners working within this programme, the line managers of these practitioners, and other stakeholders in this Sure Start programme.

We would like to thank several people who have been involved in the design and implementation of the fieldwork for this report, and others who have contributed to the production of the report itself.

First and foremost we would like to extend our gratitude and respect to the Local Researchers who were involved in the design of the interview and carried through the implementation of the survey. These are:

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We would like to express our thanks towards the survey participants without whom this report would not be possible. The respondents invariably made the researchers welcome and answered our questions frankly.

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Introduction

The Youth Affairs Unit (YAU) of De Montfort University is undertaking the external evaluation of the Beaumont Leys & Stocking Farm (BL & SF) Sure Start programme. This evaluation began towards the end of October 2000 and was originally scheduled to finish in October 2003. An extension of six months was agreed and this report represents the findings from our research activities during this extension. The evaluation is being undertaken by David Potter and Elizabeth Barner of the YAU; David is the lead within the YAU concerning Sure Start and Sure Start Plus and Elizabeth assists David with this and other evaluation projects; both receive support and guidance from the Director of the YAU – Malcolm Payne.

The evaluation of this programme began with formative work in relation to the Sure Start practitioners. This early activity took the form of a working paper, a seminar, and an examination of the monitoring and self evaluation activities of practitioners. The current stage of the evaluation has entailed an examination of the perceptions of BL & SF Sure Start service users in relation to the programme generally but also the individual services they use. This report presents an account of the findings from the service user element of the evaluation of the Beaumont Leys & Stocking Farm (BL & SF) Sure Start programme and the methods used to gain these findings.

The Youth Affairs Unit took the decision, in consultation with the two support groups (DRG and ERG¹), to fulfil a number of the evaluation strands with one wide-ranging research instrument. The chosen method was a structured interview.

We present the methodology, highlighting the interview programme, followed by details of the respondents whom we surveyed. We then discuss the findings in relation to the overall programme and this is followed by an analysis of each BL&SF Sure Start service. Next are the conclusions. Following the conclusions the reader is presented with two appendices: the interview schedule and the information and consent forms.

Should you have any questions about the findings or methodologies described in this report, these should be made to Elizabeth Barner using the contact details at the back of this report.

¹ DRG – the De Montfort University Sure Start & Sure Start Plus Research Group; ERG – the BL & SF Sure Start Evaluation Reference Group.

Methodology

The YAU has undertaken in-depth interviews with BL&SF Sure Start parents. The focus of these interviews was two-fold, firstly the overall programme and secondly the individual services parents are in contact with. The findings from these interviews form the basis of this report.

Peer Researchers

An early decision was taken to use people local to Beaumont Leys and Stocking Farm to administer the survey. Although referred to as 'volunteers' throughout, the Peer Researchers were actually employed by De Montfort University on a casual basis. Six Peer Researchers were employed; four of whom actually live within the local area and two from elsewhere in Leicester. The interviews were largely carried out by Peer Researchers.

Recruitment of Researchers

We set out to recruit between 4 and 10 local people to administer the survey and, if necessary, to recruit participants to the survey. Our policy from the outset was to avoid placing any undue barriers in the way of people applying to take positions as Researchers. The criteria were simple:

Essential: that the individual understood the importance of confidentiality & would also understand the importance of not 'leading' the interviewee

Desirable: that the individual could read and write English

Desirable: that the individual lived in the Sure Start area

Desirable: that they were available to work during the survey period

The Researchers became casual employees of De Montfort University. Each was issued with a contract and the University accepted liability for the research. Two training sessions were held at the Sure Start centre, with 12 people present, together with David Potter and Elizabeth Barner. The format of the training sessions was as follows:

Introductions

What is Sure Start

Why are we interviewing Sure Start parents

The interview/views on the interview questions

How do we conduct an interview

Practise at interviewing

Practical and safety measures

In addition to the above items the training sessions gave an opportunity for the Peer Researchers to meet and begin to develop a 'team' bond. The questionnaire had not been finalised at this point (although close). The Principal Researcher gave the Researchers the opportunity to contribute their thoughts on the interview. The results were changes to the overall design, several changes to the design of individual questions and the removal of some questions. In addition to improving the interview, this process helped to develop a sense of ownership amongst the Researchers. The Researchers were given mock copies of the interview so that they could practise with family members ahead of administering the real survey.

Recruitment of respondents to the survey

The recruitment for respondents to the survey took place over the course of two months – January and February 2004. A variety of recruitment methods were employed. The criteria for eligibility were simple, the individual giving their consent to participate had to:

- Live in the BL & SF Sure Start area
- Be pregnant or have a child/children under four years old
- Be willing to supply their name and address (with assurances of confidentiality)
- Be willing to sign a consent form

BL & SF is considered to present difficulties in terms of gaining public participation in activities which are not instantly recognisably relevant to the lives of people living in these two communities. This is not a value judgement concerning the people living in BL & SF, merely a statement of the perception of those practitioners with whom the Researchers have held discussions. The evaluation of the Sure Start programme in BL & SF was faced with the same difficulties as the programme itself concerning participation. All of those who agreed to be interviewed were entered into a prize draw, and ten individuals won £20.00 vouchers.

First recruitment method

Members of the evaluation team visited a number of group activities being undertaken by practitioners. These visits, although small in number, were highly successful. This is not surprising considering that the Researcher had the opportunity to speak personally on a one-to-one basis to parents. This gave the chance to explain at length what participating in the survey would involve and, vitally, the opportunity to develop trust. As a result nearly all those asked to participate in the survey at these venues, by the Researcher, agreed to take part.

Second recruitment method

The second recruitment method involved the Principal Researcher and the Peer Researchers, recruiting parents in public venues. This involved greater expense and time, and some level of risk to the survey. The greater expense is self-evident due to the payments needed for the Peer Researchers, the risk related to the possibility of non-eligible individuals being recruited. A process was set up whereby the Principal Researcher checked all of these recruits a second time, and non-eligible individuals were not contacted for interviews. This process was also successful, with many participants recruited in a relatively short space of time.

Third recruitment method

Sure Start staff recruited some individuals who participated in their particular services. They provided participants with an information sheet and collected signed consent forms, which were passed to the Researchers. Sure Start staff did not know whether these individuals were interviewed.

Response rate

We estimate that approximately 150 people were approached to take part in the survey. 110 of these agreed to take part in the survey, giving a response rate of 73%; of these 65 usable surveys were obtained, giving an achievement rate of 43%. For a survey of this nature these

represent very respectable response rates. There were a number of obstacles in the way of successfully surveying BL & SF Sure Start service users, including:

- Gaining agreement from parents to take part in the survey,
- Finding individuals available to survey during the working hours of the Peer researchers
- Actually completing the surveys in respondents' own homes

The Peer Researchers, in particular, should be congratulated on their achievements in overcoming these obstacles.

Administering the survey

Who we surveyed

The decisions about who was to be surveyed depended upon a small number of factors:

- Being a parent of a child within the Sure Start age or pregnant
- Geographical location
- Availability

This combined the need to achieve a representative sample and the practicalities of carrying out a survey in this area. On only one occasion did an individual who had previously agreed to be contacted refuse to complete the survey.

How we surveyed

Each Peer Researcher was provided with the following items:

- An identity card, complete with passport sized photographs and contact details for the Principal Researcher
- An enlarged extract from an A-Z map of the Beaumont Leys & Stocking Farm area
- A note pad and pens
- A number of surveys
- A number of information forms and consent forms
- A sheet summarising each of the projects in the BL & SF Sure Start programme
- 'Call back later' cards

The interviews were carried out in February and March 2004.

The Peer Researchers had been trained on how to introduce the survey, to seek consent, to present certain pieces of information at given intervals, and to record certain necessary pieces of information (other than those asked for in the interview schedule).

Some of the Peer Researchers 'doubled up' on their first few surveys, for mutual support, and some went on their own from the outset. Some doubled up due to language difficulties i.e. where one interviewer was needed to interpret whilst the other recorded answers. The first few surveys took some considerable time to complete; this was to be expected. In general the length of time to complete each survey came down, from an average of just over an hour at the start, to an average of just over half an hour towards the end. The length of time taken to complete each survey varied according to the amount of Sure Start services the respondent was in contact with, the experience of the Researcher and the circumstances in which the survey was conducted. The surveys were almost all completed in the respondents' own homes, usually with children present and sometimes with other adults present. The age and activity of

the children frequently had an impact on the time taken to complete each survey. A very small number of surveys were completed at Sure Start provision, with children and other adults near by.

In order to preserve confidentiality, only identification numbers and addresses of individuals were given to the Peer Researchers to enable them to administer the survey. The names and addresses of survey respondents, in their entirety, were seen only by the Principal Researcher.

Schools

Alongside the research with families in the Sure Start area, we interviewed Teachers and/or Head Teachers at the three most local primary schools in order to ask about Sure Start and the education of young children. We asked about what difficulties schools faced, and what difficulties they thought families and children faced in accessing education. We also asked how they felt Sure Start might be contributing toward addressing those difficulties, and what they thought the area needed.

The Interviewees

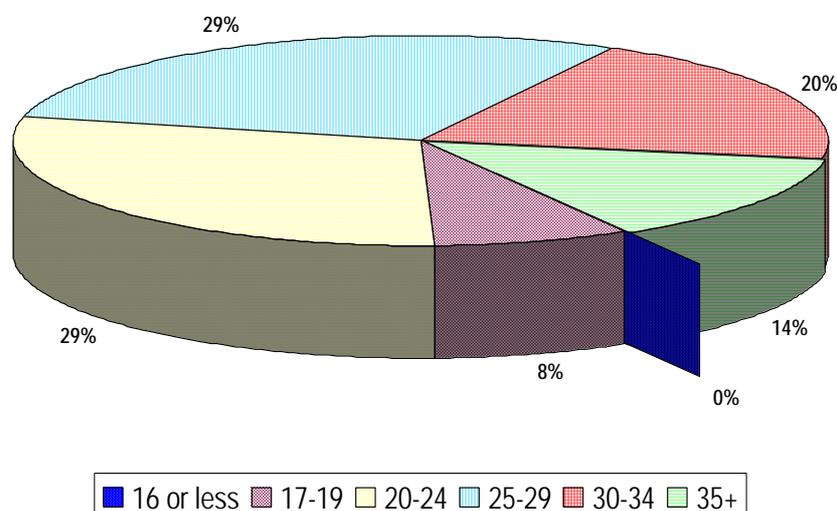
We interviewed 65 Sure Start parents which is approximately half the number we recruited (110); 3 further interviews were unusable or unfinished. The vast majority of parents lived in Beaumont Leys, with only one interviewee from Stocking Farm (despite our best efforts; we recruited several people in Stocking Farm who were not available for interview), and the vast majority were female, with only two male interviewees (although male partners were present at other interviews and often contributed). The typical interviewee has lived in Beaumont Leys for two or more years, is in their twenties, classifies themselves as 'White British', has two children (with at least one aged under four years) and uses two Sure Start services.

The composition of our sample is crucial to the validity of the findings and the analysis we can undertake. If the sample is not representative of the overall population in one way or another, we cannot discuss findings and analysis in relation to those characteristics. In this respect our sample is not truly representative in two ways – ethnicity and geography. In respect of ethnicity our sample has too many interviewees from ethnic minorities, geographically we have only one interview from Stocking Farm, and although the majority of service users live in Beaumont Leys, this is not representative of the overall population. In most other respects we believe that our sample is representative of the overall Sure Start population and therefore, other than being unable to comment on the views of those from Stocking Farm, we can have confidence that the findings will reflect the overall population and, where appropriate and desirable, we can use statistical analysis to extrapolate from our sample to the overall population. In addition a number of questions in this year's survey are questions used in the 2002 survey; the 2002 sample was (broadly speaking) representative of the BL&SF Sure Start population, therefore we can have confidence in comparing answers from both surveys.

Age of interviewees

The majority of interviewees were in their twenties. We interviewed 5 (8%) parents aged 17 to 19; 19 (29%) parents aged 20 to 24 and 19 aged 25 to 29; 13 (20%) parents were aged 30 to 34 and 9 (14%) of the interviewees were 35 years old or over. We interviewed no parents aged 16 or less in this year's survey. Chart 1 below displays the percentages of interviewees in each age bracket.

Chart 1: Age of Interviewees



This is similar to the 2002 survey, however there is a smaller percentage of interviewees aged 35 and over.

Ethnicity

The majority of interviewees classified themselves as 'White British' (65%, n43); a significant proportion indicated that they were 'Black African' (21%, n14). Chart 2 below demonstrates the ethnic background of the interviewees. These proportions are not in keeping with the overall Beaumont Leys population. In the local population there are far more people who would consider themselves 'White British'. The 'non-white' population has grown slightly in recent years with the arrival of a number of refugees and asylum seekers, but the numbers are small relative to the overall population. The 2002 survey sample had more 'White British' than the 2004 sample and therefore reflected the overall BL & SF Sure Start population. We cannot say with confidence that the survey sample is representative, in terms of ethnicity, of all BL&SF families with young children. However, because the survey was designed to explore specific ways that Sure Start impacts upon the lives of residents of Beaumont Leys and Stocking Farm, and because the overall goal of Sure Start BL&SF is to reach all families, we are pleased to have the widest possible range of voices in the survey.

