

Executive Summary	3
Key Successes	3
Summary of Learning Points	4
1. Introduction.....	6
1.1 Remit of the report.....	6
1.2 Local Context.....	6
1.3 Management and Organisation.....	7
Structures and Decision-Making	7
Learning Points.....	9
Communication within the Programme.....	9
New Roles and Support Structures.....	10
Learning Points.....	11
Local Infrastructure.....	12
Learning Points.....	13
1.4 Interagency Working	13
Learning points	14
1.5 Parental Participation and Involvement.....	14
Parent Representation on the Management Group	14
Parents and Carers Group	17
Learning points	17
Engaging Parents with service delivery.....	18
Learning Points.....	19
2. The Impact of the Programme: Progress towards targets	21
2.1 Families with young children contacted within two months of birth by a member of the Sure Start Programme.....	21
2.2 Numbers of mothers breastfeeding	21
2.3 Levels of postnatal depression.....	22
2.4 Mothers smoking in Pregnancy.....	22
2.5 Speech and Language delay at 4 years	23
2.6 The percentage of children with library membership (Nationally defined by active membership borrowing at least one book a year).....	23
2.7 Parents satisfaction with services.....	25
3. Project Evaluations.....	28
3.1 Improving social and emotional development.....	28
The Positive Parenting and Family Support Project.....	28
Parenting Courses-uptake and outcomes.....	28
Baby Massage.....	31
Postnatal Support Groups.....	31
Family Support.....	31
Home-Start.....	32
3.2 Improving Health	33
Smoking Cessation	33
FAB Clinic.....	34
Safer Start	36
National Childbirth Trust Breastfeeding Project.....	36

Food and Health Project: Schools Food and Oral Health Programme	37
3.3 Improving children’s ability to learn.....	38
Speech and Language: Talking Together Project.....	38
Speech and Language: Nursery interventions.....	39
Early Identification of Developmental Problems.....	40
Story Bus.....	41
Sharecare.....	41
Play Development.....	41
Heritage and Diversity	42
3.4 Strengthening Families and Communities.....	42
Information for families and Outreach Work: Facilitating Access to Sure Start services.....	43
Local Recruitment and Training.....	43
Community Support Worker Project.....	43
Appendix 1	46

Sure Start Adswood and Bridgehall Three-Year Evaluation Report

Executive Summary

The three-year evaluation of Sure Start Adswood and Bridgehall documents the learning that has come from setting up the programme, working to tight timescales and clearly defined targets and objectives.

The early consultation and planning took place with the support and enthusiasm of workers and parents who were engaged with services prior to Sure Start. This started a process that was driven by a desire to get projects up and running as quickly as possible so that the community could see that their views were being heard. Parent participation in decision-making was a clear goal, but the pace of change and volume of work that needed to be undertaken, particularly in the early days of the programme, made this difficult at times.

A key message, which the report highlights, is that Sure Start Adswood and Bridgehall has achieved all the quantitative targets set externally and internally, despite the limits imposed by overcrowded accommodation and inadequate local infrastructure for the provision of child-centred services.

Key Successes

- The number of parents who are very satisfied with services has significantly increased over a three-year period.
- A range of services have been established offering family support, reducing isolation of young parents and making parenting support more accessible. The number of parents attending parenting support groups, such as antenatal classes, baby massage, post natal support groups and a young parents' group has steadily increased. 51 parents have attended a structured positive parenting course. Specialised one to one support is available locally for families who find it hard to access groups.
- Universal services, both statutory and non-statutory, have provided a good basis for identifying families who could benefit from more specialised services and increased the take up of new services. The model of geographical working of the health visiting team has proved successful in delivering information to families about Sure Start.
- There have been numerous examples of effective interagency working to deliver projects, which have led to improved services for families and better communication between workers. The FAB

service is one example of multi-agency provision in a local venue, where workers from SMBC, voluntary sector and health services have contributed to a successful working model for reaching a wider client group.

- The reduction of the number of four year olds with speech and language delay has been significant and a number of projects have had an impact on this outcome measure, including the speech and language project, library service and the health visiting service. The model of provision has been used to mainstream services in a targeted way across Stockport.
- The impact of the Community Support Worker Scheme can be seen in the personal development of workers, enhancement of the work of Sure Start projects, community capacity building and increased parent participation within the Sure Start Programme.
- The local employment policy, incorporating some ring-fencing of jobs, traineeships and the Community Support Workers Scheme have led to 46% of the staff team being made up of local residents.

Summary of Learning Points

- There is more work to be done to improve parental involvement in decision-making, strengthen the Parent and Carers Group and adapt the approach of the management group to facilitate a culture and environment where parents feel valued and able to contribute.
- The lack of involvement of fathers in the programme is still an area of concern and needs to be targeted in future developments.
- The relationship between the management group and its subgroups needs to be redefined. The effective use of subgroups could allow more time for the management group to focus on strategy, longer term planning and development.
- The links with Social Services teams at a practitioner level need to be improved and developed in the context of requirements to provide certain core family support services as part of the Children's Centre Initiative.
- Staff working with Sure Start programme need to have a co-ordinated induction and it is important for Sure Start to contribute to training associated staff, such as midwives, health visitors and nursery staff, so they can develop their role and feel part of new ways of working. Service managers need to be aware of the additional demands made on staff when working in a Sure Start area and consider these when planning workloads.

- Many projects are delivering services that will potentially have much longer-term impact than can be measured so far.

1. Introduction

1.1 Remit of the report

- To consider the crosscutting issues highlighted in the setting up and working of the programme over the first three years including participation, interagency working and decision making processes.
- To review the impact of the programme so far, by looking at the monitoring data collected and by reviewing the work of the projects and their progress towards tackling the objectives set by the Sure Start Unit.
- To contribute to the development of the next phase of the Programme.

The report focuses on process evaluation due to the stage of the development of the Adswood and Bridgehall Programme. The evaluation has been linked to practice development and has been conducted internally by projects and the local evaluator. This has allowed for ongoing reflective practice and change to occur in a responsive way during the course of the first three years. The next phase of evaluation work will be more focused on outcomes, with a framework for projects currently being produced to standardise project evaluations.

The first part of the report reviews the management and organisation of the programme. The statistics and monitoring data currently available to assess progress towards targets are then discussed. Finally, more detailed project evaluations are outlined.

1.2 Local Context

The Adswood and Bridgehall Sure Start Programme is a third wave programme. Consultation and planning began in September 2000. The final delivery plan was approved in February 2001. The area comprises two small, adjoining neighbourhoods with distinct identities, but many shared issues in terms of access to services and facilities. A strong message from the initial consultation was that the two areas see each other as distinct, with Bridgehall having fewer services and facilities. The population in the area is predominantly white (96%) with a small number of families from mixed race and minority ethnic groups. The population of children 0-3 years is typically 380 at any given time.

The Sure Start initiative followed closely on the heels of a Single Regeneration Budget (SRB) programme for the area and it was clearly necessary for both to work closely together. The ABC Partnership was the formal body set up in 1998 to take forward the regeneration strategy for Adswood and Bridgehall and it was agreed at the beginning that the Sure Start programme should be part of the broader framework of this partnership. The consultation that led to the delivery plan built on a process that had been started by the ABC partnership to formulate the

SRB strategy and the same external consultants were used. In practice, this was an early example of close partnership working and helped use resources effectively and to deliver a plan against very tight timescales.

There had been a history of community development work in the area with workers from the NHS and Stockport Metropolitan Borough Council (SMBC) engaging with the community to work in new ways to develop services, which helped in the initial phases of the consultation and development of the Sure Start initiative. A community café had been set up and was an example of residents working closely with staff from health and SMBC to deliver a service that the community wanted. Sure Start was able to build on these links and new ways of working. A Play and Childcare Project funded by the SRB had also undertaken work to identify issues and priorities related to play needs in the area and the Sure Start Play Development project attempted to build on this work. There had been a local church initiative to support parents by providing parent and toddler groups and the worker involved was able to contribute to the early development of the programme.

Staff reported that there were many challenges in the early days of the programme- a desire to get things up and running, ensure community involvement and communicate effectively what Sure Start was. There was a drive in the delivery plan to address some of the immediate requests of the community for play areas and improvements to the environment for children in order to ensure that it was seen that local people's views and feedback in the consultation phase were taken seriously. The local library had been a focus for community action when it had closed in 1998 and consultation indicated that there was significant anger remaining about the loss of this resource. Thus, the Story Bus project, which was providing a child-centred mobile library bus, was prioritised for early delivery and started operating in September 2001.

A major reorganisation of the SMBC Social Services department was taking place as Sure Start began to deliver services and this had an impact on the original vision of links between the two. The early delivery of the programme was heavily influenced by Stockport Primary Care Trust (SPCT) being the lead body. The health visiting team responded to the consultation with parents early on by setting up an outreach baby clinic on the Bridgehall estate in June 2001, prior to most Sure Start projects coming on stream. There was a strong desire to show that the requests of parents for more accessible services were being listened to. This was followed by a reorganisation of the health visitor team to work solely in the Sure Start area and the team were then able to promote new Sure Start services as they became available.

1.3 Management and Organisation

Structures and Decision-Making

The Government set out the aims and objectives of Sure Start and thus gave a clear vision and specific targets, but it was much harder to get to

grips with how to deliver this remit across organisational boundaries. The emphasis from the Sure Start Unit was that it should be decided locally how programmes should be delivered.

The structure chosen was one where the Sure Start Coordinator and Project Administrator were employed by the SPCT as lead body. All the other Sure Start workers were employed through a network of their own organisations. New workers were recruited and line managed through their own agency, but reported to the Sure Start Coordinator on project plans and monitoring of quarterly milestones, which were required by the Sure Start Unit. This posed difficulties for some workers, especially those new to the programme and possibly also the area, who found it hard to know who they were accountable to.

Initially, a Steering Group directed the early development of the programme, then the Sure Start Management Group was set up to drive forward and manage all aspects of the Sure Start Programme. The Management Group is made up of senior managers from partner organisations, project representatives and parents. The Chair and Vice Chair are representatives of the Lead body (SPCT) and Accountable body (SMBC) respectively. The aim is to have parents take up ten voting places within the group.

