



An Interim Evaluation Report – The Sure Start on the Ocean programme

Evaluation Team:

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Executive Summary

This report represents a snapshot picture of the perceptions held by informants with regards to the Sure Start on the Ocean programme. The production of this report involved incorporating the views of 21 individuals involved in the programme and a review of documents, reports and information collated over a three-month period of data collection. Together these sources of data cover a wide cross-section of views on the programme in terms of area, organisation and level and type of activities in the programme. The data collection strategy involved the use of a number of data sources – from semi-structured interviews to documentary sources of data – in order to elicit a rich picture of the programme..

We hope to use this report with the Evaluation Steering Group, to develop what areas to focus on in relation to the programme as a whole.

In writing this report, we have adopted the position of a ‘critical friend’. As such, it is incumbent upon us, in the first instance, to identify the issues that require attention and to draw out the lessons that can be learned from the programme thus far. In doing so, this report does not seek to label the progress of the programme as deficient, nor does it assume that the programme or projects could have developed in any other way than it has. To do so would represent an underestimation of the constraints facing the programme. Rather, in identifying the issues of concern, this report seeks to examine what needs to be done, and what can be done differently, in order to make the programme responsive to better ways of working. This report has identified the following key issues:

- **The need to involve users and the community, particularly parents of children under 5 in the programme:** a number of initiatives are being considered, including supporting the continued development of the Parent's Forum
- **Linked the above is the need for community development:** many of the projects report that the parents, particularly from Bangladeshi families need further work to strengthen their capacity to work with the projects and programme. What is also clear is that, at the same time, the projects need to further develop their capacity to work with parents in ways relate to them as more than just users of services.

- **The need to ensure continual improvement of the structure and system of the Programme:** Many of the respondents' report that the programme is improving, and would need to continue to move in the right direction. This was seen as clarifying the procedures and responsibilities which exist in the Programme and making sure joined-up working is taking place at all levels.
- **The need to improve the process aspect of the Programme:** this involves building on the improvements in partnership work that takes place at the different levels (at the board and within the projects). Currently, there is a tendency to think in terms of services within the programme. There is a desire to move away from this and towards a more holistic view.

Specifically,

- Self-evaluation of the projects and programmes is weak
- Some of the projects are not fully utilising the outreach team
- Although communication within the programme is improving, there is a need to develop an overall communication strategy
- An investigation into referrals and cross project working is needed

In identifying these issues, this report does not in any way detract from some of the very real contextual difficulties facing the programme.

The second aspect of the position of being a 'critical friend' will be that in future reports we will accentuate the positive aspects of the programme so that the successes encountered by the programme are acknowledged and celebrated. For example, at present there are general positive views about the Programme that include:

- There is a perception that partnership working in the Programme is developing and improving, particularly at board level.
- Some of the structural difficulties experienced by the Programme are gradually being addressed as the Programme matures

On the subject of the positive aspects of the Programme, and especially with regards to the last bullet point, it must be noted that the further one goes from the strategic organs of the programme the bleaker the views of the developments within the programme become. For instance, members of the Partnership Board seem to be more aware of the gradual improvements taking place within the programme as a whole than those informants who are located at a more operational level – e.g. at a project level. In fact, it is possible to divide informants into three groups depending on the level of information they have with regards to the progress of the Programme as a whole. Table one, below, defines these groups and outlines their perceptions with regards to the Programme.

Table 1 Perceptions by Groups within the Programme

Groups	Membership characteristics	Perceptions of progress
Group 1	Board members who are well informed about the developments within the Programme as a whole.	On the whole, they have positive perceptions about the progress of the Programme in relation to communication, structures and systems and processes
Group 2	Other stakeholders who have some overall knowledge about developments within the Programme.	They acknowledge some positive perceptions about the progress of the Programme. They also have some concern about this progress in relation to targets and objectives
Group 3	Many of those working at a project level and involved in the delivery of the Programme. They have varying degrees of knowledge about the progress of the Programme.	They tend to be very concerned about the progress of the Programme in relation to processes. They would like to see many more changes.