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Time living in the Sure Start area

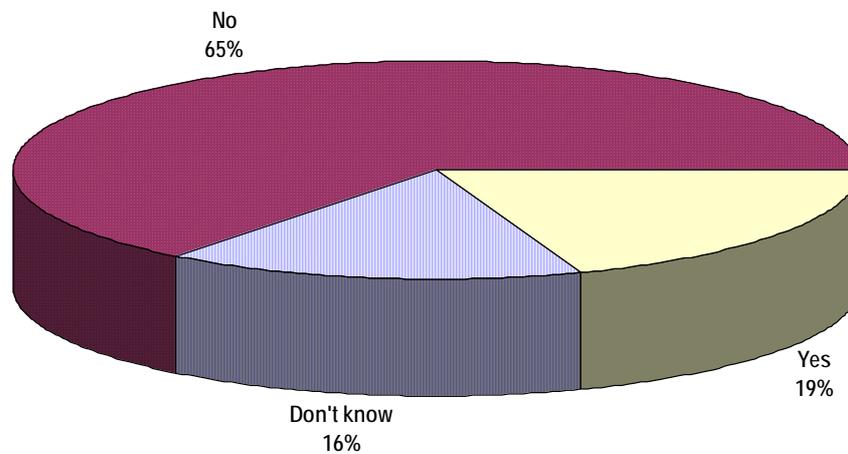
We asked interviewees how long they had been living in the Sure Start area. 62 of 65 interviewees answered this question. Nearly a quarter of interviews (23%, n14) had lived in the Sure Start area for less than one year, 9 interviewees had lived in the area for between one and two years, 12 between two and three years and 26 for three or more years. Overall we can say that interviewees in the 2004 sample have been living in the Sure Start area for longer than those in the 2002 survey. Chart 3 displays the amount of time those interviewed had lived in the Sure Start area.

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Intentions to move

We asked interviewees if they had any plans to leave the Sure Start area in the next 12 months; Chart 4 below demonstrates the answers to this question. Three people did not answer, ten interviewees (16%) said that they did not know, 40 interviewees (65%) said 'no' and 12 interviewees (19%) said 'yes' they did plan to leave the Sure Start area in the next 12 months. The 'yes' percentage is similar to that in 2002 (21%), the 'Don't Know' percentage is far higher (5% in 2002) and consequently the 'No' percentage is lower.

Chart 4: Plans to leave Sure Start area in next 12 months



We have compared the length of time interviewees have lived in the Sure Start area to their intentions to move. We have found that the longer an interviewee has lived in the Sure Start area the less likely they are to say 'yes I do have plans to leave the Sure Start area in the next 12 months'. Technically, we found a correlation of -0.66 , the upper end of a moderate correlation. This means that these two things, length of time in the area and intention to move, are linked, but it is not definite that a family which has lived in the area a short time will move, or that one that has lived there for a long time will stay. If one combines those people who have lived in the area less than 6 months and those who have lived in the area 6-12 months the correlation is stronger; those people are most likely to move. However, it should be borne in mind that the time in area data are not evenly spread and the actual number in each category is low, leaving scope for sampling error. We have explored other possible relationships including ethnicity and age and have not found any relationship with intention to move. Chart 5 below demonstrates the relationship between time living in the area and moving intentions (the 'X axis' represents time living in the area and is presented as 1 to 5, this relates to <6mths, 6-12 mths, 1-2 yrs, 2-3 yrs, and 3+yrs respectively).

That families who have lived in the area the least time are most likely to leave (40% of those in the area under 6 months said they intended to), and that a large percentage (19%) of all the residents we interviewed intended to leave, might have implications for the Sure Start programme because it takes time to encourage parents to participate in the programme by building relationships and trust. There may be limited opportunities for involvement with the newest residents of the Sure Start community as a result of transience, and therefore limited opportunities to improve lives and life chances for this group. Further, if the trend continues of approximately 20% of the area population leaving each year (as those interviewed in both 2002 and 2004 said they intended), and approximately 20% being relatively new to the area, then the programme needs to learn which families are new, make themselves known to those families, and be prepared to form the fastest possible relationships with them. There also needs to be a system in place for transferring appropriate information to services in other areas. Remembering that we are dealing with small numbers in comparison to the overall population, and that as a result our percentages may not be representative, we do see some success for the programme in making links with new residents; 23% of those we interviewed had lived in

the area under one year and had used at least one Sure Start service (as had all of our interviewees).

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Interviewees' Children

On average, interviewees had two children, and four interviewees were pregnant (three of whom already had children). All interviewees had children within the Sure Start age group or were pregnant; 40% (n54) of all the interviewees' children were aged four or over, 11% (n15) were under six months old, 12% (n16) were aged between six months and one year, 9% (n12) were aged one, 17% (n23) were aged two and 11% (n15) were aged three. Chart 6 below shows the numbers of children within each age group:

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The Programme

We asked interviewees a number of questions about the programme in general in addition to questions about themselves and their children.

Satisfaction with Sure Start

We asked interviewees 'how satisfied in general are you with Sure Start?' The answers given, and shown in Chart 7 below, indicated an extremely high level of satisfaction with the BL&SF Sure Start programme. 57% (n36) said that they were very satisfied, 40% (n25) said that they were satisfied, 3% (n2) said that they were not satisfied and no one said that they were very unsatisfied. These percentages are similar to those found in the 2002 survey with a greater level of satisfaction shown in 2004 than in 2002.

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Chart 8 below presents a comparison of the satisfaction with BL&SF Sure Start services in 2002 and 2004.

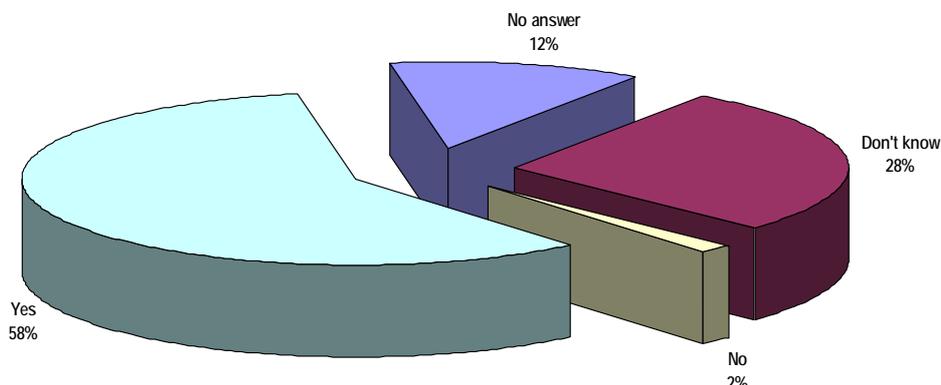
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Are services better?

We asked interviewees 'Do you think that because of Sure Start, services for families with young children are better in BL&SF than they used to be?' 12% (n8) of interviewees gave no answer, 28% (n18) felt unable to say one way or another and therefore said 'don't know', 58% (n38) of interviewees said 'yes' services for families with young children are better because of BL&SF Sure Start, and one interviewee (2%) said 'no' they are not better. These responses are similar to those given in the 2002 survey where 45% said 'yes' services are better, although it is more positive. There is one significant difference. In the 2004 survey far fewer said that they did not know; however, when the 'don't know' answers are combined with the 'no' answers this provides a similar percentage. The answers are displayed in Chart 9 below.

It is encouraging that after two additional years of Sure Start services in the area, more people believe services have improved and fewer think there has been no improvement. All of those people we interviewed had used at least one service. We do not know what the opinion would be of families without direct contact with the programme, though one person talked about the improvement in the area created by the Sure Start building being open.

Chart 9: Are Services better?



We also asked respondents 'in what ways are services better?' Chart 10 below shows the range of answers given to this question. Table 1 below provides the actual numbers that lie behind the 2004 percentages and it also provides a comparison of the 2004 and 2002 responses.

	Now meeting my needs	Now meeting my children's needs	More services	New services	Faster	Other	Negative comments
2004 Number	14	14	16	19	15	9	2
2004 %	16	16	18	21	17	10	2
2002 %	17	24	24	25	7	3	Na

Interviewees also gave narrative responses to this question. One respondent said, "my mum never had all that"; another parent described what she thought was better about services, she said, "you can go and talk to them and get help without making appointments". However, not all comments were positive, one interviewee did say, "The One-Stop-Shop was much better when it was at the Health Centre. Down at Sure Start Centre it is crowded and takes a long time to be seen".

The percentages represent people who have seen improvements in the different categories, so the 2004 figures cannot be read as an additional improvement to the 2002 figures. They do mean that people are continuing to regard Sure Start as delivering improvements in area services. The 2004 numbers are quite similar across the categories, meaning that people are noticing improvements in all areas. There has been a noticeable jump since 2002 in area residents experiencing faster services.

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Knowledge of the programme

We asked respondents, 'do you know what the aim of Sure Start is? (what Sure Start is trying to do)'. If respondents answered 'yes' they were asked to describe what they thought the aim was. Interviewers were instructed to 'accept' a broad definition of the aim of Sure Start and a range of words were suggested as 'trigger words'; if in doubt the interviewer recorded verbatim what the interviewee had said and left it for the principal researcher to determine. Chart 11 below illustrates the responses given. 33 (50.8%) respondents did know what the aim of Sure Start is and 32 (49.2%) did not. In the 2002 survey, (asking the same question and accepting the same broad range of responses), we found that 55% did know the aim of Sure Start and 45% did not. A similar broad range of answers were given in 2004 as in 2002.

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We suggested in the 2002 report that knowing the aim of the Sure Start programme is of paramount importance. We put forward the hypothesis that; *"Enhanced knowledge and awareness of the programme will enable the target population to utilise services to their full potential, and to participate in the operation of the programme and the achievement of its aims"* (Potter, 2002, page 40). In the 2004 we made every effort to keep the interview as short as possible and therefore withdrew any unnecessary questions. With this in mind we did not ask if respondents knew where the Sure Start Centre is because most interviewees were recruited as they left the Centre. Neither did we ask if respondents had heard of the programme prior to taking part in the survey, for the same reason. Therefore knowledge of the aim of the programme is the only measure we have of knowledge of the overarching programme in the 2004 survey.

It is therefore of slight concern that only half of the 2004 sample know the aim of the Sure Start programme, as was roughly true in 2002. If our hypothesis is correct, this suggests that there is still a significant proportion of parents who are not engaged beyond the level of service user, i.e. parents for whom the delivery of services is less likely to be termed 'with' than 'for'. This is problematic for two reasons; firstly it is not in keeping with the Sure Start ethos, and secondly it has implications for sustainable impact during and beyond the life-span of the programme.

Reading and sharing books with children

We asked respondents about reading and sharing books with their children. We used similar questions to those in the 2002 survey to enable comparison, but made slight changes in an attempt to improve the information gained. We asked interviewees 'How much time did you spend sharing (reading/playing with) books with your young children (under 4yrs) in the last seven days?' Chart 12 displays the answers. 41% (n24) spent three hours or more sharing books with their children under four; 10% (n6) spent up to three hours; 14% (n8) spent up to two hours; 12% (n7) spent up to one hour; 9% (n5) spent up to half an hour; and 3% (n2) spent no time, with 10% (n6) saying they spent no time sharing books with their young children because they were too young.

Error! Not a valid link. Chart 13 below presents a comparison of the findings from 2002 and 2004; we can see from this chart that there has been a significant reduction in the percentage of respondents stating that they spent no time sharing (reading/playing with) books with their children, from 30% in 2002 to 3% in 2004.

Error! Not a valid link. A note of caution is required however, in the 2004 survey if respondents said that they did not read with their children because they were too young the interviewee

recorded their answer as such; this option did not exist in 2002. Taking this into account the two percentages would be – 13% in 2004 and 30% in 2002 – still a significant difference. In addition, the percentage of respondents who said that they spent three or more hours sharing books with their children in the last seven days has risen from 32% to 41%. Both these changes are very positive. One of the changes we made to the question in 2004 was to refer only to children under 4 years of age (the Sure Start age group); our assumption would be that this would produce figures that are less favourable i.e. more ‘no time reading/sharing books’ and less ‘three or more hours reading/sharing books with children’; in reality the opposite was the case making these changes all the more significant.

We introduced a new question concerning sharing/reading books; we asked respondents, ‘What age were your children when you first started sharing/reading books with them?’ Chart 14 below presents the answers to this question. The answers given to this question suggest early introduction of books with children amongst the BL&SF Sure Start population. The BL&SF programme has significant outputs in relation to books. The Health Visiting Team gave out 195 book bags in 2003, and Bookstart distributed 333 library cards and 952 books were loaned to families during this period. The answers to this question suggest that these outputs are resulting in significant outcomes i.e. early introduction of books, a book culture. These are proxy outcomes to Sure Start’s aim of preparing children for school by improving the ability to learn.

We have looked at the answers given by respondents to ascertain patterns of behaviour, interviewee characteristics and data relationships. Initially we analysed the data to see if there is a relationship between the age of children when parents start introducing books and the amount of time spent sharing books with children. We found that parents who start sharing books earliest are those most likely to spend more time with books. There was a moderate correlation² between the two, which is to say that there was a connection overall but it was not true for every case (some parents who start sharing books quite early in a child’s life may not spend much time sharing books, and some who introduce books later will spend a great deal of time sharing books). The correlation supports the programme continuing to introduce books to families very early because it suggests that the earlier parents introduce books to children, the more time they will spend sharing books.

Error! Not a valid link.We did not find a correlation between the age of children and the amount of time reading with them. It is difficult to analyse this because we did not ask parents about each specific child; when we asked parents with more than one child within the Sure Start age group, we do not know if there was a difference in the ‘book’ habits between the ages. Therefore we have analysed the data for those with only one child in the Sure Start age group (n38). We find no correlation at all, and a parent with a two year old is just as likely to be spending no time or a lot of time reading with their child as a parent of a 1 year old, for instance. The only link we did find is that of parents with one child, those with children under six months spend less time or no time reading/sharing books with their children than parents with older children.

² We found a correlation (converting the data to even intervals) of -0.38; this is at the lower end of a moderate correlation.

How parents came into contact with services

We asked respondents 'how did you find out about or come to be using [Service Name]?' There was a wide range of answers, with parents predominantly becoming involved with Sure Start services through formal processes such as referral by GP, Health Visitor or Midwife, or are told about services by other Sure Start workers. Chart 15 below presents the ways in which each respondent found out about or came to be using services.