The system of having a project representative for workers from the health sector, SMBC and non-statutory sector was designed to provide a system of communication between project workers and the management group. However, it has not been used as originally envisaged, with some workers not knowing who their representative is or how they can communicate through them. Project workers have varying degrees of understanding about the decision-making processes and management group.

The role and remit of the Management Group has been very broad and it has needed to deal with implementation of projects, finance, monitoring of the programme and setting up the structures needed for effective working. Perhaps due to the range of work being carried out, it has seemed to some members of the group that at times decisions have been taken outside this group without sufficient debate. Over time, it became clear that all the necessary work could not be done in one monthly meeting and over time subgroups have been set up according to the needs of the programme, for example, finance subgroup and evaluation strategy group. This has enabled work to take place in a more focused way with groups reporting back to the management group.

Because the subgroups evolved over time there has come a point in the programme where it is generally felt that the remit of each group should be clarified and redefined. The subgroups should have well defined terms of reference and be clear about the decisions that can be made within them. This should be communicated to all stakeholders within the programme.

One senior manager explained there is a need to:

"Redefine and reconstruct the management team to make decision-making much clearer for the next phase of the programme."

Partly due to the volume of work and need for decision-making at the monthly meetings, there has been little time for sharing good practice and developmental work to take place in this forum.

One manager commented that,

"There has not been enough sharing of good practice at this level."

Experience of being a member of the management group has been difficult for many of the stakeholders, especially those who were not part of the original group. A lack of consistency of approach to induction to the management group has been identified as an issue. For some managers, the structure required of Sure Start programmes to have one agency as lead on operational matters and one agency as a financial and governance lead has proved difficult to work with. One manager stated:

"The lead body/accountable body is a difficult relationship to be at the centre of."

These difficulties have been compounded by the lack of a Partnership Agreement which officers involved at the beginning of the Programme were unable to put in place. A considerable amount of work is still ongoing to set out the responsibilities and legal parameters of the working relationships.

Learning Points

- The remit and accountability of the management group and its subgroups should be defined and communicated to all stakeholders.
- Consideration should be given to clear induction process for all members of the management group and subgroups.
- The implementation of the Partnership agreement will help to clarify the accountability of individual projects and service providers to Sure Start.
- Ways of project workers feeding into the management process needs to be reviewed.

Communication within the Programme

The Sure Start Coordinator set up bimonthly project worker meetings early on in the development of the programme. This has been a key way of bringing together workers from across agencies and projects.

Feedback from a Sure Start Development Day identified a need for more frequent meetings, so monthly meetings were set up to improve contact between workers and facilitate team building. This has helped Sure Start funded staff to have regular contact but it has been much harder for associated staff, such as midwives and health visitors who have caseload pressures to keep in touch in this way. More focused meetings for these groups have developed on a less frequent basis to facilitate communication. It has also been difficult for workers based outside the area to feel part of the team. Joint training and development days have helped to improve this.

A team development day, held at the end of the first 18 months of the programme, brought project workers together to build relationships and network. A major theme, which emerged from the day, was that the pace of change and drive to set up new initiatives was challenging and difficult, particularly for workers who had no Sure Start colleagues based with them.

The fact that the Sure Start Coordinator and administrator have not had a local base has also been a challenge and this has made it harder for them to be accessible. The lack of a Sure Start building has also meant there was no focal point for Sure Start locally. One worker commented:

"On the whole it has felt like a big team of people pulling in the same direction. Good momentum, but that can be hard to keep going when staff change or move on."

Sometimes in order to keep lines of communication open a lot of paperwork in the form of minutes, newsletters and flyers are disseminated but it is a constant challenge to keep Sure Start workers, parents, partnership workers and those working outside the programme in touch with events. One worker observed that at times there is a danger of too much information, which is difficult to keep abreast of.

New Roles and Support Structures

Many staff that started work with Sure Start have come into new roles which have been defined and structured to meet the new ways of working required in Sure Start areas. In many cases, staff were new to Sure Start and to the provider organisation. This makes induction to the area and a new role much more complex. Staff who had already worked in the area prior to Sure Start found it easier to adapt because there was a gradual assimilation of what Sure Start was about. However, some staff found the early days of working with Sure Start stressful and unclear.

*"I didn't have an identity. There was not enough support at the beginning-the new role was difficult."
"I had no induction."
"My line management is clear but the bigger picture of Sure Start roles is less clear."*

It has also been a challenge to provide adequate structure to support staff particularly those who are lone workers or who are the only Sure Start worker within their organisation. Some lone workers have sought out their own partners in order to work more effectively and find support, often with workers in other agencies. There can be competing demands on staff time and different policies to follow within the employing agency and within Sure Start. Some staff from voluntary or non-statutory sectors had limited support in relation to matters such as child protection and the Sure Start local programme has had to develop protocols to support them. Other workers found the structure of their organisation restrictive and there have been barriers to developing services until additional policies have been put in place. For example, complementary therapy work of the smoking cessation worker needed a policy to ensure safe working, which was ratified by the SPCT. This policy was developed jointly with employees from the SPCT and Beechwood Cancer Care Centre and took considerable consultation to reach agreement.

Associated workers, such as midwives and health visitors, who are not funded by Sure Start, are crucial to the success of the programme due to the extensive contact they have with families with young children. The health visiting caseloads were reduced to take account of the new demands of the Sure Start programme. However, there is still a danger that these workers do not feel fully able to participate in the new initiatives because of caseload pressures. As one worker described it:

"At times it felt like doing all the donkeywork."

Staff took on extra work, such as data collection and responsibilities for promoting new groups and services, which added to workload. One health worker observed that:

"To begin with it all seemed to be about forms."

For the midwifery service, there have been issues in identifying the best model of working to allow staff to engage with the Sure Start programme and deliver an equitable service to families. A team midwifery approach had been adopted across Stockport, but there were some difficulties between midwives working in the Sure Start area and those who were not. The wider team wanted to get involved with running groups and developing their skills but staffing levels were not always sufficient to allow this to happen. In order to facilitate engagement of associated workers and help their development of new skills, Sure Start has funded training for staff but difficulty in accessing training has been identified as a barrier to feeling part of Sure Start. One worker had taken opportunities for training in their own time because of workload demands.

Learning Points

- A comprehensive induction framework should be planned for all new Sure Start workers between the project agency and the Sure Start team.
- Projects should have clear guidelines from Sure Start about policies and processes. These should be updated and maintained in the Sure Start folder, which has recently been developed.
- Opportunities for co-working in the programme should be maximised to ensure staff are adequately supported and to encourage reflective practice.
- It is important for Sure Start to contribute to training associated staff, such as midwives, health visitors and nursery staff, so they can develop their role and feel part of new ways of working. Service managers also need to be aware of the additional demands made on staff when working in a Sure Start area and consider these when planning workloads.

Local Infrastructure

Projects have overcome significant limitations in the local buildings infrastructure to provide services. They have had to be persistent and innovative in the venues they have used, compromising on the environment provided in order to deliver the services. At times this has led to dilemmas about whether services should be abandoned and risk assessment has been a very important part of this process. The local parents have responded to the commitment of staff to provide services in less than ideal circumstances by continuing to use services. In some cases, such as the FAB (Family health Adswood and Bridgehall) Clinic, which was set up in a shop-front community building on the Bridgehall estate, the non-clinical setting has broken down barriers and the service has been accessed by young parents who might previously not have attended for antenatal care.

The capital developments which Sure Start money have brought to the Adswood and Bridgehall area are important to service provision in the area, the environment and perception of the area generally. The two buildings one in Adswood and one in Bridgehall should be complete by the end of 2004. To some extent the effective delivery of services has been hindered so far by lack of suitable spaces, particularly childcare provision and some of the more innovative child centred proposals that projects have envisaged. Parents in Bridgehall are still raising the issue of no parent and toddler group on the estate (Parent Satisfaction Survey April 2004), the group provided by Sure Start is a short walk but in fact out of the Sure Start area. The size of the developments in the two areas differs with Adswood being larger, to incorporate the Neighbourhood Nursery, nursery school and the new health clinic. The management group are keen for the buildings to be developed as two parts of a whole Children's Centre and develop a range of services to provide for needs across the area.

Learning Points

- Staff reported that a high level of motivation and commitment has been necessary to overcome problems with limited availability of suitable venues for services.
- Other local venues, such as the Adswood Community Centre, Adswood Youth Centre, Bridgehall Pop-in, the schools and churches and Beechwood Cancer Care Centre have adapted and assisted in enabling effective services to be delivered locally. Out of this collaboration some good working relationships have developed, which should be maintained when the new Sure Start facilities are available.
- Although services of the new buildings will be available to all residents, it is important that the Bridgehall community has a child-centred venue delivering services on the estate in order to demonstrate that Sure Start has responded to their views.

1.4 Interagency Working

At a Strategic level, the link between the SRB, ABC Partnership Board has been maintained, but the accountability for Sure Start management rests with its management group. The distinction for local residents between SRB and Sure Start is not easy. The Sure Start local programme has tried to carve a distinctive profile at a local level, but workers involved in the SRB project have stated that this is not always helpful in terms of good communication about regeneration locally. The difficulty for Sure Start has been that, without a focal point in terms of service provision in the area, it has been important to use the Sure Start badge to communicate what is being delivered. There is also a requirement from the Sure Start Unit to use logos according to certain guidelines. This observation about badging reflects a sense of competition between SRB and Sure Start:

"Everybody's got targets to meet, external factors are not easy... this can mean rivalry and negativity between the two programmes."

Working for different organisations can mean that the agenda is driven by the key funder rather than by partnership working. For example, during the evaluation process, there was a potential opportunity for SRB and Sure Start to work together to conduct the Parent Satisfaction Survey within the household survey being carried out by SRB. Unfortunately the timing requirements of both initiatives did not match and the work had to be carried out separately.