1.0 Introduction

The key focus of this early stage of the evaluation of the Sure Start on the Ocean programme was to **understand the mechanisms that underpin the programme and to review what is understood as the programme's aims and objectives**. The focus of the review was to highlight

- Context and setting for the programme
- The structure and systems used in the Programme
- The processes which operate within the Programme
- Barriers to evaluation of the projects

It must be noted from the outset that these themes are presented as discrete units for the purpose of clarity. Furthermore, where the aim of drawing useful lessons from the Programme is concerned, it must be said that these lessons must necessarily be seen alongside the contextual challenges that face the programme. These challenges include the following:

- The innovative nature of the programme itself
- The wider government agenda of change that has seen organisations coping with a plethora of changes with regards to Health Services and Local Authority Service. Eg. the emergence of the PCT
- Finally, the commonality that this programme has with other programmes with regards to the difficulties experienced, such as other Sure Starts in the area and the NDC.

2.0 Methodology

The production of this report involved incorporating the views of 21 individuals involved in the programme and a review of documents, reports and information collated over a three-month period of data collection. Together these sources of data cover a wide cross-section of views on the programme in terms of area, organisation and level and type of activities in the programme. The data collection strategy involved the use of a number of data sources – from semi-structured interviews to documentary sources of data – in order to elicit a rich picture of the programme..

2.1 This is a retrospective review of existing routinely collected data. It provides information on what has been achieved by the programme. The information will be used as base line for the next stages of the evaluation.

2.2 Information was gathered through:

- Document analysis
- Interviews with key stakeholders (for the list see Appendix 1)

3.0 Results from the document analysis

3.1 Information about the area, the targets and the projects

Information about the area is provided in the report on the document analysis¹. The following section will draw on some of the findings from the report and other documents.

The Sure Start on the Ocean area is located in the heart of London's East End, less than a mile from the city and Canary Wharf, the Ocean Estate stretches along Mile End Road and down into the heart of Stepney. It has a population of 6,500 people. It is an area of densely populated mainly public sector housing with few facilities apart from schools. Of the 2,061 homes in the core area, 1,372 are in local authority ownership. A total of 367 of households have purchased their homes under the right to buy scheme and there are more than 100 homes managed by Registered Social Landlords.

The area is also identified by a wide area of influence around the core bounded by the three main arteries of Mile End Road, Burdett Road and Commercial Road with Jubilee Street to the west. Sure Start on the Ocean anticipates that the residents from this 'non-core' area will benefit from a number of the projects.