Chart 15: How service users found out about, or came to be using, services

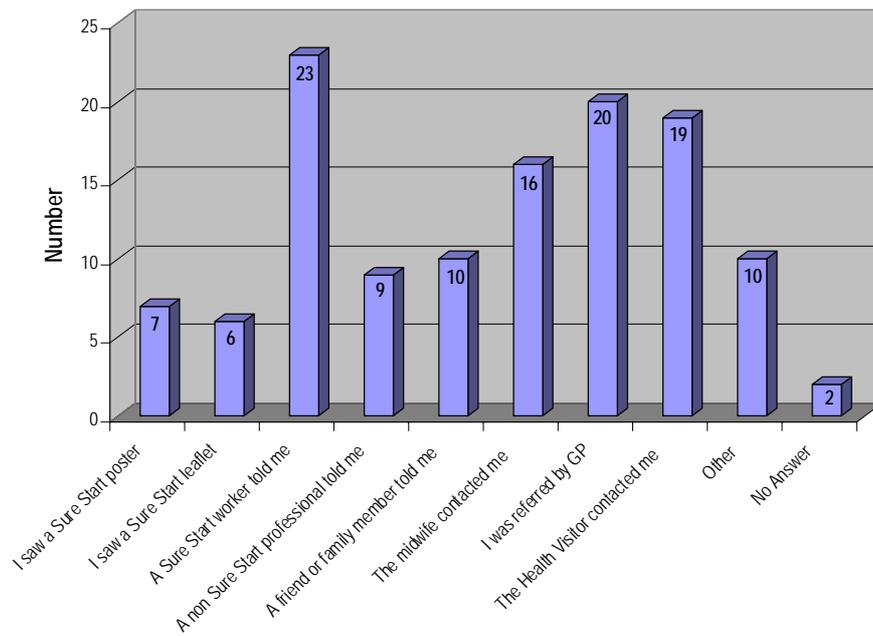
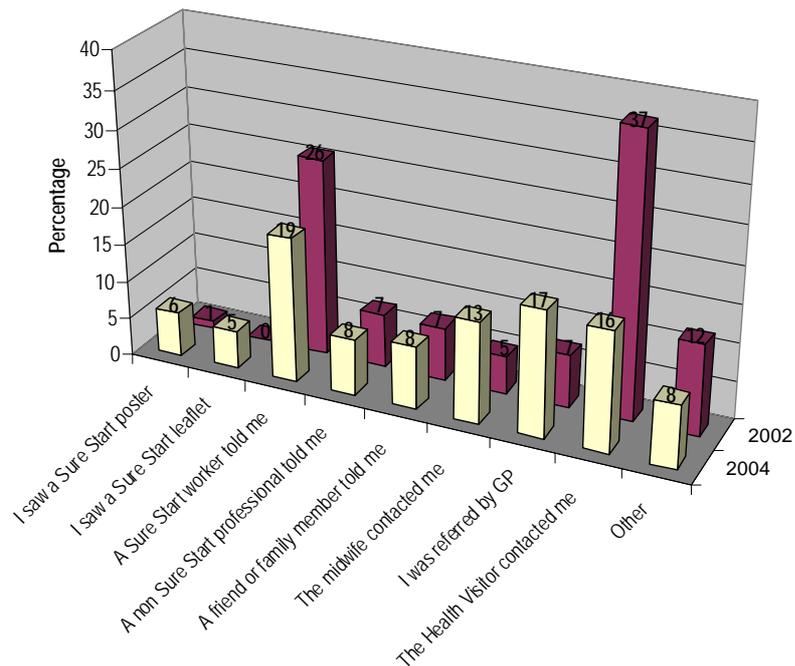


Chart 16 below shows a comparison of how parents found out about or came to be using Sure Start services from the 2002 and 2004 surveys.

Chart 16: Comparison of how respondents learned about services, 2002 and 2004



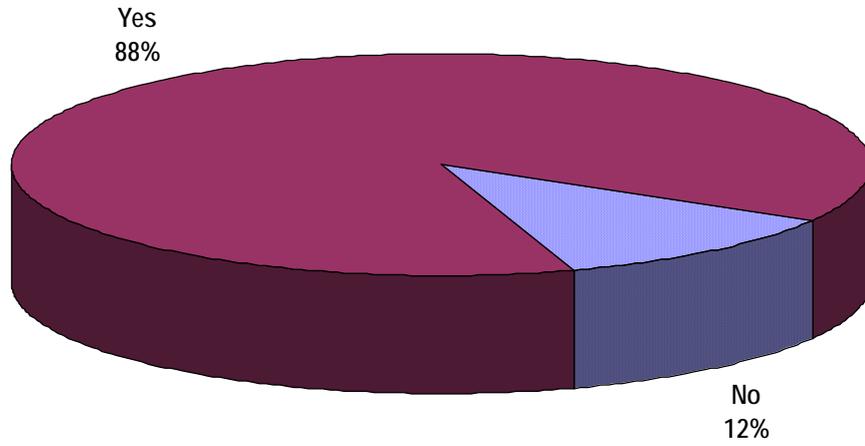
We can see from this chart that the automatic contact with Health Visitors was given as a response far more frequently in 2002, but that referrals/contact by GP and Midwife were given less often in 2002 as reasons for involvement with services. The impact of leaflets and posters in 2002 was found to be negligible, accounting for only 1% of the reasons given; in 2004 posters account for 6% and leaflets 5%, a total of 11%, suggesting increased impact of posters and leaflets. The percentage saying that they found out about or came to be using a service because a friend or family member told them about it is still surprisingly low given the common perception that word of mouth spreads information through the area.

Overall, the comparison shows a much more even spread between the possible sources of information about Sure Start services. This may mean that Sure Start has a higher profile in the neighbourhood and amongst professionals in the area; GPs seemed to be a steady source of referral, and leaflets and posters were a greater draw than they had been previously. It is important to remember that this question did not ask how parents had heard of Sure Start as a whole, but about specific services. One of the sources not named here is the Sure Start reception area. This is an area with a great deal of written information, such as leaflets and posters, but perhaps more importantly is staffed by knowledgeable and friendly workers who can and do direct individuals to services that might be of interest to them.

Support, help or advice needed

We asked respondents 'did you get the support, help or advice that you thought you would do from [Service Name]?' Chart 17 below illustrates the pooled responses given to this question. There were 122 responses made; on average, interviewees were asked about two services each, and thus 122 responses includes their answers regarding both services. Combined, these represent the programme as a whole.

Chart 17: Did you get the support, help or advice that you expected



Understanding needs

We asked interviewees 'do you think the worker from [Service Name] understands what support, help and advice you need as a parent?' Chart 18 below displays all of the responses given to this question (from 65 interviewees talking about two services each, on average). It has 117 responses and five 'no answers'; 83% of the responses indicate that the respondent felt that the worker did understand what support, help and advice they need as a parent.

Chart 18: Do you think the worker understands what support, help and advice you need as a parent

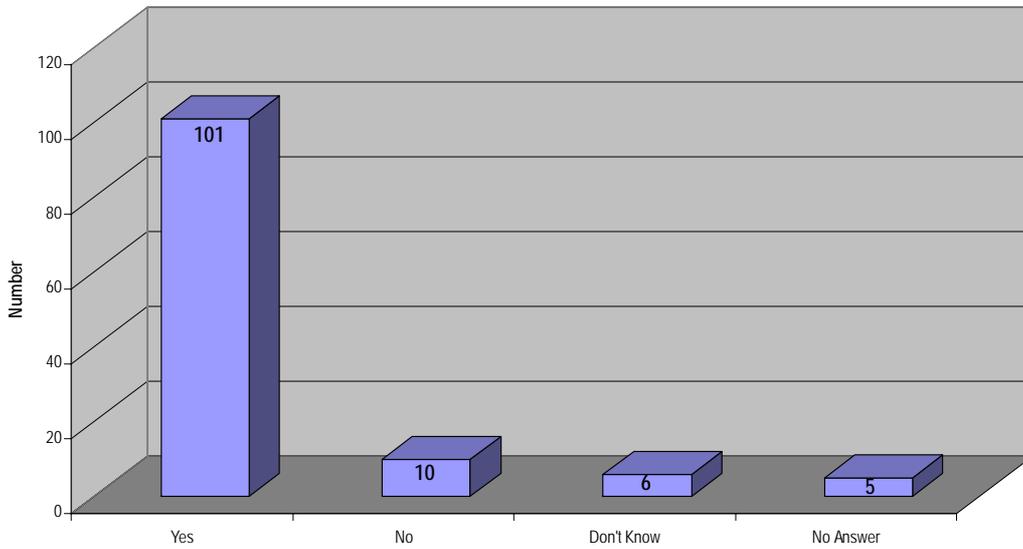
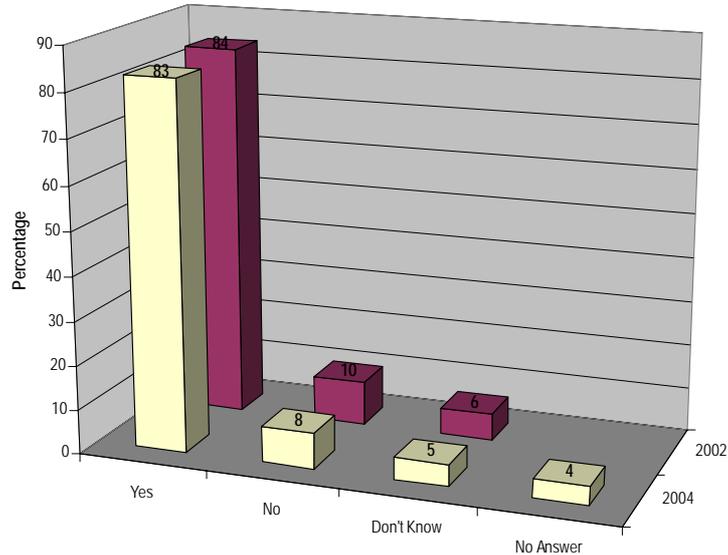


Chart 19 below presents a comparison with data from 2002 regarding interviewees' perceptions concerning Sure Start workers and whether or not they understand parents' needs.

Chart 19: Comparison, Sure Start worker understands my needs, 2002 and 2004



We can see from this chart that the percentages have not changed; they are still extremely positive for the programme overall.

Needs Sure Start services met

Chart 20 below presents a compilation of the needs that parents said Sure Start services meet for them. This chart contains 122 responses from our 65 interviewees. Interviewees were presented with the same options for each service, and could select as many answers as they

thought applied, thus the highest possible number in each category is 122. We can see from this chart that a wide range of needs are met from the specific and/or practical to so called 'soft' outcomes or needs, such as emotional support from professionals or social support for parents. It is also clear that most services will meet many different needs.

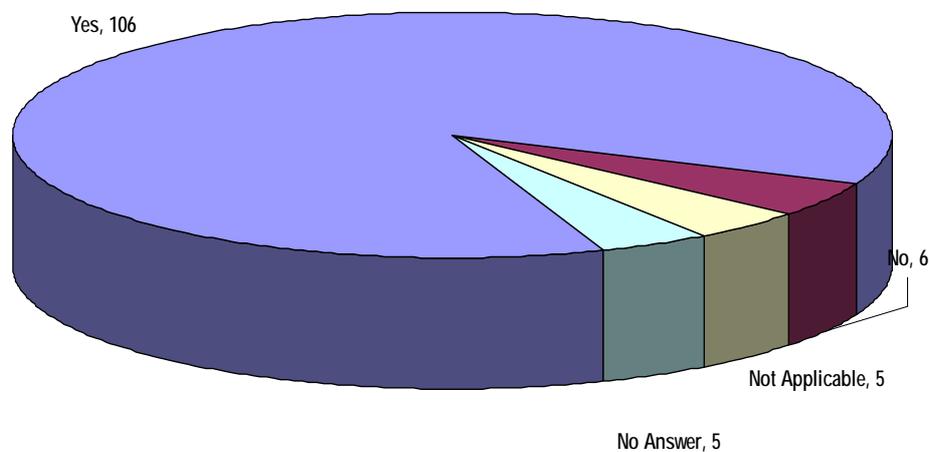
There are very few entries in the 'other' category of needs met. When asked what the best thing was that Sure Start could do, the answer tended to be just to continue doing what it's doing; there were minimal suggestions for change. We take this to mean that overall Sure Start is helping with the needs of families with young children that it set out to meet. There is further discussion below regarding Sure Start meeting needs parents have brought up since the programme was originally designed.

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Encourage others to use Sure Start

Chart 21 below presents a compilation of the answers given in relation to individual services to the question 'would you encourage others to use this service?' Our 65 respondents gave a total of 122 responses. We can see from this chart that the overwhelming majority of parents would encourage others to use the BL&SF Sure Start services they are in contact with.

Chart 21: Would you encourage others to use this service?



Parents' suggestions, requests and comments

Many of the questions we asked Sure Start parents required narrative answers. These answers provide us with invaluable qualitative evidence of the impact of the programme, information about parents' understanding of the programme, their needs and ideas of what the programme

could do to better meet their needs. We have analysed parents' testimony for themes, specific needs and other material.

The criteria for (or limitations of) Sure Start programmes are not necessarily in keeping with how parents think about their lives, their needs and their circumstances, in a variety of ways.

Parents we have spoken to during this phase of the evaluation, and in previous fieldwork, do not see the purpose or necessity of geographical boundaries. For instance one parent said, "*It shouldn't be that people have to live in the [Sure Start] area. It's not as if other people around here don't need things too. Beaumont Lodge has nothing*".

The age cut off for Sure Start is a cause of frustration for parents, particularly during school holidays. Parents want to be able to bring their older children with them to events and services; without this facility they cannot access services unless childcare is available. Many parents made comments along these lines. Also, parents want services for their older children in addition to those for the younger children, one said, "*[Sure Start] need to do things for older children. Problems don't cease when kids reach five*".

The timing of services and/or the frequency do not necessarily fit in with parents' wants and lifestyles. Parents spoke about services being run when their young children are usually sleeping. In addition, services are based upon the model of the parent being at home with their child during the daytime and not at work. The majority of families may indeed have one parent at least at home with children during the days, however parents in Sure Start areas do work and some would like to receive services outside of the 9-5 Monday to Friday. Often parents would like groups to run for longer and perhaps more often.

Two linked themes occurred often in interviews; firstly the need/desire of parents to "*leave the kids to have a break from them*", and secondly, the need for more (and good quality) childcare in Beaumont Leys. One parent said, "*Would be good if you could leave the kid in crèche for a couple of hours instead of having to stay with them; to do shopping and the like*." Other parents' comments echoed this sentiment; essentially parents want to have some time to themselves - a break from the kids. Parents want a 'break from the kids' to go on courses or get the shopping done, or take an older child to the doctor, but sometimes it would appear simply to have a break.