Sure Start Adswood and Bridgehall have 12 different projects and a variety of statutory and non- statutory providers. Strategically, the larger statutory organisations have all been represented on the management group and an effective working partnership has been developed. This will hopefully improve still further when the formal Partnership Agreement is signed off. After some initial difficulties, links

with Social Services have improved and their representatives have been very important in supporting the programme at a strategic level with the development of policies to support staff with child protection issues. However, the practitioner level involvement from Social Services is still missing from the Programme. The original vision, as outlined in the delivery plan, of a part-time social worker and part time family resource worker working with Sure Start has not been realised. This is an operational link that is very much in need of improvement.

The voluntary or non-statutory services report that they sometimes “feel on the periphery of things”. This is sometimes exacerbated by workers being based outside the area. Despite this, the same workers have observed that Sure Start has enabled services to mesh together. There are many clear examples of effective working links, such as the Family Link (voluntary sector) project worker and the home-school liaison team (Education Dept), the Food and Health project (SPCT) and the environmental health department (SMBC). Sure Start and the SRB Safer Estates team have worked with Stockport Women’s Centre and health workers to deliver the Freedom Programme to raise awareness on issues related to domestic violence for clients in the area. Voluntary projects have also identified that by being part of Sure Start they have been able to develop their work, for example, by working in schools, which was difficult to do before coming under the umbrella of Sure Start.

An additional challenge has been the fact that Stockport has only one small Sure Start Local Programme and workers across the borough are less familiar with Sure Start because of this. Particularly if they are working with families moving in to the area, they need to be aware of what is on offer and there needs to be a constant drive to communicate outside the programme as well as within. The lack of a focal point for the programme has made it more of a challenge to communicate with parents and workers particularly in relation to what Sure Start was trying to deliver. This has made publicity and innovative ways of getting the message out much more important.

Learning points

- The new building, bringing together all agencies involved in early years, childcare, health and family support will facilitate integration of their services through careful planning.
- Opportunities for inter-agency training should be maximised to improve communication and team building.

1.5 Parental Participation and Involvement

Parent Representation on the Management Group

The issue fundamental to Sure Start programmes is that there is an inherent difficulty in reconciling the need to address Government targets and objectives, with meaningful consultation with parents about what

they want for their families and communities. Parents who were involved in the early days of the programme have highlighted how the process felt:

"At the beginning, I felt really welcomed. Once the programme got on track I felt like views were less important because Sure Start knew where it was going."
"Sure Start welcomed views, but they had an agenda of what they were doing and I believe they had set plans anyway. I believe views weren't really taken into account- if they crossed with Sure Start targets-bingo but basically it's a set agenda."

The Sure Start Unit required clear delivery plans from programmes at the outset and in the case of Adswood and Bridgehall, this delivery plan formed the basis of the first three years work of the programme leaving little budget for additional projects or pieces of work to be introduced as the programme developed. This may have added to a sense of the agenda being set very early on.

The management group has responsibility for decisions made about spending public money. The formality and structure that surrounds the management meetings makes it less accessible for parents. Parents' experience of attending management group has been difficult; all the parents consulted had problems with the jargon used, comments included:

"Comfortable with the atmosphere. Baffled by what was said."
"Language and jargon not easy.....parents there to tick a box."
"Each member uses their own box of jargon"
"Too much paperwork."
"Format of management meetings can be scary-formal."
"I didn't like the management meeting -there were higher people-it made you feel small-didn't know what they were talking about-it went over your head."
"Briefing session beforehand really helped."
"I feel everybody listens to me... they might not agree! There has only been one time when I felt I wasn't listened to."
"They took on board my views.... more publicity, calendar etc"
"It brought me out of myself. At one time I wouldn't speak."
"I was not forced to join in, not put on the spot.....X was good at picking up when people want to say things."

More confident parents who have stated:

"I know how to contribute, have often had previous experience in work or on committees."

One parent who stepped down from the group stated that:

"I don't feel like I am representing the community- I have worked and have confidence."

There is a danger that more confident members of the community can dominate and that the process becomes exclusive.

As part of the evaluation process, a review of Management Group minutes was undertaken to track patterns of attendance and numbers of parents attending. Over a two year period, April 2002 - March 2004, 20 different parents attended the meetings. The average number of meetings attended was 2. A small number of parents regularly attend but many are put off after one or two meetings. There is a strong desire by senior members of the management team to improve the experience for parents attending the group and this process has already begun with many practical steps identified here being acted upon, such as briefing sessions with the coordinator for parents prior to meetings. One senior manager commented:

"What has disappointed me is that there doesn't seem to be a strong cohort of local parents which are a strong force within the management team. I hoped we would feel that after 3 years. We want a forceful, challenging, equal partnership."

Managers do realise that asking parents to give up time to be part of the management group is asking a lot from parents with young children and lots of demands being made upon them.

"For parents of 0-4s it is difficult for them to have the time to spare to be a strong force. Family crises and practical issues get in the way. Why should people give up time to sit around a table with us at a date and time decided by us? We get paid to do it."

During the course of interviews with parents, what has become clear is that confidence builds gradually and that parents need confidence to contribute. When there was a clearly defined specific focus in meetings such as in some of the smaller subgroups parents felt much more able to articulate their views. Being asked to become engaged in specific work, such as the finance group or childcare subgroup, helped parents to feel that their opinions were worthwhile and they were able to contribute their specific knowledge and experience.

"I felt included and once I started talking everyone listened. No jargon and they explained well what was being talked about. Definitely took on board my views." (Childcare subgroup)
"Issues such as the new building were easier because I knew what they were talking about." (Capital subgroup)

Parents are aware of the desire of the management group to improve their experience of involvement at this level and are positively engaged in this process.

Some parents who attend meetings are also Sure Start workers, and other parents have noted that this may give them a biased opinion. It

can be difficult to have two roles of worker and parent and be involved at both levels. This has led to comments from other parents such as,

"I didn't feel as if they were speaking as parent- I felt they were speaking as a Sure Start worker."
"I feel like I'm a nobody because I'm not a Sure Start worker."

Parents and Carers Group

The development of the Parent and Carers group has made gradual progress over the course of the programme. A successful one-day event at a local hotel in March 2003 saw the launch and 18 parents attended. The group was consulted about developments within the programme and how to take forward the group. A small group of parents have maintained an interest in the group, which is still facilitated by the Social Inclusion Worker and have made contributions to developing certain pieces of work for Sure Start such as the Safer Start project, evaluation work and a Code of Behaviour. This is in addition to planning and taking part in Christmas party and parents events.

The link between the Management group and the Parent and Carers group is not always clear and most success in consulting parents about decisions has come from the Coordinator and project workers attending the Parent and Carers meetings rather than parents attending the Management group. Parents feel much more able to give honest opinions in this setting and the power imbalance is not as pronounced. There is a sense parents have more ownership of the meeting than at the Management group. The recent appointment of two Parent Participation Workers to support the development of the group is intended to strengthen the group and its potential for becoming a more powerful force in decision-making processes. Further work needs to be done to clarify on what terms members of the group attend management meetings and whom they are representing.

Learning points

- Clear communication about the parameters of consultation and parent input is essential to maintain parents confidence in the process.
- The Management Group should look at ways of changing the way its meetings are structured to make them more inclusive for parents. A development day to facilitate this process would be beneficial to address the issues from both managers and parents perspectives.
- Practical measures, such as, a summary sheet for parents as well as briefing session before meetings and a checklist of terms and abbreviations should be put in place.

- Publicity about how parents have impacted on decision- making, in local newsletters, may increase motivation to join in.
- Links between managers and the Parent and Carers group need to be maintained and strengthened. The role of the newly appointed Parent Participation workers could help in this development.
- Opportunities should be given to parents to access local training, which would increase knowledge about consultation processes, meetings and committees.
- Residents who are both workers and parents should be clear about their role in different settings.

Engaging Parents with service delivery

Projects have had varying degrees of success in engaging parents with the services, depending on the nature of the service they deliver. The Speech and Language project led the way with parents' involvement in delivering services. This was helped by the clear focus of their work and parents understanding of this. Parents who had accessed the project with their own children were invited to take part in the work on a voluntary basis. Voluntary engagement with the project was harnessed and employment opportunities created initially to evaluate the project, assist with developing resources and deliver a particular element of the work in schools.

The NCT Breastfeeding project have recently developed a new strand of their breastfeeding support work by training parents as volunteers in their peer supporter's scheme.

Some projects in the health and welfare rights services had initial concerns about issues of confidentiality in relation to parents' direct involvement with the work. Barriers have gradually been addressed by clear guidelines on information sharing, training and supervision for parents taking on specific roles. The Community Support Worker (CSW) Scheme provided a framework for training and a system for parents to start work with projects in small and gradual ways. This initiative, which was based on the approach used in Sure Start Barrow-in-Furness, involved recruiting groups of sessional staff to work alongside project workers to deliver services in different settings. Unlike Barrow, a home visiting service was not offered because Home-Start was already providing a similar service in the area.

To start with, roles for CSWs were quite limited, with projects taking a very cautious approach, but over time the demand from projects to have a CSW working with them has grown. Projects have become more creative in their development of roles for local parents working in the programme. Parents are now working with the Safer Start project, parenting groups, baby massage groups, Story Bus, playgroup, speech and language work.

Local parents who are workers have taken part in child protection training, diversity training and parenting training, as well as courses more specific to their role. Raising awareness in this way can have a positive effect on those involved directly and indirectly in the training. During an evaluation interview, one parent commented on the diversity training which a friend had taken part in and the impact it had made on her.

The benefits of parental engagement as workers with the programme have also become more and more visible. One local worker observed:

"At first there were lots of new people with little effect-in the last year it has really taken off and come together."

The engagement of some parents at this level also helps communicate more widely the message about what Sure Start is. Project workers have put a lot of effort into reaching parents and target groups within the community but word of mouth is a powerful way of getting the message out. A project worker commented:

"An organisation can't tell people even face to face, the rest comes from users experience and than passing that on to friends and contacts."

A major area of difficulty has been engaging men with the Sure Start programme. The Social Inclusion Worker has made positive attempts to recruit fathers and to develop a specific role for a local father in relation to this work, but so far this has not been effective. The search for ways to take this work forward continues with training from the Fathers Direct organisation already planned and the new roles of Participation Workers. Evidence from the National Evaluation of Sure Start indicates that where success has been achieved it has been where a specific role has been created to prioritise this work.