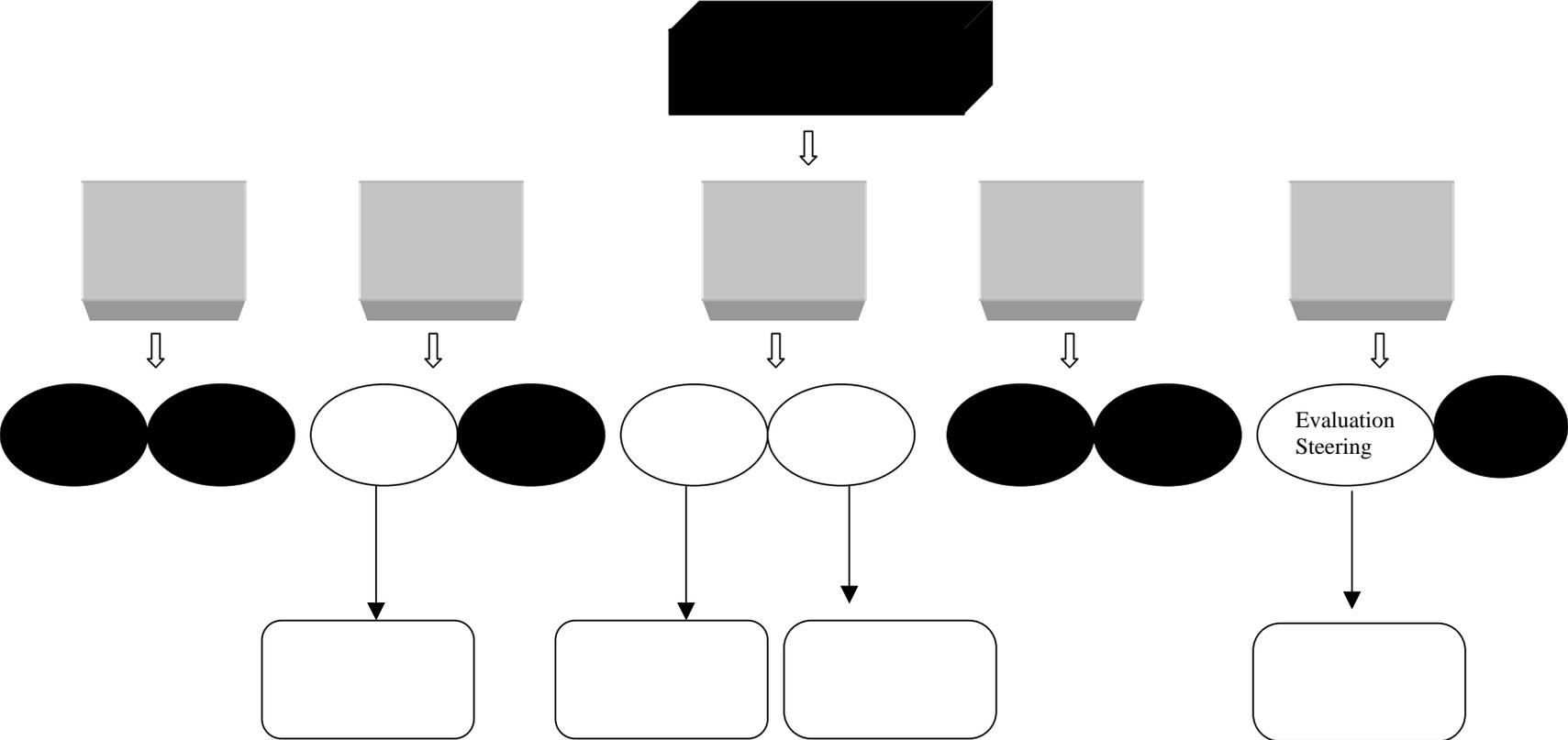
3.1.1 Structure of the Sure Start on the Ocean

The Sure Start objectives are to reduce inequalities through working with children and parents to promote physical, intellectual and social wellbeing of pre-school children, particularly those who are disadvantaged, through:

- improving social and emotional development;
- supporting parents in caring for their children to promote healthy development before and after birth;
- improving their ability to learn;
- and strengthening families and communities

¹ CCPR - A report on the document analysis for the Sure Start on the Ocean- Nov 2002

Figure 1 Programme structures



3.1.2 Demographics

In the Sure Start area, the Bangladeshi community make up approximately 57% of the population and roughly 68% of the children under 4 years old.

The Ocean has a unique demography: -

- 34% of the population is under the age of 16
- 13% of the population retired, and
- 53% of the population are of working age compared to nearly two thirds (69%) for London as a whole.

60% of local households have less than £10,000 per annum income. Most men and women of working age were unregistered unemployed. More worrying is the high proportion of working men (34%) and women (68%) who are economically inactive, of which 62% of women looking after their home or children².

49% of the working (age) population have no qualifications. In addition, 24% and 21% of adults have low literacy and numeracy skills, respectively, as compared to 14% & 12% nationally.

² NDC Delivery Plan

3.1.3 Targets

The following are the targets set by the Sure Start Unit.