Many respondents spoke of the need for BL&SF Sure Start to advertise more or to let people know more about what is going on. One parent said, "they need to let people know what's on offer". Another interviewee said, "You only find out what's on at Sure Start if you phone and ask. It would be nice if they were advertised in the paper or something". At times interviewees indicated that they would like Sure Start to offer a particular service which it already offers; it is likely therefore that these parents would be accessing more services if they knew of their existence.

Parents generally value the services that Sure Start provides and are able to describe how it helps and supports them and their children. Below are some examples of the comments parents made:

"With so many facilities going on I think they are doing alright as it is."

"I have lived in the area for only a few months ... and already my son and I are happier, thanks largely to the playgroup".

"The support they give is the main thing. People here can get down and people don't speak down to you - you get real help [from Sure Start]"

The Services

We asked a number of standardised questions about each Sure Start service and a number of questions specific to each. We asked each interviewee about a maximum of three services regardless of how many they were actually involved with. In total our 65 interviewees accessed 209 BL&SF Sure Start services. It would seem from those figures that on average each interviewee accessed three services. However, some interviewees accessed a lot of services and this skews the figures slightly; in reality most interviewees were involved with two services. On average, we asked interviewees about two services, which led to 122 interviews about individual services. Chart 22 below presents the breakdown of the total 209, by services used.

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It was our goal to interview as many people as possible about each of the services. In practice, some are considerably more represented than others, parallel to the breakdown above.

One of the questions we asked about each service was which needs it met. We supplied the following list and also asked if other needs were met.

Needs met by services:

Information on what to eat and drink whilst pregnant		Help with quitting smoking when pregnant	
Help/advice with healthy eating		Help with quitting smoking as a parent	
Information about feeding your baby/toddler		Information/support about helping your child to learn	
Support with breastfeeding		Information/support about child development	
Practical advice about: Benefits,		Social support and/or company for parent	
Safety/health at home,			
Managing money,			
Other			
Emotional support from professionals		Support/help with personal development, e.g. adult education	
Help with children's behaviour		Chance to mix/meet with others in similar circumstances	
A break from child/children		An opportunity for your child to mix with other children	
Given more confidence as a parent			

The items on this list cover a breadth of categories of need that families may experience, from practical and specific information and advice on matters such as child development or benefits to play and development opportunities for children to emotional support and social time for children and adults. It is believed that meeting these needs ultimately contributes, either directly or indirectly, to meeting the five Sure Start objectives:

- Improving the availability, accessibility, affordability and quality of childcare
- Improving learning
- Improving social and emotional development
- Improving children's health
- Strengthening families and communities

Investigating the needs met by each service helped to show how services contributed to produce a programme that addresses those objectives, and to highlight possible gaps.

Individual services often met a wide range of needs, and we make reference to the list above in the sections that follow. The sections are based around the interviews conducted, and also draw on information provided by the services and the programme as a whole, including evaluation work carried on within the services and information regarding the number of families served.

Beaumont Leys Early Education Project (BLEEP)

BLEEP provides training for staff, and courses for parents, including for those wanting to work in childcare. It is also involved in helping parents with their child's learning, through play etc. There is an ultimate goal of increasing pathways to employment by increasing learning opportunities in the BL&SF area. According to service staff, BLEEP worked with 262 individuals during 2002/03, providing a variety of services in a variety of settings, often working in partnership with other BL&SF services. Six of our interviewees had used the BLEEP service. One interviewee found out about BLEEP after seeing a Sure Start leaflet, three were told about BLEEP by a Sure Start worker and one found out about it through a friend or family member. Interviewees clearly benefit from and enjoy their involvement with BLEEP, one interviewee said, "*I have really enjoyed being involved in BLEEP... it makes me happy to be involved with the Sure Start programme*". The comments of interviewees show that the courses are valued and that they put into practice that which they have learnt, they have also given confidence for some to go on to do further courses. One interviewee said, "*[BLEEP] gave me confidence in doing other things*". In addition, opportunities to 'have a break' from looking after children by themselves is valued by the interviewees, as is the opportunity for children to meet and mix with other children.

Four of five interviewees said that they got the support, help or advice that they thought they would and thought that the BLEEP staff understood their needs. All interviewees said that they would encourage others to use BLEEP. Interviewees indicated that BLEEP met a number of their needs and a variety of needs for each interviewee including: help with children's behavior, a break from children, information about helping children to learn and social support. Interviewees made some suggestions that they thought could improve BLEEP: more courses, new people involved, better advertising and more advanced courses.

We asked some additional questions to 3 parents who had been involved with BLEEP, either taking courses or speaking to BLEEP staff. They had attended a number of different courses: Early Start Education, DIY, Behaviour Management and Christmas Crafts. None of the parents we spoke to had attended any courses before the ones at Sure Start, and all three said that involvement with BLEEP had given them the confidence to do more courses. When asked what other courses they would like to see BLEEP offer, one said, "*they seem to put on varied courses already.*" Suggestions were: First Aid, Food Hygiene and Computer Skills. When asked if there was anything else they would like to say about BLEEP, two of the comments were:

I love them, I look forward to Bleep.

It helps you learn how to interact with people.

We asked all of the projects to share evaluation work they had carried out on their services. The information from BLEEP looked primarily at how they increased learning opportunities. The evaluation work was mainly done through informal surveys and reflection on informal conversations with those who did, or might, attend BLEEP sessions. Colleagues were also consulted. There were several key elements that the BLEEP self-evaluation work showed as foundational to the success of the service: free childcare; free courses which are short-term; knowing families before they attend classes, and letting families know tutors 'as people' and know what might be expected of them on courses; courses on subjects families mention, and following quickly after interest is raised; careful, non-intimidating titling and advertising of courses. The main initial goal for BLEEP seemed to be breaking down discomfort with learning activities. The evaluation material stressed that this was an individual task, and a slow task, the majority of which might take place before course attendance and was dependent on the BLEEP

staff knowing families and the community. Sign posting to more formal training was also seen to be an individual process, and again may be much further on after initial contact with BLEEP courses.

Beaumont Leys Independent Support Service (BLISS)

BLISS Helps families living in the Sure Start area to maintain their tenancies. BLISS works with families at risk of becoming homeless, or families who are having problems with paying the rent, with debt, with being re-housed, buying furniture or similar problems. As with the vast majority of BL&SF Sure Start services, BLISS provides a level of emotional support to parents. The BLISS service is now city wide and uses the name STAR (Supporting Tenants And Residents). According to programme records, BLISS worked with 102 cases in 2002/03 from the BL&SF Sure Start area. Eight of our interviewees had used the BLISS service.

Interviewees indicated that they had found out about or came to be using the BLISS service in a variety of ways; two found out through a Sure Start worker, one saw a poster, four others found out/came to be using BLISS through family/friends, being told by a non-Sure Start professional, being referred by a Health Visitor and through other ways. Six out of eight interviewees thought that the BLISS workers understood their needs and six out of eight said that they got the support, help or advice that they thought they would. Five out of eight said that they would encourage others to use the BLISS service with one interviewee not answering this question.

Interviewees described the help and support they received from BLISS as addressing a range of needs, most especially practical help with benefits. However, not all comments were positive; as with all instances where interviewees expressed some dissatisfaction with services in this survey, negative comments concerning BLISS related to services offered or expected and then not delivered. The majority of comments however, were extremely positive; one interviewee said, "*BLISS are a god send*", another said, "*She did everything that I needed of her*". One respondent described well the impact of the support and help she received, she said, "*[they] reassured me; after I'd seen them I didn't feel so frightened, I felt that I had a plan, I knew what to do*". Another parent's washing machine was broken and she had been washing all the clothes by hand, BLISS helped her to get a second hand washing machine, she asked the interviewer to tell BLISS "*thank-you, I'm alright now*". Other interviewees described how BLISS helped them with debts, with benefits advice, to obtain furniture or appliances, and re-housing.

We asked five parents who had used BLISS questions more specific to the service. They had received support with a number of different issues – getting a washing machine and other furniture, budgeting help, housing benefit advice and help securing an appropriately-sized house. They had been involved with BLISS for varying lengths of time, from three to ten months. Four out of five felt that they would be able to maintain their tenancies. One attributed that to things she had learned from BLISS, which were about '*forms and dealing with budgets*' and one person was in process of sorting out her housing benefit, with support from BLISS. One person felt strongly that she had not received the support or advice she had expected, and seemed to feel that the service should state more clearly what it could and couldn't do.

Bookstart

Bookstart encourages parents to introduce children to books and reading as early as possible in the child's life. It does this by giving initial book bags through the health visiting team, giving

tokens for children's books to be collected from the local library and encouraging library membership, by providing community book loans so that families do not have to travel to the library, and by showing parents and staff who work with young children how to share books with young children. During 2003, 333 library visit cards were distributed, 190 parents with young children used the Beaumont Leys library and 952 books were loaned to children and families. Bookstart also holds reading sessions and other activities.

13 respondents indicated that they had used Bookstart and seven were asked questions about Bookstart specifically. Interviewees indicated that they had found out about or came to be using Bookstart in a variety of ways; three found out through a Sure Start worker, one saw a poster, others found out/came to be using Bookstart through family/friends, being referred by a Health Visitor and through other ways. Six out of seven interviewees thought that the Bookstart workers understood their needs with one saying that they did not know, all said that they get the support, help or advice that they thought they would. All said that they would encourage others to use Bookstart.

All interviewees who were asked about Bookstart were extremely positive. One said, "*Very helpful. A friend told me all about it and it lived up to all my expectations*". Naturally the majority of comments concerning Bookstart related to books and reading. Some respondents indicated that they could not otherwise afford to buy books; others said that Bookstart had encouraged them as a family to engage with books and reading to a greater extent than they otherwise would have. One parent said, "*although he's very young, he does enjoy looking at books. I think he'll be reading before he starts school*". However, not all comments related to books and reading; as with nearly all other BL&SF Sure Start services Bookstart meets (in part) families' needs beyond those it is primarily designed to meet. While parents particularly said that they received information about helping children to learn (6 out of 7 listed this), they identified a breadth of needs that this service has met for them, and their comments also reflect this. One interviewee said, "*Got to borrow new books and join in with other children*", another said, "*[Bookstart] helps children to mix and parents get to meet each other*". Most interviewees could not think of any ways in which the service could be improved, however comments did include the following; extra help for parents taking younger children, providing more guidance about how to read to children and how to listen to them reading, expanding the service to other areas.

We asked some additional questions that were specific to Bookstart. Nine people answered these questions. The most significant information from those questions is that seven of nine people felt that joining the library had encouraged them to share more books with their children. The community loan side of Bookstart was also recognised as of value. One person said: "*I enjoy it as I don't have to go to the library.*" Evaluation material provided by the Bookstart service, based on questionnaires, showed an increase in joining the library and in going to the library after families received bookbags.

Community Development

The Community Development team has worked with Sure Start parents encouraging them to take part in the running of services and in the decision making concerning the BL&SF Sure Start programme, as well as disseminating information about the programme to the wider community and consulting the community concerning their needs and wants in relation to the programme.

Seven of our respondents have been involved with the Community Development team, of which five answered questions specifically about the community development service. Interviewees indicated that they had found out about or came to be involved with the Community Development Team in a variety of ways; two had found out through a Sure Start worker, two saw leaflets, and one found out in another way. Three out of five interviewees thought that the Community Development worker understood their needs as a parent, two gave no answer. Two out of five said that they got the support, help or advice that they thought they would, one said that they did not and two gave no answer. Four out of five said that they would encourage others to become involved in the Community Development service, and one was not asked this question.

All those who have been involved with the activities/work of the Community Development Team have done so for the same reason, to help improve their community; one interviewee said, *"It seemed to me that people in this area were afraid to smile at each other. I've lived here four years and don't know everyone in my close. It really improved people's day that I'd chat with them"*. Interviewees valued the training and support they received, and the camaraderie they felt with other parents and the Community Development workers; one said, *"[I felt] valued as a parent, included in the decision making"*. Not all comments were positive however. One respondent said, *"they didn't and still don't really deliver the services"*. Respondents offered some suggestions for improvements they felt were needed. More than one interviewee felt that BL&SF Sure Start should retain a Community Development worker. One interviewee said, *"still not enough people are aware of Sure Start in the area. Need to go to people's houses and invite them and bring them to the building if they want that. You see the same parents at everything at Sure Start."* Interviewees felt their involvement with the Community Development service met a breadth of needs, but the one most often checked was a 'chance to mix/meet with others in similar circumstances.'

Gaining a Place (GAP)

GAP is aimed at pregnant teenagers and teenage parents. GAP provides young parents with a place to live, where help and support is on hand with parenting, maintaining a tenancy, etc. It provides practical help and support for young parents for varying lengths of stay. Five of our respondents had used the GAP service and all five were asked questions about the GAP service. Each of our interviewees found out about or came to be using GAP in a different way; after seeing a leaflet, being told by a Sure Start worker, being told by another professional, through a midwife and through a Health Visitor. All received the help, support and advice they had expected. Three out of five said that they thought that the workers understood their needs; one said that they did not know and one did not answer. Four said 'yes' they would encourage others to use GAP, one said 'no' they would not encourage others to use GAP.

Interviewees became involved with GAP for a variety of reasons and in a variety of, sometimes difficult, circumstances. Most comments made about the service are positive, and most of those interviewed were surprised at the range and extent of support they had received from GAP; one interviewee said, *"didn't know what they would offer, I got more than expected, not just finances but things that don't concern living here"*. Interviewees felt that GAP had made them more independent and had helped their child and them to mix with others. Asked if there was anything that could improve the service, one said it was *"perfect already"* another suggested that the rules could be changed to *"let little families stay together"* (Currently, non-custodial parents or partners cannot live at the project full-time.). The range and breadth of needs interviewees said GAP helped address was particularly great, with 18 out of 19 of our

original suggestions listed by at least one person interviewed. This demonstrates that the service provides a wide variety of help, information and support, and that different residents use and value different aspects of the service.