Learning Points

- The major successes in engagement of parents with Sure Start have come from harnessing the motivation of parents and backing this up with paid work within the programme.
- The importance of clear roles, training for parents and good support and supervision are paramount.
- Training has had a capacity building effect as it enables parents to engage more fully with the programme.
- Parent's engagement at this level has a positive effect on spreading the word about what Sure Start services are and what is available.

- A major challenge still to be addressed is to increase fathers' involvement with the Sure Start programme.

2. The Impact of the Programme: Progress towards targets

The section summarises the statistics with more detailed exploration of the projects in section 3.

2.1 Families with young children contacted within two months of birth by a member of the Sure Start Programme

Table 1

All Children seen by a Sure Start service (including Health Visitors)	
2001 - 2002	82%
2002 - 2003	92%
2003 - 2004	96%

All children are visited by the programme in the first two months of life through the health visiting service. Information about Sure Start services is provided through the Welcome Pack, which is given out to new parents at this time. The reach of the programme has improved year on year. The small shortfall in families not contacted by Sure Start is due to families choosing to stay with a health visitor working from a base outside the area. Further analysis of the database information indicates that during the period April 2003 to March 2004, 53% of the 0-3 population accessed a Sure Start service other than health visiting. Of those children identified by health visitors as needing additional support, 55% were accessing Sure Start services other than health visiting. This does not include local parent and toddler groups and the playgroup, which are supported by Sure Start, but not yet collecting data. Over half of the target populations are being reached by additional Sure Start services as well as existing statutory services.

2.2 Numbers of mothers breastfeeding

Work to promote breastfeeding through the NCT breastfeeding project the midwifery and health visiting services and the community food project is showing some positive effects. The number of women breastfeeding until 6 weeks has slightly increased but the work is not yet having an impact on feeding for 4 months or more. Some of the initiatives taken by the Sure start programme have been using a broader public health approach to providing information for children in schools and the outcomes of this work will be much more long term.

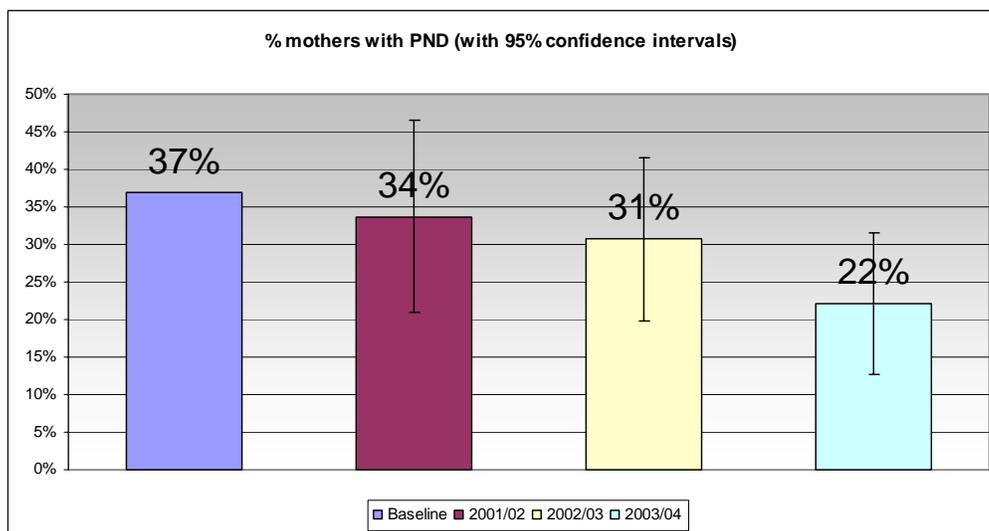
Table 2

Numbers of mothers breastfeeding			
Year	At birth	At 6 weeks	At 4 months
2000 - 2001 baseline	29%	27%	18%
2001 - 2002	29%	27%	18%
2002 - 2003	39%	27%	19%
2003 - 2004	38%	33%	18%

2.3 Levels of postnatal depression

The health visiting service uses the Edinburgh Post-natal Depression screening tool, as part of their assessment, to identify women at risk of post-natal depression. The data indicates that there has been a reduction in postnatal depression over the course of the three years of Sure Start but careful monitoring needs to continue to assess the significance of these figures as the numbers are for a relatively small population (number of mothers with a live birth in the measurement period 90 - 100 per year).

Figure 1



Source: SPCT Community Information Department

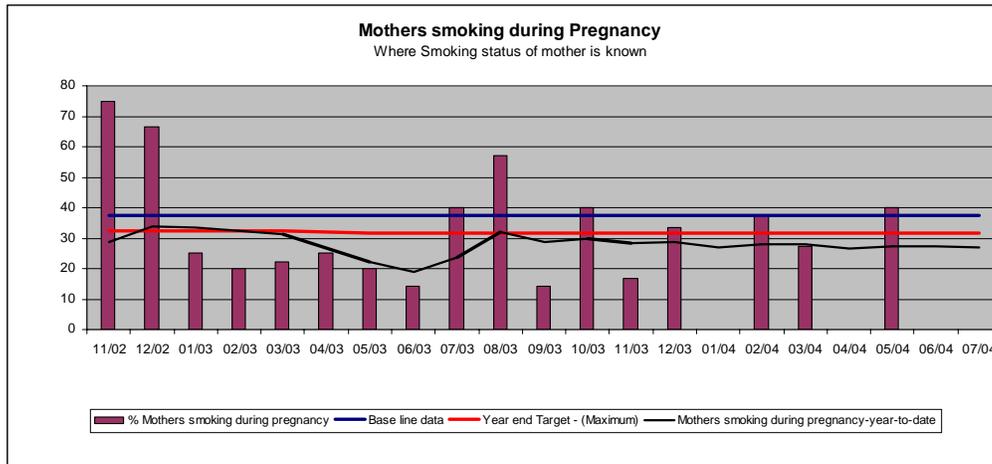
2.4 Mothers smoking in Pregnancy

Indications are that the incidence of women smoking in pregnancy is declining. See project evaluation for further detail.

Table 3

Year	Percentage of women who smoked during pregnancy
2001 - 2002	37%
2002 - 2003	33%
2003 - 2004	29%

Figure 2



Source: SPCT Community Information Department

2.5 Speech and Language delay at 4 years

All children attending schools in the Sure Start area are screened annually by the speech therapist. The outcomes of the Speech and Language Project are very positive and are explored in more detail under the project evaluation.

Table 4

Year	Percentage of 4 year olds with speech and language delay
2001 - 2002	30%
2002 - 2003	14%
2003 - 2004	11%

2.6 The percentage of children with library membership (Nationally defined by active membership borrowing at least one book a year)

The active membership of libraries is gradually increasing. There is no library in the Sure Start area, so the Story Bus has made books more accessible to the families and many use the facilities and attend the outreach sessions such as "Bounce and Rhyme" without borrowing books. A "Books for Babies" scheme encourages early engagement with books and the first parent health visitor and health visiting team implement the scheme, in partnership with the School Library Service, as part of their work in promoting child development.

Table 5

Year	Percentage of children with active library membership
2001 - 2002	10%
2002 - 2003	17%
2003 - 2004	24%

2.7 Parents satisfaction with services

Each local programme is required to undertake an annual Parent Satisfaction Survey. Indications are that levels of satisfaction with all categories of services are good. Over 80% of respondents were either satisfied or very satisfied with services (see figures 3 - 6). The survey also indicates that the numbers of parents who are very satisfied with services is steadily increasing apart from in the health services category. Changes of staff in the health visiting team was commented upon by some parents as an issue to due lack of continuity.

Respondents were also asked whether there had been an improvement in services for young children over the past 12 months, 79% reported 'yes'. The sample size has been improved to cover 20% of the total number of families living in the area and it aims to ask both those who have used Sure Start services and those who have not.