OBJECTIVE 1: IMPROVING SOCIAL AND EMOTIONAL DEVELOPMENT
Reduce the proportion of children aged 0-3 in the Sure Start area who are re-registered within the space of twelve months on the child protection register by 20 per cent by 2004 (2005 for Round 5 programmes)
SDA Targets
All local Sure Start programmes to have agreed and implemented, in a culturally sensitive way, ways of identifying, caring for and supporting mothers with post natal depression
100 per cent of families with young children contacted by local programme within the first two months of their babies' life
OBJECTIVE 2: IMPROVING HEALTH
Achieve by 2004 (2005 for R5 programmes) in the Sure Start area a ten per cent reduction in the number of women who smoke in pregnancy
SDA Targets
Parenting support and information available for all parents in Sure Start area
All local programmes to give guidance on breast feeding, hygiene and safety
10% per cent reduction in children in the Sure Start area aged 0-3 admitted to hospital as an emergency with gastro-enteritis, respiratory infection or a severe injury by 2004 (2005 for R5 programmes)
OBJECTIVE 3: IMPROVING THE ABILITY TO LEARN
Achieve by 2004 (2005 for Round 5) in the Sure Start area a reduction of <u>five percentage points</u> in the number of children with speech and language problems requiring specialist intervention
SDA Targets
All children in Sure Start areas to have access to good quality play and learning opportunities
Increase use of libraries by families with young children in Sure Start area
OBJECTIVE 4: STRENGTHENING FAMILIES AND COMMUNITIES
Reduce by 12 per cent the number of children aged 0-3 in Sure Start area living in households where no-one is working
SDA Targets
75% of families reporting personal evidence in the quality of services providing family support
All local Sure Start programmes to have parent representation on local programme boards
All Sure Start programmes to develop a local target to ensure links between the local Sure Start partnership and Employment Service job centres
All Sure Start programmes to work with their EYDCP to help close the gap between the availability of accessible childcare for 0-3 year olds in the Sure Start area and other areas

3.1.4 Some published figures relating to targets

Below some figures are provided that relate to the Sure Start objectives and Target. There are gaps in this report in relation to the data that relate to the targets. Sources for the data will need to be identified.

OBJECTIVE 1: IMPROVING SOCIAL AND EMOTIONAL DEVELOPMENT

Table All Children and young people on child protection registers at 31 March 2001 by age group

	Numbers						Percentages					
	All ages	Under 1	1-4	5-9	10-15	16 and over	All ages ¹	Under 1	1-4	5-9	10-15	16 and over
ENGLAND	26,800	2,800	8,000	8,000	7,400	600	100	10	30	30	27	2
LONDON	4,625	430	1,270	1,390	1,395	115	100	9	27	30	30	2
Tower Hamlets	130	*	35	40	40	*	100	*	28	29	29	*

Table 3.1.4.2 New Registrations to child protection registers during the year ending 31 March 2001 by age group

	Numbers						Percentages					
	All ages	Under 1	1 - 4	5 - 9	10 - 15	16 and over	All ages ¹	Under 1	1 - 4	5 - 9	10 - 15	16 and over
ENGLAND	27,000	4,200	7,400	7,300	6,700	400	100	16	27	27	25	1
LONDON	3,725	545	965	1,030	975	55	100	15	26	28	26	1
Tower Hamlets	95	15	25	30	15	-	100	15	27	34	18	-

Source DoH

In terms of CPR, the area is roughly in line with the rest of London and nationally in terms of registration. In terms of numbers of re-registrations, this figure is very low.

OBJECTIVE 2: IMPROVING HEALTH

Smoking no data, however, local Health Action Zones provide returns on smoking cessation.

Each HAZ should be conducting programmes relating to reduce smoking. Advice and intervention for parents during pregnancy is crucial element of the Sure Start programme.

Campaigns should also target husbands who may be smoking during the women's pregnancy.

OBJECTIVE 3: IMPROVING THE ABILITY TO LEARN

According to figures held by the DoH (See Table below), first contacts of children under 4 with the Speech and Language Therapy Services in Tower Hamlets area are the highest in London. According to the available figures for the Sure Start area at the time of writing this report, there were 14 clients for S< services in 2000-2001 and 4 for 2001-2002. The issue needs further investigation.