We asked three people who had used the GAP service some questions that were special to GAP. There was no agreement amongst the three on whether teenage parents needed more or different support than older first parents might, however one said, *'I was really hard to work with - pretended I knew everything, and just wanted people to leave us alone.'* She continued, *'I was a bit wild. I needed calming down and telling to calm down - you're having a baby.'* Another said 'no' teen parents didn't need extra support because *'other people don't know what they're doing either.'* They provided some specific examples of how GAP was useful to young parents trying to begin tenancies. When recounting advice they had received regarding both parenting skills and tenancy, there were various replies:

'Shown me how best to deal with awkward problems with my baby.'

'Advice on what letters to keep, how to avoid debt.'

'Advice about only doing up one room at a time or your house will be in a mess.'

Health Visitors

The Health Visiting team provides the usual Health Visitor role, but works closely with all the other services. This service tries to make sure that parents are put in touch with other services that can help them with specific issues or needs. In addition the team represents a skill mix which comprises; Health Visitors, Paediatric Nurse, and Nursery Nurse (staffing ratios have changed during life-span of service). The Health Visiting Team provides a pivotal role for the BL&SF Sure Start programme, attempting as it does to provide blanket coverage of Sure Start families, visiting shortly after the birth of a child as well as follow-up visits. This service provides health screening and a range of other services/activities.

41 of our interviewees said that they had used the Health Visiting team (63%) from which we asked 23 interviewees specific questions about the Health Visitors. Naturally the vast majority of interviewees indicated that they found out about or came to be using the Health Visitor service through formal channels – referral by GP, contact by Midwife or by Health Visitor – one interviewee said that she had been told about the service by a non-Sure Start professional. 19 out of 23 (83%) thought that the Health Visiting team understood their needs as a parent, with one saying that they did not know and three (13%) saying 'no the Health Visiting team do not understand my needs as a parent.' Similarly 20 out of 23 (87%) said that they got the support, help or advice that they thought they would, with 3 (13%) indicating that they did not. 18 (78%) said that they would encourage others to use the health Visiting Team, two (9%) said they would not and three (13%) either gave no answer or thought the question was not applicable.

The Health Visiting team addresses a wide range of needs; Chart 23 below shows the breadth of needs the service meets for interviewees and the most prevalent needs met. The numbers along the X-axis and at the ends of the bars represent the number of people who listed the category in question as a need the Health Visiting service helped address.

Error! Not a valid link. The majority of comments about the Health Visiting service were overwhelmingly positive and parents were able to cite personal experiences of how the team had helped their family. One respondent said of the Health Visitor *"she is wonderful 10/10"*, another said *"I know someone is there whenever I need help"* and another said that the Health Visitor is *"very approachable, always ready to answer any questions or sort any problems out"*. However, not all comments were positive. One respondent said, *"[the Health Visitor] is very*

impatient with me and didn't listen to me." Asked if she would encourage others to use this service, she said, *"No, I am ashamed to do so"*.

We asked interviewees 'what is the best thing that this service has done for you or your children?' There was a variety of answers depending on the needs (or sometimes range of needs) that the family required help or advice with. However, most answers centred on the underlying need for reassurance: reassurance that their child was growing and developing normally; that someone was close at hand both physically and in terms of the speed of response; that their child was healthy and would remain healthy; that they could cope as a parent; that they would be okay. Other comments related to specific practical advice and information, about how to bath their child, how to feed them, health problems or concerns, safety at home, child sleeping problems; one interviewee said, *"She was there at an important time in our lives. It would be frightening without them there to tell you things you really need to know"*. Other typical comments were, *"He is my first child and I wasn't sure what to do"* or *"she wasn't sleeping well, but now, thanks to the advice, things are improving"*; one interviewee described how the Health Visitor had helped her in a variety of ways and finished by saying, *"I'll be forever thankful to her"*.

We asked respondents if there was anything that would improve the service, most said 'no' because it is already very good. However, there were some specific points made; more time for parents, being able to see the Health Visitor when the parent wants to/needs to, more information from the Health Visiting team about Sure Start, to listen more and more long-term help. However, more reflective of the answers given to the question 'is there anything that would improve this service?' is this one, *"No, very, very happy already, you cannot improve on perfection!"*

We asked some questions specific to the Health Visiting service and their goals or role within Sure Start. Many of the comments received were similar to those received from the main questionnaire, including that the Health Visitor *'helped me cope with (my) child.'*

We also asked how long after the birth of the most recent child the family had been visited. Of the 17 mothers living in the Sure Start area at the time of the birth of their youngest child, all remembered being visited within two months of the birth. One woman said she was visited when her baby was two weeks old, and another while still in hospital after a complication.

Next we asked parents about being put in touch with other services by the Health Visitor. 19 people answered the question, 'Did the Health Visiting Team put you in touch with other services or tell you about other services?' Nine reported that they were told about other services, and three of those plus one other reported being put in touch with other services. Eight answered 'no' and one said she didn't know. Parents were told about or introduced to a range of different services including: GAP, Talking Tots, 'House services,' Pre-School play groups, Clinic, BookStart, Safe and Healthy Homes, BLISS, SOFA, the Toy Library. No one service was referred to particularly more than any other, as remembered by these respondents. One mother was angry that she had not been told about services, saying *'She didn't tell me anything about other Sure Start services that would have helped me and my daughter. It would make life easier.'* It is noted, however, that though this respondent specifically said she had used the Health Visiting service, she did not live in the Sure Start area when her youngest child was born.

When asked if they had any other comments, the majority were quite positive, especially about the friendliness of the Health Visitor and also about help and information received. One person said, *'I've found them really helpful, attentive and always ready to help or listen to me.'* Where

there were complaints, they were generally around feeling that the interviewee had not had enough time or attention from the Health Visitor. One person commented that the Wednesday drop in was a good idea in order to see the Health Visiting team easily.

Home-Start & Home-Start Family Drop-in Playgroup

Home-Start trains and support volunteers befriending families in the Sure Start area. These volunteers give families support in many ways. According to programme records, during 2003, 22 families took up the Home-Start service and twenty families were supported through group work and have undertaken a variety of other activities, often in partnership with other Sure Start services. The Home-Start involvement with families is on average six months and is often longer, and addresses a wide range of needs. Home-Start at BL&SF Sure Start has also worked to integrate fathers into the service, and to widen the use of volunteers throughout Sure Start.

Five of our respondents had been involved with Home-Start and six with the Home-Start Playgroup. Unfortunately we only asked two interviewees about Home-Start specifically and only one interviewee about the Home-Start Playgroup, and, we were unable to interview anyone participating in the Dads at Large network. Our interviewees found out about or came to be using Home-Start through a variety of means. Home-Start was discussed favourably by our respondents and an examination of the 'needs met' data shows that Home-Start addresses a broad range of needs for families. One of our interviewees said, "*When [I was] new to the area I didn't know who to talk to ... Home- Start really helped me*".

We asked some additional questions to three parents who had been involved with Home-Start, either volunteering or having a volunteer visitor or both. All three said that they got involved because at the time Home-Start was the only option for support. One woman said, "*I needed a lot of help, but Social Services, the police, they only gave Home-Start.*"

We asked what they gained, or thought people they visited gained, from having a volunteer visit, and how that was different from having a professional involved. Some of the things parents said they gained from having a Home-Start visitor were:

'A lot of help and support'

'Someone to talk to'

'Help with depression'

'Become less isolated'

And these were their thoughts on the difference between voluntary support and that of a professional:

Home-Start volunteers are more friendly to talk to, whereas professionals are professional.

Easier to talk, [you] aren't afraid to say things. Home Start just let me talk.

Just talking about how hard it is, sharing my experiences, let other families know they aren't on their own.

We also asked if being visited in their homes made it easier for families to use Home-Start. The answer was 'yes' from all three. One mother said that was "*Because you're more relaxed and I don't have to rush to get children ready to get them out.*" Another explained that it gave: "*Time to clean house; [a] break from children.*"

Another Home-Start benefit mentioned was trips for families. Parents said that they thought it encouraged them to get out of the house and to meet other people, in ways that other events or groups might not, and gave a welcome relief from being alone with children.

Those who had been involved with Home-Start as volunteers also spoke about the training they received as volunteers, saying that it gave a great deal of information and encouraged them to feel that they could succeed as volunteers. One person said that it was difficult, but rewarding, saying, *'there was so much to get my head around.'* Some of this is reflected in the evaluations conducted by Home-Start of their volunteer training sessions. These show a progression from Session 1 to Session 8 of skills learned and confidence gained. One person's comment from the first session, when asked what s/he had learned was, *'I'm not sure but feel more confident than when I arrived.'* A comment from the seventh session, responding to the same question was, *'how to see from the child's view'* and from the eighth session *'[I learned] not to place my own value judgements on others.'*

Link Midwife (& Best Start³)

The Midwifery Team has adopted a skill mix approach employing a Maternity Care Assistant from April 2003. According to service staff, the team supported 198 live births in 2002/03. The team offers pre-birth discussion and parent education at home, together with parent education sessions and drop in sessions for ante and post natal mothers. The team runs the Best Start group which has on average ten women attending each session. The team works hard to encourage pregnant women to give up smoking and to try breastfeeding at birth, with positive results in both areas.

22 of our interviewees had been involved with the Midwifery Team of which we asked 15 questions specifically about the Midwifery service; five of our interviewees had attended the Best Start sessions and we asked three of them questions about Best Start. Unsurprisingly the vast majority of interviewees indicated that they found out about or came to be using the Midwifery service through formal channels – referral by GP or contact by the Midwife. However one interviewee did say that she had been told about the service by a friend or family member and one interviewee said that they had found out about the service after reading a leaflet. 14 out of 15 (93%) thought that the Health Visiting team understood their needs as a parent, with one saying 'no the Midwifery Team do not understand my needs as a parent'. Similarly 14 out of 15 (93%) said that they got the support, help or advice that they thought they would, with one indicating that they did not. 11 (73%) said that they would encourage others to use the health Visiting Team, four felt that this was not applicable because the midwifery team would automatically contact pregnant women. Two out of three found out about Best Start through the midwife and one through a friend or family member. All three thought that the worker understood their needs, felt that they got the help, advice and support they expected, and would encourage others to use this service.

Chart 24 below illustrates the range of needs that respondents said the Midwifery Team contributed to meeting. As with other BL&SF Sure Start services, the Midwifery team meets those needs you would expect, information about breastfeeding, health, the birth, pain relief during labour, etc., but also moves beyond these to provide extremely important support and

³ Group formed to provide breastfeeding support along with other information and support for parents of new babies.

reassurance. One interviewee was clearly very impressed with the midwifery team in BL&SF Sure Start. She said, *"I know that if I ever got pregnant again I would get the best service. In my eyes they are the best. If I moved out of the area and got pregnant I would move back here so that I had the best service"*. Another interviewee said, *"she was a pillar of support when I felt I couldn't cope"*.

Error! Not a valid link. Respondents were able to describe the areas of advice and support they received from the midwifery team and none of the interviewees were able to suggest any ways to improve the service. Interviewees also valued the Best Start group and were able to describe how attending the group had helped; one interviewee said that going to Best Start had made her *"more determined to breastfeed for longer and not to give my child a dummy"*. And as with most other services and activities, interviewees also welcomed the opportunity to meet with other parents and get support on a more general level; when asked what was the best thing this service had done, one interviewee said, *"there was somebody there to talk [about my] problems with"*.

We also asked some questions that were specifically about the midwifery service, that were not asked about other services. These were about targets and aims that the Link Midwifery service has in its delivery plan. These included questions about being prepared for a new baby, breastfeeding and quitting smoking, as well as questions open to general comment from respondents. Some of the overall information that came from this collection of questions is the picture of the midwifery team addressing mothers' total well-being and that of the family. One person said that she had help with the health of the family in general, and another talked about support around older children. One woman talked about receiving information on pregnancy and employment law, another talked about receiving referral to a housing agency and also concrete help with things like finding clothes for the baby. One said that when her child was born with a medical difficulty, the midwife *'reassured me that it can easily be dealt with by professionals, and that [the baby] was beautiful.'* Another said, *'She helped me understand my children's needs.'* People also reported help with diets and specific medical conditions like anaemia and high or low blood pressure.

Of the 12 who answered questions about parentcraft classes and being prepared for birth, only two had attended classes. Six said that they felt ready for their babies, and five said they didn't know, with one not answering the question. They cited having previous children as a factor preparing them for the new baby, as well as information from the midwifery team. One said, *'I didn't have a birth plan but wasn't worried ...I knew the options.'* 12 also answered questions about breastfeeding, with eight saying that they had been helped to breastfeed by the midwife and two that they never intended to breastfeed. They described generally being shown how to breastfeed, and also being given advice for their particular circumstances. One woman said, *'I can't really describe, she just told me how to go on'*

Of 13 people who answered questions about quitting smoking and the help they had from the midwifery team, seven had never smoked, two felt they had received help to quit, two said 'no,' and two responded that they didn't know. When asked to describe, three people said that either they or their partner no longer smoked around the baby, due to information received from the midwife. One said, *'I'm still smoking, but not too often and not around the baby. I'm trying to quit.'* Three others reported that they had received information that influenced them to quit, or may have done, or that reinforced them not taking up smoking. One person said that she had quit smoking for the midwife, but started again when the midwife stopped visiting, though she no longer smokes in the room with the baby. This seems to show that even when mothers weren't quitting themselves, and some were, the information received from the midwife lessened smoke around babies.

The conclusions above seem to echo information from the midwifery team's own evaluation work. Largely through records kept and informal conversation, the team found that the breast feeding rate at birth, and the duration of breastfeeding, appeared to have increased with the skill mix and style of delivery of midwifery service practiced by the Sure Start team. The team also found the number of women who smoked during pregnancy and the quantity of cigarettes smoked had decreased, though they felt that with more Sure Start team involvement this would decrease further.