Figure 3

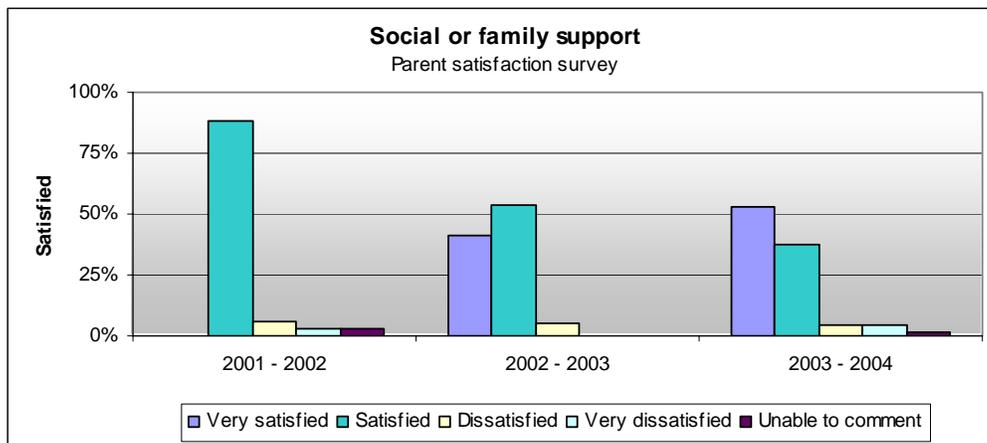


Figure 4

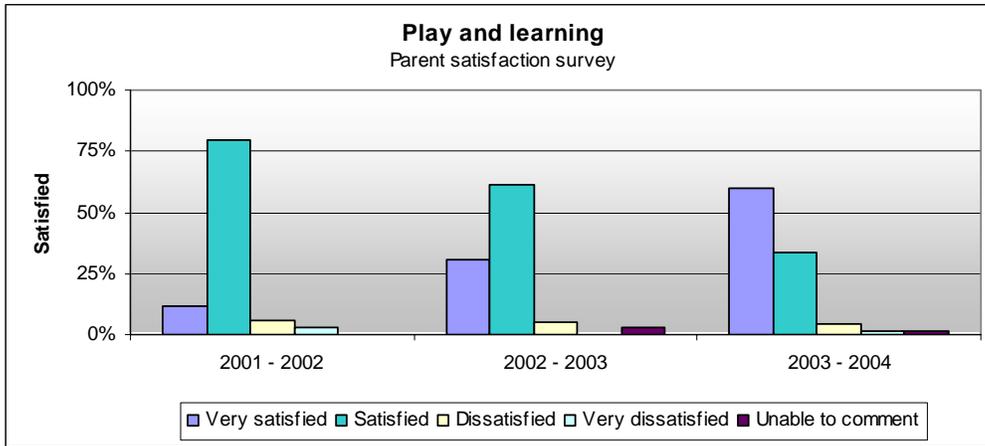


Figure 5

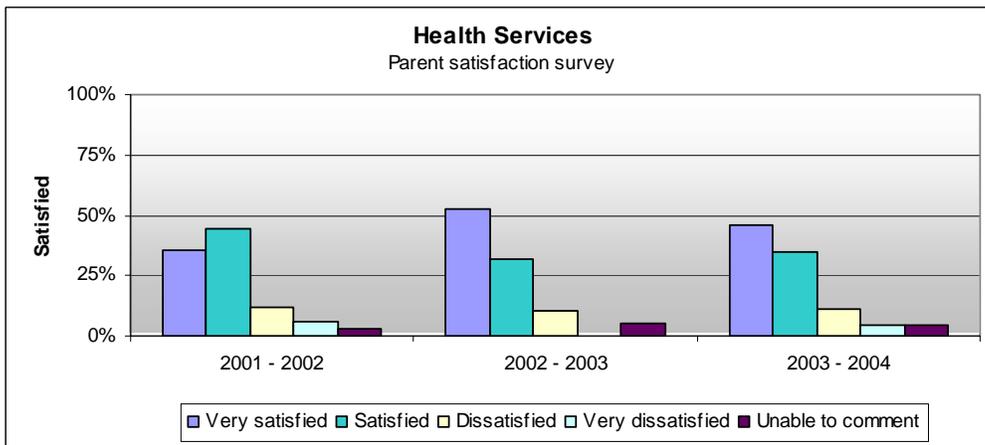
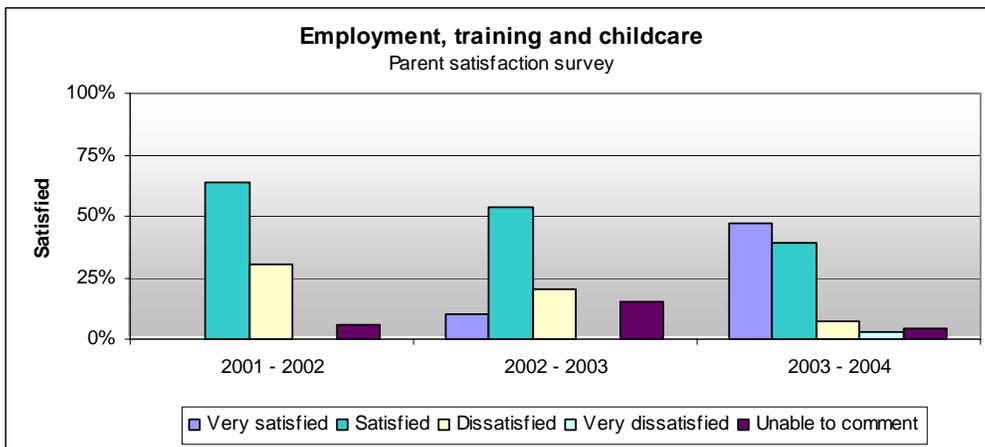


Figure 6



Overall, the data indicates that the trends are positive and progress is being made towards the targets. However, it is still relatively early in the life of some projects to draw conclusions about the direct impact of their work on the statistics. The National Evaluation of Sure Start (NESS) also collects data centrally from individual programmes and reports on outcomes on a larger scale. This data takes longer to process and report on.

3. Project Evaluations

Planning and service delivery has been organised around the key Sure Start objectives and this section of the report focuses on evaluating the work that has been carried out in working towards these objectives. Not all projects are reported on in detail. The work of the projects with larger budgets has been chosen for review at this stage.

3.1 Improving social and emotional development

A cost allocation exercise carried out at the end of the first three years of the programme indicated that an estimated 39% of the resource had been directed towards this objective. Many of the projects aim to impact on the social and emotional development of children, some more directly than others.

The Positive Parenting and Family Support Project

A senior, specialist health visitor funded by Sure Start, working closely with core health visiting services, manages this project. It is the largest project working towards this objective. Parenting advice and support was identified at the consultation phase as a priority.

Areas of work include: twice yearly, 9 week Parent Survival courses run using a Webster-Stratton Parent training programme; a Baby Massage group; AB Babes postnatal group; weekly Parent and Child/Sleep Clinic; Playing Together support offered by a nursery nurse; a Young Women's group supporting teenage parents; and a community development worker supporting sessions at the Stockport Women's Centre and the Freedom Programme.

Parenting Courses-uptake and outcomes

51 parents and carers had completed the nine week course in the first three years of the project. In a small area like Adswold and Bridgehall, where the population of 0 to 4 year old children is around 400, this is a significant uptake of a structured course. The courses are based on the Incredible Years Early Childhood BASIC Parenting Training Programme (for ages 2 to 7) produced by Dr. Caroline Webster-Stratton. This approach was chosen due to its strong evidence base, it has been extensively evaluated and been shown to be effective in reducing conduct problems in young children. Used as a prevention programme it can help prevent child abuse and the development of serious behaviour problems through early intervention. The use of this approach fits with the Stockport Multi-agency Parenting Strategy.

The early courses were less well attended, as there was greater reliance on professional referral to the courses and some parents attended for this reason rather than parents' own motivation to attend. A change of approach led to widespread advertising and publicity of the courses through toddler groups, local playgroup and nurseries and parents have self-referred to the course in increasing numbers. The title of the

course was changed, originally "Coping with Kids" was used and some parents noted that there was a suggestion that they were not coping which was negative.

The Parent Survival Course has been evaluated using pre and post course questionnaires to assess the impact on the family. A "Daily Hassles" Questionnaire was the tool used. The scale measures the frequency and intensity of common parenting concerns, such as arguments and fights with siblings.

Table 6 shows the outcomes for the 17 parents who have completed the questionnaire. For the majority of parents, the scores indicated a reduction in the frequency and intensity of challenging behaviour in their children. The decrease in frequency of overall behaviour problems was less significant. Some problems have been identified with the completion of the questionnaire and because these results do not correspond with the qualitative feedback gained from parents, course leaders have proposed that parents are more able to be honest in completing the questionnaire after the course. There may be other barriers to families implementing the strategies learnt on parenting courses, related to the major life events and issues which individuals are dealing with. The outcomes of these parenting courses will continue to be monitored.

Table 6

Parents Survival Courses: Outcomes as measured by Parent Hassles Questionnaire (n=17)			
	Increase	No change	Decrease
Frequency of challenging behaviour	3	3	11
Intensity of challenging behaviour	2	3	12
Frequency of overall behaviour problems	7	1	9
Intensity of overall behaviour problems	3	2	12

Parents comments on the Parent Survival Courses:

"I'm feeling a lot more confident with myself."
"I enjoy the discussions. I always feel on a high when we leave."
"I had a great time. I learnt a lot."
"I understand myself and my son better."
"No one judged you as a parent in what you said or done."

"Limit setting is the main problem for me so I feel I have really benefited from new ideas."

Follow up meetings three months after the courses have been well attended and one parent has gone on to assist with publicising, recruiting to and facilitating the courses.

Baby Massage

Baby massage has been identified as an evidence based way of supporting bonding and relationships between parents and their babies. It is also popular with parents and is a positive way to engage parents in early parenting support. The National Childbirth Trust Breastfeeding project has been running baby massage groups as part of their postnatal support work in the area since the beginning of their project. Interest from local parents has built up gradually and another group has been set up by midwives and health visitors to extend the availability to the Bridgehall estate. Midwives and health visitors also offer baby massage on a one to one basis at home. This extension of the service is to help parents who, for a variety of reasons, may not be able to attend groups. It may also mean earlier intervention. Evaluation of the home based baby massage work is taking place using a telephone questionnaire to assess parents views about the instruction and to what extent parents carry on using the techniques. This will be reported in future evaluations.

The popularity of the baby massage session has extended out of the Sure Start area with a mixed group (Sure Start and Non-Sure Start) of parents attending sessions. One health worker commented on the ethical dilemmas of offering a service to one parent but not to another parent living just out of the area. In practice, the service has been able to cope with numbers so far but the mainstreaming of successful Sure start initiatives will be particularly welcome for workers facing such dilemmas.

Postnatal Support Groups

Prior to Sure Start, the local health workers had tried a number of different ways of engaging parents in group settings for antenatal classes and postnatal groups. These groups were rarely sustained and there was a common view that the parents did not want group-type initiatives. In fact, a point had been reached where workers had accepted this and concentrated their efforts on one to one approaches to antenatal and postnatal care. The setting up of a specialised health visiting post to focus on parenting work, a consultant midwife post and a teenage pregnancy and parenthood worker, have been significant factors in enabling the health teams to branch out and offer more innovative services by listening to parents and trying out new ways of working. These roles, which were without caseload pressures, have been pivotal in the development of services. An additional factor has been the availability of money from Sure Start to provide staff training, pay for venues, crèches and refreshments. The fact that 5 groups offering antenatal or postnatal support have been sustained and are regularly attended indicates the progress that has been made.

Family Support

The vision that positive parenting and family support are inherently linked was implicit in the way Sure Start Adswood and Bridgehall set up the project. Originally, it was envisaged that a social worker and family resource worker would be supporting this work and that this would be funded through existing social work resources. The reorganisation of social work teams, which occurred around the time of Sure Start being set up, made this difficult to put into practice. So far the work has had a strong health lead and the evaluation interviews have indicated that many workers feel there is a need to improve links with social services at a practitioner level. As one worker commented:

"There is not enough engagement yet with Social Services."