SPEECH AND LANGUAGE THERAPY SERVICES								
TABLE	Contacts by provider, 2001-02		Age at initial contact (%)					
		Initial						
Authority and provider Trust	contacts	0-4	5-9	10-15	16-64	65-74	75 & over	
ENGLAND	325,068	31	16	5	16	9	23	
LONDON	55,335	31	18	8	17	8	18	
North East London	10,923	34	15	11	12	7	21	
	Barking & Dagenham	2,080	32	12	3	15	10	28
	Barking, Havering & Redbridge Hospitals	-	-	-	-	-	-	-
	Barts & The London	-	-	-	-	-	-	-
	Chingford, Wanstead & Woodford	-	-	-	-	-	-	-
	City & Hackney	556	100	0	0	0	0	0
	East London & The City Mental Health	-	-	-	-	-	-	-
	Havering	-	-	-	-	-	-	-
	Homerton Hospital	331	4	5	27	45	11	7
	Newham	2,888	27	33	16	12	4	8
	Newham Healthcare	-	-	-	-	-	-	-
	North East London Mental Health	-	-	-	-	-	-	-
	Redbridge	2,088	31	10	2	14	9	34
	Tower Hamlets	1,291	44	0	37	4	3	11
	Walthamstow, Leyton & Leytonstone	1,689	28	11	3	12	10	35
	Whipps Cross University Hospital	-	-	-	-	-	-	-

Source DoH

OBJECTIVE 4: STRENGTHENING FAMILIES AND COMMUNITIES

Table : Economic Status of Ocean Estate Population, 1998

Indicator	%
% population of working age-group	
Men (16-64)	58
Women (16-59)	49
In full employment	
Men	36
Women	17
Registered unemployed	
Men	13.5
Women	6
Unregistered seeking work	
Men	7
Women	2
% of working age economically inactive	
Men	34

Women	68
Economically inactive women looking after their home or children	62
Households receiving support	33
Households receiving housing benefit	76
Households using a car	39 (Tower Hamlets 38%; UK 72%)

Source NDC

3.2.2 Projects relating to targets

Table below gives an indication on what targets and objectives each project is tackling.

Details of the objectives of the project and activities are given in the appendix2.

Objectives	Project
Improving social and emotional Development	Bethany: Parent/child project NEWPIN Antenatal/postnatal support project
Improving Health	Midwifery project (changes) Breastfeeding project Post and Ante natal project Health visiting (changes) Safety Equipment Loan Scheme
Improving ability to learn	Toy House Libraries Under 5's Association Chat-a-way speech and language project Opportunity Play Group
Strengthening Families and communities	St Dunstan's Family Support Sure Start Family Support and Outreach Parents Development (Forum)

3.3 Analysis of activities of the projects

**Table : Sure Start Services on the Ocean by Age group of children,
Aug 01 – Aug 02**

Services	Under 1		$> 1 \leq 2$		$> 2 \leq 3$		$> 3 \leq 4$		TOTAL	
	Ex	New	Ex	New	Ex	New	Ex	New	Ex	New
Under 5's	0	0	0	0	35	10	27	0	62	10
Opp Play Group	0	0	0	0	0	1	2	0	2	1
Toy house	52	25	73	32	129	71	246	92	500	220
Speech & Language	25	50	125	78	134	93	110	76	394	297
FWA Bldg Bridge	3	1	2	2	0	0	0	0	5	3
New Bridge	1	1	0	2	0	0	0	0	1	3
Out reach	137	129	76	61	83	69	34	44	321	303
St. Dunstan Fam Supp	33	10	45	11	55	15	10	0	143	36
Breast Feeding	11	77	0	0	0	0	0	0	11	77
Midwifery	13	88	8	12	3	10	4	9	28	119
Health visiting	54	63	4	7	2	13	2	9	62	92
Ante Postnatal	66	9	8	2	7	2	6	1	87	14
FWA father	0	0	0	2	1	0	2	2	3	4
Child Safety	0	3	0	1	0	2	0	0	0	6
Bethany	0	0	0	0	1	0	4	0	5	0
TOTAL	395	456	332	210	450	286	447	233	1619	1189