According to the midwifery team's evaluation material, they were also doing specific work around Post Natal Depression, and felt that they were better able to predict and prevent it, and to support mothers through it, especially with the help of the Maternity Care Assistant. Overall, the team tried to address social support issues, and felt that mothers were empowered throughout their pregnancies, making requests and stating needs, and that they readily engaged with the midwifery team, which demonstrated that mothers felt their needs were being met.

Link Social Workers

The Link Social Worker service tries to help people who have young children and are experiencing difficulties, make changes in their lives before difficulties become real problems. According to service staff, the Link Social Workers provided a service to 52 families in 2003, delivered seminars to colleagues and others interested in the approach in BL&SF, and have worked closely with other Sure Start services to meet the needs of families. Seven of our respondents used the link social work service; we asked four of these specific questions about the service.

Two interviewees were told about this service by a Sure Start worker, one was told by a friend or family member and one found out through other means. Three out of four said that they got the help, support and advice they had expected, that the social worker understood their needs and they would encourage others to use this service. The Link Social Workers work with families around a variety of issues; every category of need we suggested to interviewees was listed by at least one person, and others were added. This suggests the wide variety of needs met, and that different people experienced help with different things. Asked the best thing that the service has done, one parent said, *"Just listens to me when I need [her] to...goes out of her way for you"*. However, not all comments were positive, one interviewee said, *"she should be nice to the clients not judgemental"*. Overall, the comments made about this service were very positive and interviewees were able to describe how this service had helped them in a variety of ways.

We asked six of those who had used the Link Social Work service a series of questions regarding their perception of social workers. All of them 'strongly agreed' that social workers were there to keep problems from getting worse. All but one 'strongly agreed' that they could talk freely to their social worker. All but one agreed or strongly agreed that having a social worker was not seen as a bad thing. One person was clear that *'This only applies to Sure Start social workers. They are there for when you feel you need, or they think you need.'* It seemed from this that these people interviewees were comfortable having a social worker.

One-Stop-Shop

The BL&SF Sure Start programme holds a one-stop-shop on a Wednesday, where parents can drop-in and have at their disposal a range of services and staff. A particular draw is the baby clinic for weekly weighing that has moved there from the Health Centre. 22 of our respondents had used the One-Stop-Shop; we asked 11 of these questions specifically about this service. Most respondents found out about the One-Stop-Shop through the Health Visitor or Midwife, one said that they found out by reading a leaflet and one said that another professional had told them. Although in reality the One-Stop-Shop represents a range of services working in partnership, we have asked the same range of questions and have treated the answers given in the same way as for other services. All of those asked said that they thought staff involved in the One-Stop-Shop understood their needs as a parent and all but one said that they got the help, support or advice that they expected to receive. All said that they would encourage others to use this service. The One-Stop-Shop met a wide range of needs for those who attended, both practical, in terms of information, and social, allowing children to play with other children and parents to meet others. Interviewees particularly mentioned receiving information about feeding babies and toddlers (8 out of 11 listed this) and also highlighted allowing children to mix with other children and gaining information about child development (both listed by 6 out of 11 interviewees).

The comments made concerning the One-Stop-Shop were many and varied. As one respondent said when they were asked what the best thing was about this service, "*It gives you it all under one roof*". Many parents said how problems they were experiencing were met quickly and easily by speaking to staff at the One-Stop-Shop and gaining their advice; one interviewee said, "*I got to see her there and then an she solved my problem immediately*". Parents discussed how this service had helped by weighing children, with children's eating and sleeping, 'checking' children, and of course the recurring themes for Sure Start services, providing reassurance, social support, a chance to mix with others in similar circumstances and a chance for children to mix. The vast majority of comments made were very positive. Generally respondents could not think how the service could improve, although one did suggest that more staff might help, and one said, "*I like it so much I don't want to change it*".

Parents as Partners

We were able to observe a Parents as Partners session of adult basic education and to interview informally in the group, but we were not able to conduct full interviews with anyone who had attended Parents as Partners courses. The four women we spoke to during the group overwhelmingly told us about the confidence they had gained from the adult basic education course, both from its content and its teaching style. They talked about the confidence to go on to other courses, and also the confidence to tell people that they needed help. One person said that when her child is older she'd like to go on to Further Education, but "*I needed a safe place to start*.' Another said, about reading and writing letters, "*Instead of giving up, now I ask for help*.' Another common comment was about feeling more comfortable dealing with letters from schools regarding older children. Each of those attending had learned about the course in a different way: from a leaflet, from a Sure Start worker, from a friend, and from Leicester College (which administers and teaches the course) by way of Learn Direct. All of those who attended also spoke about the chance to meet others, and two mentioned feeling more confident, as a result of the course, in going to places where they meet new people.

Pre-School Teachers

The Pre-School Teachers service is another BL&SF Sure Start service that has introduced skill mixing, taking on a nursery nurse rather than another teacher in 2003. This service works

closely with other Sure Start services and the local primary schools to ensure that children who are experiencing or look likely to experience difficulties when they start school achieve the best start possible when they do so, addressing needs where appropriate and making others aware and ready to engage with the child on an informed basis when they start school.

Five of our respondents had contact with the Pre-School Teachers service of which we interviewed two parents; we also interviewed two parents who had attended the Pre-Schoolers Stay & Play. The comments made concerning both indicate that parents are pleased with this service and are able to describe how the service has helped the child and them. We do not have enough interviews with parents who have used this service to build a picture of families' views.

We asked three families some additional questions about the Pre-School service. All three felt that they had gained particular things from having the Pre-School service involved. For example:

'We feel he learned a bit more.'

'Settled him down a bit.'

'He can point out shapes and colours now and concentrate a bit longer.'

'Started to build my daughter's concentration, so she could occupy herself for 5-10 minutes.'

We asked if families were able to carry on things they had been shown by the Pre-School staff. One family reported that they used items that had been left; one wasn't sure; and one parent said that they used advice for calming tantrums.

Two of the goals of the Pre-School service have been to lower the age of referral to the team and lessen the time between referral and first assessment by the team. They have kept records over the past years to detect changes in these. According to their records, the average age of referral this year was 27.5 months, down from 31 months the previous year, and they were able to see 46% of their caseload within two weeks of receiving a referral, up from 25% the previous year. The team believes that earlier referral and support will lead to less support being needed at school, and a smoother transition to schools. Through their liaison with schools in the area, they learned that schools are identifying fewer new cases, and that transition into schools of children who continue to need support has been quite smooth. This was echoed by school representatives we spoke to who felt both that they received more information about the support needs of incoming pupils than they had before Sure Start, and that they were able to have support in place from the start of a child's school experience.

Safe & Healthy Homes

Safe & Healthy Homes helps parents make their homes safer for young children and more energy efficient. It provides and fits safety equipment, for instance stair gates and smoke alarms, and offers advice on general safety in the home as well as specifics to each house surveyed. According to evaluation activity carried out by the service, it has contributed to reductions in the number of accidents and respiratory difficulties amongst young children in the Sure Start area, helping to reduce accidents in the home by 35.5%. Safe & Healthy Homes made 140 survey visits to homes in the Sure Start area during 2002/03 and fitted equipment in 120 homes.

Ten of our respondents had used Safe & Healthy Homes, of whom we asked five specific questions about this service. Respondents found out about the Safe & Healthy Homes service

in a variety of ways: one saw a poster, one was told about it by a Sure Start worker, two were told by friends or family members and one found out through other means. All of those asked said that they thought the Safe & Healthy Homes service understood their needs as a parent and all but one said that they got the help, support or advice that they expected to receive. All said that they would encourage others to use this service. All interviewees said that this service had made their home safer/healthier and one also indicated that it had given her more confidence as a parent. One parent said, *"I feel like my son is safer"*. One parent also described how this service had changed her family's thinking in addition to the practical help it gave. She said, *"Woke us up and made us think more seriously about the children e.g. reminded me to put cleaning things away when finished with them"*. Not all the comments were positive however. One parent said that she had been waiting a long time for someone to fit an item to her house; she was not happy at having to wait a long time and because no one had telephoned to say what was happening. We asked interviewees if there was anything that could improve the service. One parent said, *"No, it's so good already"*, however another parent did suggest providing more written information, giving a 'proper' appointment and publicising the service more. The Safe & Healthy Homes officer also spoke about the appointments. It had been his experience that appointments were not necessarily kept, but that families were willing to accommodate his crew when they arrived, and he was therefore able to reach the greatest possible number of households in the area if he did not use precise appointments.

As part of the service's own evaluation activities, of the 539 households they surveyed for safety needs, questionnaires have been sent out to all 451 which received equipment and advice between April 2000 and March 2004. The service shared their results with us:

Over 80% returned the questionnaires by post.

95% of those felt their homes were safer.

91% thought that the safety equipment provided was very good, and 9% thought it was good.

100% rated the overall service as excellent or very good.

According to information provided by the service, it is being taken up as a model of good practice. It was the opinion of the Safe & Healthy Homes officer that proper installation of equipment and advice on safety and safe use of equipment were just as important as the equipment itself. The scheme has thus far been entirely free to families. As funding tapers, the service is looking at options for retaining the advice and installation aspects of the service while keeping the cost as low as possible in order to make it accessible.

Speech & Language Therapy (SALT)

The Speech & Language Therapy (SALT) service helps young children who may have problems with their speech & language development. To this end, they have a dual role. Firstly they aim to provide direct and indirect support to children with identified speech or language difficulties. The therapy team seeks to work with children and their parents or carers as early as possible to improve outcomes for the child and reduce difficulties before children start school. The team also has a preventative or health promotion role with the entire local population in raising awareness about early communication and interaction. They aim to achieve this through giving information and support regarding the development of communication to parents and early years workers. This aim is in part achieved through informal groups (Talking Babies and Talking Tots) which are open to any parent with very young children, as well as play bags that parents can borrow and a book on dummies designed for families and children. According to programme records, SALT had a caseload of 87 children at year end in 2003.

Eight of our interviewees had used SALT; we asked four of these questions about the SALT service. Respondents came to be using SALT through formal channels, either referral by their GP or referral by the Health Visitor. All of those asked said that they thought SALT service understood their needs as a parent and all but one said that they got the help, support or advice that they expected to receive. All said that they would encourage others to use this service. Parents naturally pointed to the needs you would expect this service to meet, most especially information on child development, but as with other services, other needs are also addressed, e.g. the confidence of the parent or opportunities for children to mix with other children. Our interviewees valued very highly the work this service did with their children; one parent said, "*[I] feel better knowing my daughter is given the help she needs and will have a brighter future ahead of her*". Another respondent said, "*It has given me more confidence as a parent*".

We asked some more specific questions regarding the SALT service to four people who had used the service, which gave some further information on exactly how families felt they had been helped by the service, and what changes they had seen in their children. All four parents thought their children's language development had improved because of the service. When asked to describe, they said,

'Others can understand him now.'

'He can say more words, communicate better, ask for what he needs.'

'He couldn't say a word before she started with him.'

It is a particular goal of the SALT team that parents learn to support their young children in developing their language and feel confident doing so. All four of the parents we spoke to reported that they had learned how to help their children with speech and language development. One said she was shown, *'How to play with him to encourage him to talk and not do all the talking for him.'* And one said that as a parent she had *'Gained more confidence in talking, teaching new words.'* Three out of four said that they were able to use at home things the therapist had shown them, with one saying she didn't know.

Two of their children had started with the SALT team when they were one year old, two when they were two years old. This reflects the service's goal of seeing children as young as possible, ideally under the age of three years. According to information provided to the Sure Start SALT team and shared with us, the average age of referral before Sure Start began was 3.5 years, with an average wait time of 18 months before the initial assessment. There were then 25 young children from the Sure Start area among the caseload of the local clinic. According to the current records of the SALT team, their caseload is 82, with the bulk of referrals coming before the age of three and the wait time to first assessment being reduced to a maximum of 16 weeks and usually ten weeks. The number of families not taking up the service offered was also estimated to have fallen significantly from a rate of 40-50% before the programme opened.

Talking Tots and Talking Babies

Talking Tots and Talking Babies are groups put on by the Speech and Language Therapy team with the Pre-School team, as part of their health promotion work. The groups are for parents and children, divided by age, and focus on ways to interact with children that stimulate language, and general, development. They are open to all. Eight parents we talked to had used Talking Tots and four had used Talking Babies. Unfortunately only a few respondents were asked questions specifically about each of these services; therefore we cannot provide evaluation about these services individually as we have insufficient information.

Taking the two groups together we can see that these groups are valued by parents for the services they are designed to provide (child development etc) but also for other outcomes. For instance, parents mentioned the opportunity for children whose first language is not English to improve their English; providing a break from the kids; and social and emotional support. One parent said, "*[it] gives me emotional support as well as social support as at least I got somewhere to share ideas with other parents and professionals*". Another simply said "*it is a chance to meet other mums*". Five out of eight parents we interviewed listed 'given more confidence as a parent,' 'information/support about helping your child to learn' and 'an opportunity for your child to mix with other children' as things they gained from the groups. All are very satisfied with the services they use and suggestions for improvements refer to more advertising, more groups, and more often.

The evaluation conducted by the SALT service also noted that the social side to the groups was appreciated by parents. In addition, they found that parents enjoyed the singing times and 'making things' times. The SALT team observed that there was an increase in the quality and quantity of parent-child interaction over time at the groups.

Toy Library

The Toy Library is a lending library of toys, situated in the largest play and crèche room at the Sure Start centre. Ten of our respondents had used the Toy Library. We asked five of these questions specifically about the Toy Library. Three interviewees found out about the Toy Library by being told about it by a Sure Start worker, one found out by seeing a poster and one was told about it by a friend or family member. Four said that they would encourage others to use the Toy Library and one gave no answer. As is the case for the majority of services, the Toy Library meets a surprisingly wide range of needs for families. One interviewee described how it meets several needs for her and her children, she said, "*[it is] Good to share toys and meet others. Also if I have a problem I feel there is someone to listen and help*". Interviewees were able to suggest ways in which they felt the service could be improved; a wider range of toys (especially for older children), opportunity to stay and play with the toys with the children, toys more applicable to the younger age group.