It is still the case that some families have to go out of the area to access family support services such as early nursery provision, assessment and respite services. Whilst this may always be the case for specialised services, the new buildings in Adswood and Bridgehall should provide the opportunity, in terms of suitable environment and facilities, to develop closer working links with the social work teams in order to provide more preventative family support services.

The setting up of a weekly Parent and Child /Sleep clinic, by the health visitors and Parenting Coordinator has been an attempt to increase the range of services available locally, where parents can access one-to-one help for concerns about behavioural problems and other stressful family issues. The good uptake of this service since it started in January 2004 is indicative of a need that was previously unmet. 16 parents have attended appointments on a regular basis in the first 6 months.

Home-Start

The provision of family support is a key aim of the Home-Start organisation. Home-Start is a voluntary organisation that offers support and practical help to young families under stress in their own homes. Nationally, the evidence indicates that where projects are most successful, they bridge the gap between a universal targeted service provided by health visitors and targeted services provided by social services (Harker and Kendall 2003). Recently published research funded by the Joseph Rowntree Foundation (McAuley et al 2004), found that although mothers valued the Home-Start service, the results did not support the view that Home-Start had made a significant difference to the mothers over the eleven month period of research, relative to the experiences of the families in the comparison group.

The service in Adswood and Bridgehall has had problems with the low rate of referrals and has found the reliance on health visitor referrals difficult, particularly when members of the HV team change and there is a transition period in the work with families. The Home-Start organiser for the area has put a lot of effort into making links and networking in the community to publicise the service and there is now a move to encouraging self-referrals from families.

A review of the referrals statistics showed that over a two year period, 17 referrals were received and, of those referrals, 10 families were supported. 4 families were supported for more than 6 months. The key characteristics of these families were: large families, no family network locally and a need for practical help and emotional support. These families particularly valued the frequent, regular visits from their Home-Start volunteer.

The practical help offered by Home-Start is quite limited and health visitors have reported a difficulty in engaging families with the idea of a volunteer to provide "support". One local Sure Start evaluation from Rotherham reported that, "there were difficulties getting families to come forward for support." (Brooks et al 2003 p178). It was also observed that, "cultural values may have been acting as barriers to participation." The experience described was similar to that of Adswood and Bridgehall. Home-Start does not recruit volunteers from the Sure Start area and does not encourage its paid staff to be locally based. This has been a problem for the worker in terms of feeling part of the Sure Start team.

In the Adswood and Bridgehall area, the provision of the Home-Start service is currently under review to ensure the best use of resources. A number of options are being discussed to allow for continuing support for the families receiving the service and to develop the most effective and acceptable model of supporting families. This planning is taking place with Social Services managers and in the context of developments such as the Children's Centre Initiative.

3.2 Improving Health

An estimated 16% of the programme's resources have been allocated to the provision of initiatives working towards improving health. This is less than may be expected due to much of the health provision being provided by existing statutory services that have been realigned to work with the Sure Start programme. The projects include Safer Start, a smoking cessation worker, the NCT breastfeeding project, midwifery and a community food project.

Smoking Cessation

This has been identified as a key area of work by Government to tackle health inequalities generally and particularly for Sure Start programmes in order to impact on the health of pregnant women, babies and young children. The role of smoking cessation worker has perhaps been one of the most challenging of the new roles developed by the Adswood and Bridgehall Sure Start Programme. One to one support is offered to individuals who wish to quit smoking. Over the course of the year 2003-2004, 53 clients were seen on this basis, with an average of 3 contacts with the service. The role has been extended to take a public health approach to supporting smoking cessation within the community. Linking with national initiatives such as "Smoke Free Homes" and Roy Castle awards has provided clear ways for the messages about smoking

to be spread in the community. Occupants of 91 homes in the area have signed pledges to maintain a smoke free home. Workers from education, health, voluntary sector and SRB projects jointly promoted the campaign and entered those who signed pledges into a prize draw. A coordinated approach to sharing health messages may have a greater impact in smaller communities, such as Adswood and Bridgehall.

The data collected on smoking suggests positive trends in reducing smoking amongst pregnant women (see table 3). However, this may be attributed as much to public health approaches nationally and locally, as success on a one-to-one basis. The local statistics indicate that 12% quit rate for clients at 4 weeks (lower than Stockport generally) and none of the pregnant clients have successfully stayed quit for a 4 week period. 39% of clients are "lost to follow up" meaning the outcome of one-to-one work cannot be identified. The Wanless Review published in February 2004 noted that "Because such large gains can be made from getting an individual to give up smoking, even smoking cessation interventions with limited success can be shown to be cost effective." The observation was also made that, "smoking cessation services alone are essentially an individual intervention that cannot be expected to deliver significant falls in prevalence. They are part of a much broader strategy that is required to influence smoking behaviour across the general population with a commitment from right across government, not just the Department of Health."

The potentially positive start made by the smoking cessation project in the Adswood and Bridgehall area has been due to using a wide variety of approaches and optimising the opportunities for joint, interagency working and reflecting the strategy articulated in the Wanless Report. The outcomes of the work will continue to be monitored.

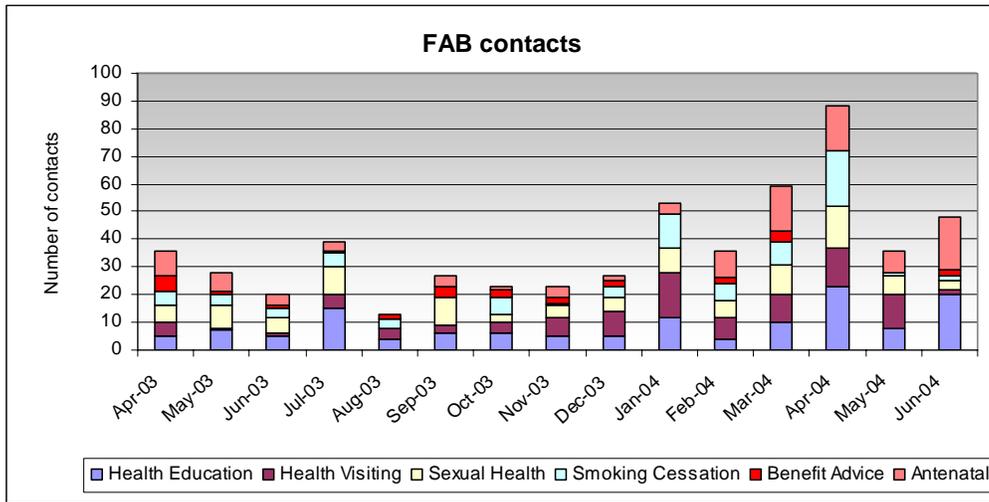
FAB Clinic

The FAB clinic which has been set up on the Bridgehall estate aimed to provide a service where antenatal women could see a midwife, sexual health worker, smoking cessation worker and an information/advice worker in an informal setting. It also aimed to encourage early antenatal contact, antenatal care and education, particularly for vulnerable groups, such as pregnant teenagers. There is also the provision of sexual health and contraception services. The Teenage Pregnancy and Parenthood Worker has coordinated the service and it has been an example of effective interagency working. The opportunity for different professionals to work alongside each other has improved understanding of roles and improved communication.

The venue is a converted shop, which is a community building. The aim was to be more accessible to clients who are reluctant to use larger, clinic or hospital based services. The service runs one afternoon a week and during 12 months from July 2003 to June 2004, the average number of clients attending the service per month was 37. The staff report that many of the younger people who access the service do so

opportunistically and approach the staff for informal discussions on a range of health issues (see figure 7).

Figure 7



Safer Start

The Safer Start project was the last project to commence work in the area and the delay was partly due to the desire to recruit a local resident to the role of project leader. Over the first year of the project much progress has been made to establish a service that helps parents to provide a safer environment for children. A low cost home safety equipment scheme has been established, where equipment is bought in bulk and sold at "cost" to parents and carers. Another key area of work is providing up to date home safety information.

In the first 9 months of the scheme, 23 items have been sold. 120 parents have used safer start or received products and 135 children in the area have received Home Safety Checklists for display in the home. Free safety starter packs have been given out at a Summer Funday to promote the scheme and residents were asked to complete a short questionnaire to obtain views and baseline information. In total, 124 Safety Starter Packs have been distributed. Permission was also obtained from parents to contact them again to review the usefulness of the safety starter pack. 68 questionnaires were completed and 32 follow up interviews have taken place. The findings indicated that over three quarters (25 out of 32) of the sample had used the items in the safety pack, 23 respondents felt that their home was safer and 24 said they felt it helped to reduce stress levels. This suggests that the project is beginning to support parents practically to make homes safer and also impacting on stress levels experienced by parents with young children.

National Childbirth Trust Breastfeeding Project

The Breastfeeding project delivered by the National Childbirth Trust Breastfeeding counsellors was the first voluntary sector project to commence work within the Sure Start area. They had many challenges to overcome in the early days and reaching their target population was perhaps the greatest. Health workers were cautious and had to consider existing information sharing guidelines in facilitating joint working. Various approaches were taken to make contact with local pregnant and postnatal women, many relying on good working relationships with the midwifery and health visiting teams. The project worked alongside the healthcare professionals at the local GP antenatal clinic offering information such as videos or magazines and offered one to one support at home with breastfeeding. These early approaches tended to be modifications of existing working practices offered by health visitors and midwives rather than anything radically different. The project team began to realise that there was not a strong culture of breastfeeding in the area and more innovative approaches were needed to impact on this.

Promoting breastfeeding in primary schools was identified as a key way of influencing children's perception and knowledge about breastfeeding. After much research and preparation, a programme for introducing breastfeeding to primary school aged children was produced and called

"Babies". The session was designed to be delivered by a multidisciplinary team of workers. Breastfeeding was introduced as part of having a baby in the family and the opportunity to share other important health messages was also taken. The nutritionist and smoking cessation worker, as well as health visitors and midwives, took part in delivering the sessions. The sessions were evaluated by teachers and children and very positively received. Comments from workers include:

"The "Babies" activities are great ways to get over important health messages to young children."