Table : Sure Start Services by Users Ethnicity, Aug 01 – Aug 02

Services	British		Irish		Other white		Mixed		Other Asian		Indian		Pakistan i		Bangladesh i		Other ethnic		Caribbean		African	
	Ex	New	Ex	Nw	Ex	Nw	Ex	Nw	Ex	Nw	Ex	Nw	Ex	Nw	Ex	Nw	Ex	Nw	Ex	Nw	Ex	New
Under 5's	50	7	0	0	0	0	2	0	0	0	0	0	0	0	5	2	0	0	0	0	5	1
Opp Play Group	0	0													2	1						
Toy house	8	3	1	1	2	1	5	4	7	1	5	2	4	3	474	162	0	0	0	0	10	1
Speech & Language	12	10	0	0	0	2	14	3	0	2	0	0	16	4	318	255	10	3	8	4	12	7
FWA Bldg Bridge	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	3	0	0	0	0	0	0
New Bridge	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0	0	0
Out reach	4	4	0	0	0	2	19	11	0	0	6	1	40	14	237	283	0	1	1	1	10	5
St. Dunstan Fam Supp	0	0	0	0	0	0	0	1	8	0	0	0	8	0	140	33	2	1	0	0	0	0
Breast Feeding	3	2	0	0	0	0	0	0	0	0	0	1	0	0	22	54	0	0	0	0	2	3
Midwifery	0	3	0	0	0	2	0	3	0	0	0	2	2	3	20	54	0	0	0	1	1	2
Health visiting	4	5	0	0	2	1	0	0	0	0	0	2	5	9	50	69	0	0	0	0	0	2
Ante Postnatal	0	0	0	0	0	0	0	0	0	0	0	0	16	0	54	14	0	0	2	0	12	0
FWA father	0	0	0	0	0	0	0	1	0	0	0	0	0	0	3	3	0	0	0	0	0	0
Child Safety	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	1	0	0	0	0	0	0
Bethany	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	3	0	0	0	0	0	0
TOTAL	81	34	1	1	4	8	40	25	7	7	11	8	92	33			12	5	11	6	52	21

4.0 Results from interviews

4.1 Over all views of the programme

According to the interviews, the issue of partnership work was the most important concern with regard to the processes of the Sure Start programme. Furthermore, the data collected indicated that the notion of *partnership work* could be unpacked along the following lines.

- Partnership work between the agencies responsible for the delivery of the programme
- Partnership work between the PCT and the programme
- Other forms of partnership work, particularly between the projects

4.2 Partnership work between the agencies responsible for the delivery of the programme

Board effectiveness was regarded by many as improving within the programme. However, it was still regarded by some of the interviewees as a pressing concern and other interviewees stated that if it was not addressed it would constitute a major barrier to the success of the project. One interviewee stated that 'the board does not represent all stakeholders in the area so projects/ workers might face difficulties in running activities smoothly'. The cause, it was claimed 'seems to be the territorial view of different projects/ organisations which created problems in running activities – who owns what, who started what, etc. This needs to be addressed soon, hopefully by Sure Start since it is *the new kid on the block* with a lot of resources'.

Another view on effectiveness was that it would improve with more effective communication.

In terms of the perceived improvement in the board's effectiveness, no one was able to give reasons, and most agreed that this should be an issue to be explored in the evaluation.

Finally, some of the interviewees mentioned getting user representation on the board, it was acknowledged that this was extremely difficult.

4.3 Partnership work between the programme and the PCT

Much of the response around the issue of partnership work between the PCT and the programme revolved around articulating and clarifying what the role of the PCT should be. This was an issue not only raised by the programme staff but also by informants from the PCT itself. It was also an issue raised in a number of Partnership Board meetings. Although many individuals felt that the situation was improving, the PCT was still perceived to occupy the role of provider of services, which many individuals felt was not conducive to the delivery of the programme or to the spirit of partnership. The PCT was seen to occupy this position insofar as it was felt that it has control of the delivery of the services. On the other hand, the PCT is relatively new, thus, as a consequence, it has had only a limited time to develop, but it shares many of the objectives of the Sure Start programme. However, some of the key players are not sure what the Sure Start requirements are from the PCT.

4.3 Partnership work within the projects

Partnership work at the board level was the major form of partnership addressed during interviews. However, a few individuals mentioned other forms of partnerships. The main one cited was the level of partnership work or networking within the projects. Here, it was mainly argued by some of the projects that they had difficulties working with other organisations because, though belonging to one organisation, some organisations differed radically over their notions of, say health. Moreover, it was argued that there were differential levels of commitment to the programme. **As such, it is clear that development of a partnership ethos must take place between organisations.**

The interviews also attempted to measure the extent of partnership working by the projects.