Evaluation conducted by the Childcare and Play service via annual questionnaire seemed to show that most people who had access to the Toy Library at their playgroup became members. They were considering opening the Toy Library during the One-Stop-Shop in order to increase membership to those families, though they generally have young babies.

Sure Start Playgroup for three-year-olds

The Sure Start Playgroup is a playgroup for three-year-olds, running four afternoons each week for two and a half hours. Parents leave their children at the group, and pick them up again afterward. This is the only Sure Start group during which parents leave the building. Eight of our interviewees had used the Sure Start playgroup and eight were asked questions about this service. Four parents found out about the Sure Start Playgroup through a non-Sure Start professional, two found out about it by seeing a Sure Start poster and one was told about it by a Sure Start worker. Five felt that the Playgroup staff understood their needs; one said 'no' and two did not know. All said that they got the support, help or advice that they had expected and all said that they would encourage others to use this service. Parents described how the

Playgroup had helped them and their children; one said, "He became more talkative, learned a lot more and gained lots of confidence around others, he did have a tendency to be shy." Another said, "Helps my children learn, to share with others, the difference between right and wrong, to respect others". Asked if there was anything that could be done to improve the service, one parent said, "No, very happy so far. Since my son has joined the playgroup he's come on leaps and bounds. A great help. I cannot think of anything they could do to improve it, it's great!" There were suggestions for improvements including, more toys, more meeting places and more frequent meetings. Chart 25 below illustrates the range of needs this service meets for parents. The numbers along the bottom represent the number of parents, out of eight, who listed this category. This is a particularly wide list of needs addressed given that this is a group for children only.

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Playgroups at Sure Start

We asked some specific additional questions to parents who use the different Sure Start playgroups, looking at what benefits the groups generally have for children and adults. We first found out which playgroups the respondents were using. There were 16 respondents to this question, who generally had more than one child. 7 used the Sure Start afternoon pre-school playgroup discussed above; 5 used the Thursday pre-schoolers' Stay and Play; 1 used Talking Babies; 8 used Talking Tots; 2 used the Tuesday Home-Start playgroup and family drop-in; and 1 used the One-Stop-Shop. Some families may have used other Sure Start playgroups in the past, and may be recounting their memories of groups in their answers to questions here.

We first asked what children gained from their playgroups and provided a list of possibilities. Most parents who answered this question felt that their children gained most of the things on the list:

<ul style="list-style-type: none"> • Somewhere different to spend some time • Language development • Experience of mixing with other children • Experience of mixing with other adults • Different toys to play with 	<ul style="list-style-type: none"> • Confidence • Friends • Learning to share • Better behaviour • A safe place to play
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In addition, one person said she felt her child was potty trained quicker because of the group and one said that her child got a break from Mum. A couple mentioned singing and new songs. One mother emphasised that her child was free to do what he liked there, and could ask anybody anything. And one quite reasonably pointed out, '*He's always gone to playgroup, so I don't know if his behaviour would have been different if he didn't attend.*'

We went on to ask adults what they gained from taking their children to playgroups. 17 mothers answered this question. Again, we provided the list below:

<ul style="list-style-type: none"> • Confidence • Friends 	<ul style="list-style-type: none"> • Confidence as a parent • Reassurance that I am doing okay as
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<ul style="list-style-type: none"> • Somewhere different to spend some time • Experience of mixing with other adults • A chance to get out of the house • A chance to practice my English • Information about child development 	<ul style="list-style-type: none"> • a parent • Reassurance that my child is normal • Ideas about how to entertain my children • An opportunity to hear about other services
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All of these were agreed by at least half of the mothers responding, except 'A chance to practice my English' which was listed by 6 people. 14 people agreed that they gained 'A chance to get out of the house,' the highest number, while 11-13 people listed 'Friends,' 'Reassurance that my child is normal,' 'Ideas about how to entertain my children,' and 'An opportunity to hear about other services.' This is interesting, given that 7 respondents use a playgroup in which they drop off their children and then leave the building. We don't know if they are answering this question about past groups they have used, or if they experience all of these things in the brief time they are there to drop off or pick up children, or if it is their overall feeling about Sure Start. One woman who attends a playgroup in which parents remain stated that she also gained, *'A break from a child, in that it's not like a full responsibility. The workers are playing with them so you can do something else.'* Evaluation from the Childcare and Play team emphasised the social time for both children and parents in playgroups as most important to parents. They also noted a high level of interest in behaviour management and parenting skills.

Finally we asked parents if there was anything else they would like to tell us about playgroups, and how they used what they learned at playgroups at home. Comments were overwhelmingly positive. There was one request for a greater variety of play at a playgroup, and a request for more sessions each week. Other comments were:

'We play more perhaps - my son likes to do at home what he's done at the playgroup - building, reading, etc.'

'We do a lot more making things at home and sharing.'

'I like that they give, for example, flowers and cards for Mother's Day and they are being taught things about the culture here.'

'My son is developing well, some of this I put down to the play group.'

Interviews with school representatives

We conducted interviews at the three nearest primary schools with Head Teachers and/or Heads of Foundation Stage. The schools are Barleycroft and Buswells Lodge in the Beaumont Leys area and Woodstock in the Stocking Farm area. All of the schools take at least 75% of their pupils from the Sure Start area, and Barleycroft and Buswells Lodge expect 90% or more come from within the Sure Start boundaries. All three schools enrol students at age 4 for Reception, and Buswells Lodge and Woodstock enrol 3 year olds part time for nursery. We asked the school representatives what changes they had seen over the time Sure Start had been operating and they had been involved, and what they felt Sure Start had contributed, or could contribute, to improved learning for young children.

There were difficulties the schools faced in common, or felt their students and families faced:

The first of these was the **turnover rate**: At Woodstock about 30% of students in each class each year; at Buswells Lodge more than 30% and at Barleycroft, 30% in the current year, down from 60% in recent years. One school felt that these children were at the most risk. In some contrast, another school felt that some of the refugee and asylum seeking families that passed through the area were very focused on education, and though these families were transient, their children were at less risk of losing out on education overall than many native families.

Language development was mentioned by each school as an important issue, and one that had to be tackled early. One school said that language needed to be actively developed before children reached school, that school was too late for that sort of development. Another school felt that if children arrived at school with a language delay, that delay was likely to stay with them through school in comparison to their peers. All of the schools said that they received too many children with language problems, that it was a serious concern, and each felt that Sure Start helped with this area difficulty. One school representative said, *'If Sure Start weren't involved with children there would be more language problems.'* This seems to indicate that Sure Start is having some impact on language development of children before they reach schools, but that there is more to be done.

Parents' attitudes toward school and education were felt to be influential on children's achievement. This was commented on with regard to parents' comfort and personal experience with schools, and also the understanding of what education was and where it took place. One school particularly stressed the importance of working with parents, so that they understood how much education they were doing, and could do, at home; that education was not just school. They knew that Sure Start were working with parents on this, and were hoping that more and more would be reached.

Children's basic health and emotional wellbeing was identified by one school representative as the foundation for their ability to learn, and all schools said that they received children from the Sure Start area who had needs in this regard. Each of the schools also said that they thought Sure Start was contributing or could contribute to alleviating this area difficulty.

There were several key themes regarding the work of Sure Start that each of the schools mentioned:

- **Any experience of large groups before children arrived at school** would benefit them. Groups contributed to children's social development and language use, which in turn allowed them to get on to other learning quickly. One person said that *'Sure Start*

does compensate for lack of pre-school provision as long as they attend group provision.'

- Children's **involvement with Sure Start specialist services**, such as the Pre-School team and the Speech and Language Therapy team, led to schools knowing about children's struggles before they arrived. It meant that they could put measures in place from the beginning of the children's school lives and they weren't starting from scratch with observation, assessment, etc. after children had arrived. Each of the schools mentioned the cohesive service available from the fact that the members of the Sure Start Pre-School team continued to see children once they had arrived at school. One school also pointed out the advocacy role that Sure Start staff took on for parents by explaining their children's needs to schools.
- School representatives felt that Sure Start was contributing, or could contribute to young children's ability to learn. All three felt that the biggest issue was **reaching all children**. One school said that the children who attended their school from the Sure Start area had less pre-school experience than other children. They said that for those children who arrived less prepared for school, and who struggled, *'a different experience before school would change some outcomes for them.'* Another school representative said, *'Children who come into school, where we have questions about their health and well-being, those children have had no involvement with Sure Start.'*
- **Work with parents** was identified as important. As mentioned earlier, it was felt that parents contribute a great deal to education. One school representative felt that a place for Sure Start to concentrate was on work with parents around education of their children, and another stressed improvements due to families being supported in developing parenting skills.

One comment on the entirety of the Sure Start service was, *'We would have many more children coming to school with low language, health, emotional wellbeing without Sure Start. Where children do have those difficulties, we have identification from Sure Start.'*

The schools had different levels of involvement with Sure Start, and different amounts of communication. Buswells Lodge representatives said that they had good results from a playgroup that Sure Start had helped set up and fund there. They felt that attendance was up, which might be related, and especially that parents were more comfortable with the school, and more involved, that the playgroup had helped link parents to the school. They stressed good communication with Sure Start. Barleycroft representatives had much less direct communication with Sure Start, and thus seemed to feel they knew less about what Sure Start was doing in the wider area. Their steady link with Sure Start was through the Pre-School team cross-over. A toy library, lending library and drop-in group had been established at the school with Sure Start, but attendance had fallen away. They thought this might have been due to the relative formality of the school setting, and wondered if more families would come to a family learning programme. They also wondered if the families they knew might feel that Sure Start was too formal for them.

Overall it seemed that schools supported the work that Sure Start has been doing. They could point to areas where they felt the children arriving at the school had seen benefit from involvement with Sure Start. The biggest request was for more Sure Start services reaching more families.

Conclusion

- The general support, the reassurance, the opportunity to mix with others in similar circumstances and the opportunity for children to mix with other children are recurring themes and in many ways are as important as the professional expertise of Sure Start staff. It is the approach and the ethos of the programme that is consistently valued across all of the BL&SF Sure Start services.
- Extremely high levels of satisfaction amongst those in contact with the programme
- Parents think services for families with young children are better than they used to be
- Where dissatisfaction does occur amongst our interviewees, in every case it is where the parent feels that something that was promised was not then delivered.
- Parents are able to cite specific examples of how the services they are in contact with benefit them. These examples serve as evidence of impact and evidence that the activities of BL&SF Sure Start services are progressing towards the Sure Start objectives.
- The aim of the programme is known by half of the respondents suggesting services could be further developed so as to be more 'with' the community, not 'for' the community.
- More successful advertising of services is needed, and families report seeing more leaflets and posters than in the past.
- Surprisingly few parents are finding out about Sure Start services through friends and family members
- High numbers of parents are spending a great deal of time reading/sharing books with their children and are introducing books at an early age.
- Parents think that Sure Start workers understand their needs.
- Parents are, on the whole, getting the services they want, with particular exceptions:
 - Parents want childcare, in order to attend courses, do the shopping, work, keep appointments and generally have a break
 - Parents want services to cater for their circumstances, e.g. older children, outside of office hours
- Parents are getting a wide range of needs met from services, including many 'spin off' needs, i.e. needs that those running services will not necessarily have envisaged.
- Schools are pleased to have Sure Start in the area and feel that it is having an impact on children's learning and families' ability to help children learn by:
 - working with families
 - providing groups for young children
 - early intervention where children have difficulties, and continued support into school
 - early information to schools

The Sure Start objectives

Sure Start Objectives, as listed in the Sure Start Guidance, 2004-2006 (www.surestart.gov.uk) are:

1. Improving the availability, accessibility, affordability and quality of childcare
2. Improving learning
3. Improving social and emotional development
4. Improving children's health
5. Strengthening families and communities

We can point to contributions that individual services make to the Sure Start national objectives, but also note that there is an overall contribution that the services make in working with the community and in a style that makes services accessible to members of the local area. Both the level of satisfaction with the programme, and the fact that parents reported experiencing 'soft,' emotional benefits – gaining confidence, social support, emotional support, etc. - from all of the services, shows a programme which has the ability to support clients and that all services together contribute to the emotional well-being of families.

There is also a holistic approach within services, again demonstrated by the breadth of needs met by individual services. Thus, Sure Start is not overly compartmentalised. Individual families may have particular needs in certain areas, for instance support around the behaviour of a toddler. In the model used by Sure Start BL & SF, with the information received from the Health Visiting or Pre-School service regarding behaviour, may also come emotional support for the family, and a range of other information. Most services contribute to more than one national objective.

Improving the availability, accessibility, affordability and quality of childcare

Both parents and school representatives were very pleased that the weekday afternoon Sure Start Playgroup was available to three year-olds. There was, however, still a clear call from parents that they would like more childcare where they can leave children for a session. This was both so that parents could have a break, and also so that they could concentrate on aspects of their lives that might not directly relate to their young children, for instance taking older children to appointments.

Improving learning

This evaluation has noted a number of aspects of Sure Start services that can contribute to improved learning. School representatives certainly noted that the experience of groups before children reached school helped their language development. Also, because groups made children aware of social interactions such as sharing and turn-taking, and introduced routine, children with experience of groups were able to settle into school quickly and move on to other learning. This would apply to many of the playgroups.

There were also other key services that contributed especially to improved learning: Bookstart, introducing the appreciation of books and reading and making books available. Parents reported that they felt their children were learning more because of this service. The SALT service, in its work with individual families and its general promotion of healthy development. Parents reported noticing improvements in their children's language, and in their knowledge of how to promote it. The Pre-School service, which both worked with young children and families on development, and also helped smooth the transition to school.

Improving social and emotional development

As mentioned earlier, most services contributed to this objective, both through the design of their delivery and also through individual interactions with families. Again, groups are highlighted as giving children a chance to learn social interaction and to develop emotionally. Talking Babies and Talking Tots, which focus on interactions between parents and children to stimulate development received comments from parents regarding their connection with their children. And again, particular services also concentrate on this objective in their work:

The Home-Start service in providing support at home, gave families wide-ranging support, from help with practicalities in everyday life to advice on parenting to a stress-relieving break, and especially someone to talk to about difficulties and pressures. A couple of parents talked about the help they felt they had received with depression. We assume here that the well-being of the entire family directly affects the social and emotional development of children. Families also spoke about the isolation Home-Start helped break, and the experience children had of meeting other adults because Home-Start visits homes.