"This is an ideal opportunity for multi-agency work in local communities, including local parents."

Comments from children when asked, "What did you learn about babies today?"

"How to hold a baby with his head safe."

"The baby can open her eyes before she is born."

"Breastfeeding is good for babies."

"I can put on a babygro properly."

The project now regularly offers these sessions in the primary schools in the area and has published the teaching pack for other Sure Start programmes and health workers to access. To date nearly 200 copies have been purchased.

The monitoring data on the contacts this project has with clients indicates that supporting breastfeeding and postnatal women is quite intensive in its nature. The project has had contact with 74 clients in the year April 2003 - March 2004 with an average of 9 contacts per client.

Food and Health Project: Schools Food and Oral Health Programme

The Food and Oral Health programme cover three nursery schools: St Ambrose, Adswood Nursery and Bridgehall Nursery plus the reception class at Adswood Primary School. The project visits each school twice a term, delivering one session on oral health and one session on healthy eating. The programme is delivered by local Food and Oral Health Workers trained and employed by Sure Start.

One aim of the project is to raise awareness of the principal oral health messages. A survey carried out in 2001 - 2002 of all Stockport's 5 year olds revealed a dental decay rate of 68% in Adswood and Bridgehall compared with Stockport's average of 47%. The project also aims to raise awareness of the importance of healthy eating with an emphasis on eating 5 portions of fruit and vegetables a day in line with current guidelines given by the Department of Health.

During 2003 - 2004, a total of 17 sessions were delivered in schools with an average of 22 children seen on each visit. The sessions are designed for the maximum amount of fun and practical interaction with

the children. The programme encourages audience participation during story telling using puppets, such as Razzle the dog, to promote shiny white teeth. Jigsaws and games, together with food and "smoothie" tasting all help to give children an enjoyable as well as an educational experience.

Teachers have positively evaluated the work, particularly if it coincides with the school's curriculum. Children really enjoy the sessions and peer group pressure encourages children to try new tastes. For instance, on one occasion only 3 children out of 25 refused to try foods. Comments such as, "I like strawberry milkshake" and "It tastes tangy" affirms their enjoyment.

Difficulties have arisen with time pressures during the busy school day where sessions have been rushed to accommodate other activities. There is also reluctance to give up school time if activities are not directly applicable to the current term's theme on the curriculum.

The work in schools is one element of the work of the food and health team who are also involved in providing "Cook and Taste" sessions for parents, work closely with health visitors on early nutrition and weaning and have linked with the environmental health team to promote good hygiene practices.

3.3 Improving children's ability to learn

The cost allocation exercise indicated that 23% of the programme expenditure was directed at this objective.

Speech and Language: Talking Together Project

This project aims to identify babies and children at 8 months and 18 months developmental check who show the potential for language difficulty. Parents are invited to participate in a programme of home visits with play bags during which a nursery nurse models how to play with infants to help their listening and talking.

An evaluation of the first two years of the project (January 2002 - February 2004) indicated that 20% of the babies (n=110) screened showed potential for language delay at 8 months. 10 out of the 11 babies who received the service showed improvement of language quotients at a rate faster than the change in chronological age.

Of the children screened at 18 months (n=65), 62% showed potential for language delay. 35 out of the 45 children who received the service showed an improvement in language quotients at a rate faster than expected through maturation.

The project has also had an impact in raising parents' awareness about language development: 22 parents have requested that their child be included in the project without a need being identified at screening. The

project is seen by parents as positive, which they would like their child to take part in, not as a problem-orientated service.

Parents Comments:

"She puts words together and plays imaginatively now- I watched her giving teddy a drink"
"It helped a lot, there's a difference in the way he listens and my other children listen."
"Her speech has come on in leaps and bounds."

The positive outcomes of the Talking Together Project have been recognised and the work has been mainstreamed across other areas of Stockport, bringing together health visiting and preventative speech and language services in an innovative way. The modernisation of the health visiting service, which has taken place over the past two years in Stockport, involved introducing skill mix teams employing nursery nurses and staff nurses. This development has been crucial to the mainstreaming of Talking Together and has been a positive development for both services.

Speech and Language: Nursery interventions

Language support is provided for children attending the three nursery settings. Language Development Workers recruited from local residents are now trained to support nursery staff and parents with language enrichment activities. This has been a good example of cross agency working and through provision of resources and ongoing support, the team have had a major influence in the language environment of the nurseries. Parents can also borrow "Talk,Talk" bags which stimulate and aid language development activity at home.

The outcomes from the work of the project are positive. The screening of four year olds in their last term at nursery indicates a drop in those with speech and language therapy needs in successive years (see table 4).

The data provided by the Sure Start Language Measure also shows real progress. There was a significant drop in the number of children with a low word count from 40% (2001) to 7% (2003) and a significant drop in the number of parental concerns about children's language from 30% (2001) to 20%(2003). The proportion of children with higher word count scores and no parental concerns about language has increased from 40% to 73%. This followed the national trend but revealed much more significant changes. Of particular note, is the local data on the number of children with low word count in comparison to national statistics (see table 7).

Table 7

A comparison of local and national statistics: Children with low word count

	Nationally	Adswood and Bridgehall
Percentage of children with a low word count 2001	19	40
Percentage of children with a low word count 2003	18	7

Early Identification of Developmental Problems

The early identification of children's developmental problems has been a key element of the work of Sure Start Adswood and Bridgehall, enabling earlier interventions and appropriate support. The Health Visiting service adopted the Schedule of Growing Skills assessment tool to improve the screening of children at 8 months and 18 months. Nationally, it has been found that the number of children identified with Special Educational Needs has increased in Sure Start areas (NESS 2004). A need for closer coordination between the Sure Start pre-school services and nursery schools to improve planning and communication has been identified by staff locally and discussions are beginning to improve systems for work in this area.

Story Bus

The Story Bus project aims to provide opportunities for parents and children to enjoy books together in a child centred environment. The bus travels to different venues in the area where parents can access the services. The development workers also visit nurseries and various groups to offer outreach activities to engage a wider client group. Active library membership has gradually increased (see table 5) and the number of clients using the service over the period April 2003 to March 2004 was 206 and the average contacts per client was 3.9.

The impact of the project on children's ability to learn and parents confidence with books and learning is difficult to assess, but it is possible to speculate that some of the outcomes attributed to the speech and language project may also have been affected by the work of the Story Bus.

Sharecare

The Sharecare project has been funded by Sure Start to provide enhanced play opportunities for children with special needs. A part-time worker, based with Sharecare Stockport, receives referrals from families and workers and offers usually half a day per family, on a weekly basis, to support play activities inside or outside the home. To begin with, the project worker found that referrals were slow to filter through. The criteria for referral were defined by both Sharecare and Sure Start as a child under 4 with an identified special need. In practice, the worker found that in some cases needs were identified or diagnoses made as the child reached 3 to 4 years and this allowed for a short period of input until the child was no longer eligible for the service.

The potential client group in the area is small. The worker consulted the Disability Database to ascertain numbers of under 4s with a disability and did a lot of promotional work to raise awareness of the service. However, there was an under utilisation of the workers skills and a feeling of dissatisfaction in the role. The maximum number of families that could be maintained on a caseload at any one time is 6.

The difficulties were explored and it was decided that eligibility criteria for the service should be modified. Closer links were made with the Speech and Language project and Community Nursery Nurse in order to refer children who had additional needs, such as, behavioural problems to the Sharecare service. The Family Link worker also facilitated access to the Sharecare work for some families. Five children have received the service over the year 2003 - 2004.

The project worker is also taking a role in developing the Sensory room service that will be available from the new Adswold building. The facilities can be used on a one-to-one basis and for small groups.

Play Development

A full time worker has been employed by the Play Development service to support and enhance the quality of existing play provision, to identify gaps in services and work towards addressing them. The role has been difficult to establish and develop. Some existing groups led by parents and existing workers, were suspicious of the role and reluctant to change ways of providing the services. Most positive outcomes of the work have come from providing good quality play equipment, organising specific activities for groups such as treasure baskets and modelling good practice in different settings. Despite having clear aims, there were barriers for this project to overcome, the main one arising from no agreed remit with the groups.

The next stage of development for this project is being planned and the aim is to make it more focused on child-centred initiatives, which are Sure Start led. The development of Stay and Play sessions planned jointly with the Positive Parenting project and expansion of the playgroup provision are identified areas for future work.

Heritage and Diversity

Sure Start Adswood and Bridgehall has contributed to the funding of the Heritage Family Learning project, which is part of SMBC Community Heritage Services. This work aims to provide play opportunities for under fours and opportunities for family learning around the broad theme of local heritage. Most of the work in the first two years of the project took place in school holidays and involved supporting trips to local heritage sites and working with a variety of community groups to organise arts activities, dressing up in traditional costumes and using traditional puppets.

In the third year of the project additional funding was obtained to undertake work in local nurseries around the theme "Hidden Talents". Arts activities were used to celebrate a range of festivals important to different cultural groups. The initiative extended the work of the project into themes of diversity and cultural awareness.

Adswood and Bridgehall are predominantly white areas and Stockport generally has a small minority ethnic population in comparison to the surrounding urban areas of Manchester and Tameside. The work on diversity is particularly valuable for this reason and contributes to enhanced understanding of different cultural groups for children who do not necessarily experience a variety of cultures in their daily lives.

3.4 Strengthening Families and Communities

Initiatives to address this objective in the Adswood and Bridgehall Programme have been directed in two main areas: information and outreach work and training and employment of local parents. The cost allocation exercise estimated that 22% of the expenditure was directed towards this objective.

Information for families and outreach work: facilitating access to Sure Start services

A number of project workers within the Sure Start programme fulfil roles that focus on helping parents to access the services. These roles are difficult to assess in terms of outcomes. The workers record numbers of contacts with parents and submit these to the database but this only captures a quantitative indication of parents seen, not the impact of befriending and supporting as well as helping parents to navigate their way to the best service for them at a particular moment in time. These are some of the most difficult roles to evaluate.