This will be discussed in more detail in a later section..

4.4 Community participation

According to the interviews a second important theme was community participation. It was regarded by many, to constitute a major barrier to the success of the Sure Start programme if it is not addressed and, conversely, a major milestone of success if it is addressed (particularly in achieving Objective 4). This issue was touched upon when the informants discussed raising awareness of the programme. This is one very important aspect in determining community involvement.

Not all the interviewees responded to the questions on community involvement, but those that did discussed it in relation to user involvement rather than community involvement. Some mentioned the Parent's Forum as a mechanism to improve community participation. Others made it clear that their work involved working with a specific client group (on a one-to-one basis) and because of the sensitivity around the work, they claim that community involvement is not possible. The issue of specialist work would need further investigation.

Other projects described how local people were recruited into the project, but raised the problem that it is difficult to recruit volunteers. The problem of recruiting volunteers was summed up by the NEWPIN project.

The Ocean estate is a small area with a tight community & the families know each other. The volunteers are mostly Bengali. At times the question of confidentiality is raised. The project needs more volunteers from other population/ ethnic groups, eg Somalis. ... Problems exist such as the volunteer form asks about bank details even though the volunteers are not paid. Hence many volunteers to turn down the offer to be befrienders. Also, many young mothers trained to be volunteers want to move on, career wise, that is join professional training (volunteer accredited course at college), which means that the project loses the volunteers in that area

Thus, it seems that there were varying views on what is meant by community participation. The common view was that developing community involvement in the programme would need more time. Very few of the respondent stated that the projects themselves would need to

develop their capacity to work with parents. Development of the capacity of parents to work with the projects must happen at the same time as the projects developing their capacity to work with parents in ways other than as users of the services.

There were some suggestions to improve community engagement in the programme. For instance, the concern over a lack of community representation on the Board was raised in one interview. This view must be seen in light of the efforts to create a parent's forum and to develop the group to be able to take an active part in the development of the programme.

This is an important issue to monitor and review in the evaluation of the programme.

Finally, while most projects mentioned efforts to strengthen the way they work with Bangladeshi parents, there was a perceived difficulty that Somali parents were very difficult to engage in project work and the problem of involving fathers was also mentioned.

4.5 Staff development and project lead team working

Final theme to have emerged from the interviews relates to staff development and training. It was claimed that each staff member needs a defined role, and there need to be a team manager to handle day-to-day activities and supervision of staff. This issue is being looked into.

Team working was also raised. Some of the interviews identified the production of the training programme as the significant moment in terms of team working among the project leads and the programme.

4.6 Project feedback

Below is a brief summary of the progress of the projects. In subsequent reports the details of the work of the project and their achievements will be presented.

TOWER HAMLETS OPPORTUNITY GROUP:

This is the only Opportunity Group in the borough and its targets are children 0 – 4 years with profound disabilities (learning difficulties, physical disabilities & social exclusion). A total of 16 children plus 2 from the Ocean Estate are taken care of at one time. The project reported that for the first 10 months after Sure Start Programme started, no children were referred to the THOG. This might have been due to: -

- Denial of parents: accepting that a child has a special need or learning difficulty,
- Lack of early diagnosis
- Lack of enough knowledge/ information about agencies such as THOG

However, after intensive networking with other agencies, home visits & other innovative approaches, the project is up and running well at present.