The Link Social Work service was described by families as providing a break, and a listening ear to help alleviate stress. Also mentioned was the video work of the service, which parents felt demonstrated to them the emotional development and needs of their children.

Some families using the Pre-School service described siblings learning to get along with each other as one of the benefits they had experienced.

Improving children's health

Families pointed to many life improvements in the area of health, and services from which they had received information. Parents were particularly relieved to get advice on feeding babies and children. They received this information in many places: from the Health Visiting team, from the Midwifery team and Best Start, from GAP, at playgroups and the One-Stop-Shop, and through a course from BLEEP. Sure Start seemed to match a community need by providing information in so many places that was sought by so many people. There were also specific services that parents felt were especially helpful around health:

Parents were pleased to be able to weigh babies easily and to get information without appointments at the One-Stop-Shop. They also socialised and learned from other parents there.

Families pointed to advice and guidance from the Health Visiting service, especially noting advice on feeding their children and helping them sleep through the night. Several parents also mentioned learning about standard development from the Health Visiting team, and so feeling that they knew what to expect, what to look for in their children, and when to be concerned.

Families commented on the wide range of support given by the Midwifery team. This certainly included, for instance, help with quitting smoking and support for breastfeeding, but also with how to attend to the needs of older children. Parents also mentioned receiving help from this service on healthy eating for themselves and the entire family and one person felt she could have become depressed at home alone with the baby if she hadn't had support and the Best Start group.

Safe and Healthy Homes reached many homes in the area, and provided equipment to most it surveyed. The reduction in accidents of 35.5% seems quite impressive, and parents talked about being more aware of safety, not about use of the equipment alone.

Strengthening families and communities

Again, many services, through their delivery style or their design contribute to the strengthening of families. And again, certain services are especially relevant to strengthening both families and communities:

BLEEP introduced courses to parents. The parents we spoke to who had taken BLEEP courses had not taken courses before, and felt that they could go on to other courses. This service also supported families in many other ways. Parents reported using the behaviour management information from a course, and also how to provide healthy food and a safe environment, as learned on the childminding course.

Much of the work that Home-Start does with individual families, relayed under the section on social and emotional development, helps strengthen families. In its support of volunteers from the community, we also see strengthening of the community. Home-Start provides training to community members in how to support others. One volunteer spoke about getting families more involved in the community. Another talked about giving back support received when she had a Home-Start volunteer. Both BLEEP and Home-Start add knowledge to the community.

BLISS, in providing help to families to make their tenancies secure and their housing stable and appropriate to family needs, helps provide a firm base for families. Families spoke about feeling relieved that they could stay in their homes.

Some people who had taken part in the Community Development service spoke about the training they had received in being part of a decision-making group. They spoke about feeling valued as parents and community members, and appreciated the ongoing support given by the community development worker.

There were some comments about always seeing the same faces at the Sure Start Centre, the same families accessing services there. This may be balanced by outreach, and services within homes, but it seemed to point to a greater need to involve the community. There was a call by parents for the programme to advertise more widely and to make services available across the area, both so that they knew what was available and to reach out to others who were not using services. Again, this points to the need for greater involvement with the community

Overall, this is a very positive evaluation, showing specific gains for families involved in the various services. From all those we interviewed, the central comment was a call for more. Certainly schools felt that their pupils would benefit from more experience in groups for more children, and more work with families so that they felt able and comfortable supporting their children's learning. Families interviewed were generally quite happy with the services they had received, and again would like more meeting times, more flexibility about leaving their children, something for older children and perhaps services closer to them. Where families were not happy with services, it was generally around having enough time with staff and feeling listened to. This highlighted the time needed to form working relationships and solid communication.

Combining the tapering of Sure Start funding and the call for more, including the need for childcare and more community development, we would say that the programme may need to further explore opportunities to work with existing structures in the area and to concentrate on community development, with the notion of some services being led more by volunteers and outside of 9-5 weekday times. Working more closely with schools and providing or supporting sessions on school grounds, as demonstrated by the Buswells Lodge group, may be an opportunity.

Appendix One: Information and consent forms

Appendix Two: Parent Interview Schedule

Standard questions:

No:

Area	Beaumont Leys	Stocking Farm
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Gender	Male	Female
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Age of interviewee	16 or less	17-19	20-24	25-29	30-34	35+
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Age of children	Number
Pregnant	
Under 6 months	
6 to 12 months	
1 year old	
2 year old	
3 year old	
4 years old or over	

Ethnicity

White British	White Irish	White Other	
Indian	Pakistani	Bangladeshi	Asian Other
Caribbean	African	Black Other	
White/Caribbean	White/African	White/Asian	Other Mixed
Other	Does not want to say		

Which Sure Start services are you involved with?

Speech & Language Therapy (SALT)	Link Midwife	Link Social Workers	Pre-school Teachers
Home Start	Book Start	Gaining A Place (GAP)	Health Visitors
Beaumont Leys Early Education Project (BLEEP)	Beaumont Leys Independent Support Service (BLISS)	Sure start playgroup – Mon, Tues, Thurs, Fri afternoons	Talking Babies (Monday 10-11)
Stay & Play (Stocking Farm Mon 9.30-11.30)	Home Start Playgroup Tues 10-12	Talking Tots Tues 9.30-11	Pre-schoolers stay and play Thurs 9.30 - 11
Safe & Healthy Homes	Best Start	Toy library	
One-Stop shop (baby clinic – wed)	Community development	Other (<i>write here</i>):	

How long have you lived in the Sure Start area?

Under 6mths	6-12 mths	1-2 years	2-3 years	3+ years
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Do you have any plans to move out of the Sure Start area in the next 12 months?

Yes	No	Don't know
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How satisfied are you in general with Sure Start?

Very satisfied	Satisfied	Not satisfied	Very unsatisfied
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Do you think that because of Sure Start, services for families with young children are better in BL & SF than they used to be?

Yes	No	Don't know
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If 'Yes', in what ways are they better?

Now meeting my needs	Now meeting my children's needs	More services
New services	Faster	Other, please describe:

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Do you know what the aim of Sure Start is? (What Sure Start is trying to do)

Yes, please describe	No
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How much time did you spend sharing (*reading, playing with*) books with your young children (*under 4 years old*) in the last seven days?

None	Up to half an hour	Up to One hour	Up to two hours
Up to three hours	Three hours or more	"None, they (he/she) are too young".	

What age were your children when you first started sharing/reading books with them?

Under 6 months	6 to 12 months	1 year old	2 year old	3 year old	4 years old or over
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What is the best thing that Sure Start could do for families with young children living in Beaumont Leys and Stocking Farm?

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Service A (<i>write here</i>):	No:
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How did you find out about or come to be using Service A?

I saw a Sure Start poster	I saw a Sure Start leaflet	A Sure Start worker told me
A non Sure Start professional told me	A friend or family member told me	The midwife contacted me
I was referred by GP	The Health Visitor contacted me	Other

How satisfied are you with Service A?

Very satisfied	Satisfied	Not satisfied	Very unsatisfied
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Did you get the support, help or advice that you thought you would do from Service A?

Yes, please describe:	No, please describe:

Do you think the worker from Service A understands what support, help and advice you need as a parent?

Yes	No	Don't know
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What is the best thing that Service A has done for you or your children? Why is that good/helpful?

Is there a particular reason why you use Service A? Or; Was there a particular reason you chose Service A?

Which, if any, of these needs does Service A meet?

Information on what to eat and drink whilst pregnant		Help with quitting smoking when pregnant	
Help/advice with healthy eating		Help with quitting smoking as a parent	
Information about feeding your baby/toddler		Information/support about helping your child to learn	
Support with breastfeeding		Information/support about child development	
Practical advice about: benefits,		Social support and/or company for parent	
Safety/health at home,			
Managing money,			
Other			
Emotional support from professionals		Support/help with personal development, e.g. adult education	
Help with children's behaviour		Chance to mix/meet with others in similar circumstances	
A break from child/children		An opportunity for your child to mix with other children	
Given more confidence as a parent			
Other (please describe):			

What does Service A do that helps you or your children? (*Examples wanted*)

Have you seen changes in your child since you started using Service A? What are those changes?

No	Yes, please describe:

Appendix Three: Additional interview questions for each participant No:

Beaumont Leys Early Education Programme (BLEEP)

Which course(s) have you taken?

What made you go on this course?

Did you attend any courses before going on a BLEEP course?

Yes	No
Please describe:	

Has your BLEEP course given you the confidence to do more courses?

Yes	No	Don't know
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Have you offered to teach any courses or be more involved in some other way?

What courses would you like to see BLEEP offer?

Is there anything else you would like to tell me about BLEEP?

**Beaumont Leys Independent Support Services
(BLISS) (might be known as STAR)**

No:

How has BLISS helped you? (*E.g. to maintain their tenancy, or to move house/flat, or to get their first place, budgeting etc*)

How long have you been involved with BLISS?

How long have you been at your current address?

Do you feel confident that you will be able to stay here as long as you want?

Yes	No, please explain	Don't know

Has BLISS helped you to learn things that will help you to maintain your tenancy in the future?

Yes, please describe	No	Don't know

Is there anything else you would like to tell me about BLISS? (*E.g. anything else that you have learnt or gained from being involved with BLISS*)

Health Visitors

No:

In what ways have the Health Visiting Team helped you as a parent?

(What is the best thing that they have done/do?)

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How soon after the birth of your youngest child did the Health Visitor visit you?

Less than 2 months	More than 2 months (please specify)	Don't know	I was not living in the Sure Start area then
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Did the Health Visiting Team put you in touch with other services or tell you about other services?

"Yes they told me about other services" Which services?	"Yes they put me in touch with other services" Which services?	No	Don't know

Is there anything else you would like to tell me about your Health Visitor?

--

Home Start Volunteer (questions on both sides)

No:

What do families gain from having a volunteer?

Is that especially because someone comes into their home?
What do you give that a professional doesn't?
Please give examples:

How is it decided when to finish your involvement with a family?

Has being involved with Home Start led to you becoming involved with other things?

Yes, please describe

No

Don't know

What changes or results have you seen? How do you recognise positives changes?

Home Start Volunteer

No:

What have you gained and what have you learned from being a Home Start volunteer?

What sort of support do you get from Home Start?

How is worked out what you will and won't do by way of support for a family?

Is there anything else you would like to tell me about Home Start?

Home Start Service User

No:

Why have you chosen Home Start rather than other services?

--

What do you gain from having a Home Start volunteer?

--

Is it different with your Home Start volunteer than it is with professionals?

Yes, please describe	No	Don't know

Is Home Start easy to use because someone comes into the home?

Yes, please describe	No	Don't know

Link Midwife

No:

Did you attend antenatal parent craft classes?

Yes	No	Don't know
Were they helpful? In what ways?		

Did you/do you feel ready for your baby?

Yes, please describe:	No, please describe:	Don't know
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Did your midwife help you with breastfeeding?

Yes:	No	I never wanted to breastfeed	Don't know
Please describe:			

Did your midwife help you with quitting smoking?

Yes:	No	I never smoked	Don't know
Please describe:			

Did your midwife help you/support you with any other difficulties?

No	Don't know	My diet	Alcohol or drugs
Other please describe:			

Is there anything else you would like to tell me about your Sure Start Midwife?

--

Link Social Worker

No:

Do you agree or disagree with the following statements?

Social workers are there to prevent problems getting worse	Strongly agree, Agree, Disagree, Strongly disagree
Social workers are only there to help when problems are very bad	Strongly agree, Agree, Disagree, Strongly disagree
I can talk freely with my social worker about any worries I have	Strongly agree, Agree, Disagree, Strongly disagree
Having a social worker is not seen as a bad thing	Strongly agree, Agree, Disagree, Strongly disagree

Is there anything else you would like to tell me about your Sure Start Social Worker?

Pre-School Teachers

No:

What age was your child when you first had a Pre-School Teacher involved?

1 year old	2 year old	3 year old	4 years old or over
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Are there particular things you have gained/learned from having a Pre-School Teacher involved with your child?

Yes	No	Don't know
Please describe:		

Are you able to use the things that the Pre-School Teacher has shown you when she is not there?

Yes	No	Don't know
Please describe:		

Is there anything else you would like to tell me about your child's Pre-School Teacher?

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Speech And Language Therapy (SALT)

No:

What age was your child when you first had a Speech Therapist involved?

Under 1 year old	1 year old	2 year old	3 year old	4 years old or over
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Did your child's language development improve because of the Speech Therapist?

Yes, please describe	No	Don't know
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Are there particular things you have gained/learned from having a Speech Therapist involved with your child?

Yes	No	Don't know
Please describe:		

Are you able to use the things that the Speech Therapist has shown you when she is not there?

Yes	No	Don't know
Please describe:		

Is there anything else you would like to tell me about your child's Speech Therapist?

--

Play groups

No:

Which playgroups do you use?

Sure start playgroup – Mon, Tues, Thurs, Fri afternoons	Pre-schoolers stay and play Thurs 9.30 -11	Talking Babies (Monday 10-11)
Talking Tots Tues 9.30-11	Stay & Play (Stocking Farm Mon 9.30-11.30)	Home Start Playgroup Tues 10-12

What does your child gain from their play group? (Circle as many as you like)

Somewhere different to spend some time	Language development	Experience of mixing with other children	Experience of mixing with other adults	Different toys to play with
Confidence	Friends	Learning to share	Better behaviour	A safe place to play
Other, please describe:				

What do you gain from taking your child to a play group? (circle as many as you like)

Confidence	friends	Somewhere different to spend some time	Experience of mixing with other adults	A chance to get out of the house	A chance to practice my English
Information about child development	Confidence as a parent	Reassurance that I am doing okay as a parent	Reassurance that my child is normal	Ideas about how to entertain my children	An opportunity to hear about other services
Other, please describe:					

Is there anything else you would like to tell me about the playgroups you attend? (do you use anything you learn at the play group at home?)

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