First Stop Shop was a project set up through the Advice and Information Service in Stockport, to design a Welcome Pack full of information for parents and carers. Health visitors give the Welcome Pack to parents, within 8 weeks of a new baby being born. A community development worker now works to support this project putting together the packs, updating information and visiting parents with older children who have not yet received the information. The First Stop Shop Worker now concentrates mainly on welfare rights work linking with childcare, training and Job Centre Plus. Issues about confidentiality have now been overcome to allow for reporting of contacts to help with monitoring the uptake of this service.

The Family Link Project is an outreach project, with strong links to the schools and parent and toddler groups in the area. The worker facilitates access to training including adult literacy and school based initiatives, such as the Share Family Learning project. The confidence building and positive encouragement given to parents to apply for jobs and training, such as Community Support Worker posts, has been very important to the success of the local recruitment and training policies in Sure Start Adwood and Bridgehall.

Local Recruitment and Training

A local recruitment policy has been put in place to ring fence jobs for local people within the programme. Trainee positions for local residents have also been established to encourage access to work and training. The setting up of the Community Support Worker Pilot Project was designed to complement this work and assist in the realistic planning of traineeships by the programme.

Community Support Worker Project

The aim of the project was to offer training and employment for local residents and address concerns expressed about levels of participation in the programme by offering employment to a greater number of local people. Based on the approach used by Sure Start Barrow in Furness, a bank of sessional staff were trained and employed across a range of projects working 2 to 8 hours per week.

A baseline evaluation was carried out after the first two groups of workers were recruited and started work. 13 workers completed questionnaires designed to provide information about the characteristics of the individuals attracted to work in the scheme, their previous experience of work and training and aspirations. The findings indicated that the scheme appealed to applicants because it enabled them to work in the local community and build their confidence, whilst engaging in rewarding work.

In order to assess the impact of the Community Support Workers scheme for the Sure Start projects with which they were working, feedback was requested from the projects. Many positive comments were received:

"The CSWs have really helped the credibility of the project."
"It gives some local ownership, which may help in the long-term sustainability of the project"
"Our CSW is able to promote us from an entirely different perspective i.e. with an opinion people are more likely to respect as a member of the local community."
"The CSWs work as a team, which is a real strength and increases the impact they can have."
"She is able to carry out tasks we would not always have time to do ourselves, especially regarding targeting new members."

Some disadvantages were also identified:

"Her hours are limited."
"I suspect that because our CSW is from Adswold she carries less weight in Bridgehall."
"Potentially, an issue or difficulty with a member of staff could have a negative affect on Sure Start as a whole."

During evaluation interviews, many project workers cited the scheme as an initiative, which has increased local participation within the programme. Project workers meetings are no longer dominated by workers who do not live in the area. This has changed the whole feel of the programme and challenged workers to respond to local voices.

Project worker commented:

"The CSW scheme has been the most successful element of the programme so far. It has made an enormous difference to the degree of community involvement in Sure Start."
"It felt like a real turning point when this scheme started, this was what we were needing to be able to do things differently."

Outcomes for the CSWs have also been assessed. It has given some workers the confidence to go on to other work outside the programme:

"It gave me the confidence to go and get the career I wanted. I have been eight years out of work and it's a long time without an interview and it helped me make a decision about what work I wanted."

"Its fulfilled my expectations. I've met new people and it's good to put something back into the community. My first job for years and the interview process helped my confidence."

A key factor in the development of the project has been good links with the SRB Learning for Life Project who assisted applicants with form filling and accessing other local training. The Sure Start Family Link worker has worked closely with groups of parents on Adult Learning courses to encourage participants to apply for jobs with Sure Start. The Human Resources Department of the Primary Care Trust also enabled the recruitment process to be carried out locally, which removed a significant barrier for local residents applying for jobs.

The impact of the Community Support Worker Programme can be seen in four main areas; the personal development of the workers, enhancement of the work of the Sure Start projects, community capacity building and increased parent participation within the Sure Start programme.

The employment profile of Sure Start Adswood and Bridgehall has changed significantly as a result of the local recruitment policy and the Community Support Workers Scheme (see table 8).

Table 8

Sure Start Adswood and Bridgehall Employment Profile		
	% Sure Start team made up of local residents	% Sure Start team made up of non-local residents
31/03/02	12.5% (n=4)	87.5% (n=21)
31/03/03	17% (n=5)	83% (n=24)
31/03/04	46% (n=21)	54% (n=25)

It must be noted that 12 of the 21 local workers are sessional workers but the culture change noted by the wider Sure Start team as a result of their involvement in the programme should not be underestimated.

Acknowledgements

Thank you to all the parents and staff who have given up their time to be interviewed as part of this evaluation.

My thanks also go to Jo Quinn and Helen Cooper who helped undertake the interviews and to Mary Black and Meg Allen for the sound academic and research support provided by them.

I also particularly wish to note that all the project staff in the programme have been willing to reflect on their practice and have viewed evaluation as important to project development. This has made my job much easier. Finally, the members of the Evaluation Strategy Group have provided invaluable feedback and suggestions to support my work.

Maura Appleby October 2004

Appendix 1

Local Evaluation Methods

A local evaluator, who is a member of the Sure Start team and fulfils a joint role as Practice Development and Evaluation Worker, carried out the evaluation of Sure Start Adswood and Bridgehall. In order to ensure that the work undertaken has been robust, external supervision has been obtained from Mary Black and Meg Allen at Salford University, Institute of Public Health Policy and Research. A similar approach to the work of the team evaluating Sure Start in Salford has been used.

Sure Start has two levels of evaluation. The National Evaluation of Sure Start (NESS) looks at programmes across the country to see what impact they are having on the lives of families. They also analyse how well programmes have been implemented and assess cost effectiveness. The main purpose of local evaluation is for development purposes, to find out what is working well and use the information to feed back into the development of the programme thus enabling mid-term corrections to be made.

Ethical approval has been obtained to carry out the local evaluation of the programme by application to the Stockport Local Research Ethics Committee.

A number of methods have been used so far in the course of evaluation. A short **questionnaire** was developed for the **Parents Satisfaction Survey**; the questions were largely determined by the requirements of NESS. The sample size of the survey 2004 was 72. Community Support

Workers carried out the survey, under supervision by the local evaluator. Parents were surveyed at local nurseries and a variety of groups.

In order to undertake the process evaluation, a **semi- structured interview schedule** was developed to guide interviews with local workers, parents and members of the management group. 28 interviews were undertaken between May 2004 and July 2004.

Project evaluations have been summarised for this report and individual project leaders have used baseline measurement tools and questionnaires to evaluate their own work. The minutes of meetings have also been available to review.

Sure Start workers, including associated workers, such as midwives and health visitors have submitted data to the monitoring team at Stockport PCT, since the programme was set up. This has been reviewed and collated for the report.

Appendix 2: Projects/Budgets/Staffing

Project	Budget 2003/2004	Workers employed	Activities
Family Link	£20021.06	1wte	Outreach work, providing information about services and facilitating access to services and training
First Stop shop	£26532.41	0.5wte	Welfare rights information, information and advice service
Food and Health	£30338.00	0.6wte Food and Health Adviser 2x 0.43wte Food and Health Assistant	Health promotion work focused on healthy eating and dental health in schools. Cook and Taste sessions with

			community groups. Infant feeding work to support healthy weaning practices
Free Play	£30827.84	1wte Play Worker 2x 0.3wte Playgroup workers	Support to parent and toddler groups, playgroup and community groups to enhance quality of play provision
Heritage	£5377.30	Contribution to resources not staffing	School holiday trips to local heritage sites. Work in schools around diversity themes
Home-Start	£15135.89	0.5wte coordinator	One-to-one Support to parents in their homes through volunteers
National Childbirth Trust	£21320.88	3x 0.3wte Breastfeeding counsellors	Baby massage group One- to –one support to breastfeeding mothers Work in schools to promote breastfeeding
Midwifery	£31281.10	0.5wte Consultant midwife	Enhanced midwifery service including antenatal input to FAB clinic Aqua-natal exercise classes Input to baby massage groups
Positive Parenting and Family support	£107145.92	1wte Project Coordinator 1wte Smoking Cessation Worker 0.5wte Teenage pregnancy and parenthood worker 0.43wte Safer Start 2x 0.43wte Community Development Assistants	Parenting groups Baby massage group Sleep and behaviour support clinic Community nursery nurse-Portage, Playing Together, Talking Together Smoking Cessation service

			Low cost home safety scheme. Input to Freedom Programme Development and dissemination of the Welcome Pack FAB clinic
Sharecare	£9634.15	0.5wte Family support Worker	Home based support to families with a child who has special needs focused on play
Social Inclusion project	£44527.61	1wte Social Inclusion Worker Trainees and Community Support Workers	Participation through employment, training, and Parents group
Speech and Language	£47295.97	0.8wte Speech and Language Therapist 2x 0.43wte Language Development Workers	Talking Together Project Nursery interventions. Talk Talk bags
Story Bus	£48872.57	1wte Project leader 0.54wte Assistant Development Worker 0.54wte Driver library assistant	Mobile library service Bounce and Rhyme sessions with groups
All management and administration expenditure	£94771.20	1wte Programme Manager 1wte Project Administrator	
Practice Development and Evaluation	£40616.43	1wte Practice Development/Evaluation worker 1wte Monitoring Officer	
Other expenditure-childcare and training	£12246.14		

References

Brooks G, Cole P, Hines M, Lewis, Ohn T, Pollock A, Ritchie L, and Vincent C (2003) Achievement in Adversity: Rotherham Rawmarsh Sure Start in 2002. University of Sheffield.

Harker L. and Kendall L. (2003) An Equal Start: Improving support during pregnancy and the first 12 months. London: Institute for Public Policy Research.

NESS (2004) Characteristics of Sure Start Local Programme areas 2001/2. Nottingham: DfES

McAuley C, Knapp M, Beecham J, McCurry N and Slead M (2004) Young Families under Stress: Outcomes and costs of Home-Start support. York: Joseph Rowntree Foundation.

Wanless D. (2004) Securing Good Health for the Whole Population. London: Department of Health.