TOWER HAMLETS PLAY GROUP & UNDER 5 ASSOCIATION (THP&U5A):

BACKGROUND

This project reported that at the beginning, progress was slow but now the activities are well underway. Particularly, the Brayford Square playgroup on the Ocean Estate was referred to. This is progressing well since the head (OFSTED accredited) has been recruited from the community itself. The project stated that the barriers to Progress include:

- Attitude of the community towards children and women
- Lack of strong team work with other projects in the area
- People in projects/ board change a lot, so continuity was lost
- Community members start one type of training and suddenly change their mind and go for another type of training

SHAFTSBURY SOCIETY

The Shaftsbury Society runs a child safety programme and aims to ensure safe environment (bedroom, kitchen, and all areas) for children under 5 years and their families. The target for Ocean Estate is to fit safety equipment in 120 homes with children under 5 years old per year. The project reported that referrals are being made and the work is progressing well. It identified the following as barriers and limitations:

- Some families after contacting the society and arranging equipment fitting in their homes fail to be at home, wasting time and resources
- Some do not fill in the response forms making monitoring difficult

SPEECH AND LANGUAGE THERAPY SERVICES (S<S):

The S<S project reported that two years on, the project's activities are progressing well. This can be confirmed by the feedback from parents/ families. It was stated that there are a few concerns – eg in some cases, the definition of speech and language difficulty varies, hence the proportion of children with such a difficulty will also vary. It was stated that in the UK this is estimated to be 3% with higher percentages in inner City areas. In some areas it could be as high as 40%.

The following was reported on limitations/ Barriers:

- Parents' attitudes:
- Fear of professional on one hand and lack of value of S<S work at community level as important;
- People prefer therapy in hospital or clinic settings
- Information about the issue (speech & language difficulty)
- The S<S used to have a health visitor (funded by Sure Start), which was seen as a help to the home visits work.

NEWPIN:

The NEWPIN project trains mothers to be volunteer befrienders. Progress reported included the comments that NEWPIN on the Ocean has been running for a year and a half. It took time at the start since it was an innovative service. Presently, however, it is effectively working & well established with up to 3 referrals per month.

The limitations stated include:

- Even though well established at the Ocean, NEWPIN needs to establish a centre at Mile End Hospital – to promote the service more widely.

- Different projects/ partners were not working in a co-ordinated manner; some feel ownership of families or users and do not refer or communicate to other services.
- There is the potential of conflict with statutory workers, eg health. This maybe because NEWPIN is innovative, they do not fully understand the work, which is actually complimentary to their work.

In conclusion the projects all agreed that following a very slow start that things were progressing. Nearly all the project leads interviewed indicated that the main barrier to their work was meaningful engagement of the community, particularly, Bangladeshi families.

4.7 Summary of finding in relation to monitoring and evaluation from the projects

The projects each have their own system of monitoring and evaluation. Below is a summary of the activities and each are undertaking. It can be seen that there is a variation in relation to practice. Some projects have very formal mechanism, while others have yet to develop activity evaluation procedures.

Project	Monitoring	Evaluation
THOG	Daily record of activities on standardised formats Weekly staff meetings Quarterly meetings with Sure Start projects Monthly reports	Complete Sure Start evaluation forms once a month Monitoring and Evaluation Needs
SHAFTSBURY	Family monitoring form Child safety family audit	

	<p>form</p> <p>After 2 months: Response form is filled and sent to the family and the agent (who referred the family)</p> <p>Regular staff meetings</p> <p>Finally data is compiled monthly and sent to Sabes</p>	
S<S	<p>Daily records: various forms</p> <p>Regular meeting with staff, line manager and Sure Start</p> <p>Quarterly reports to Sure Start</p> <p>Comment book: for parents feedback after they borrow toy bags, etc</p>	<p>Sure Start evaluation form filled monthly</p> <p>At the beginning, we did evidence based study with parents involved to assess needs</p> <p>The group did an evaluation research with clinical audit unit at Mile End hospital – data not yet completed.</p>
NEWPIN		<p>National NEWPIN is doing a research using qualitative evaluation tools to identify the best measure</p>
Breastfeeding	<p>Actual birth-rates for the are through:</p> <p>looking at certain postcode monitoring</p> <p>Sure start records</p>	<p>Satisfaction of the women with the service</p>

4.8 Summary of the assessment of progress and measures used by the projects

The projects each have different objectives, which in turn means that they will have different indicators of progress and outputs. Most of the projects document the number of clients taking part in the project and the number of activities held, very few look at the outcomes in terms of satisfaction and/or where they (the client) go to after the intervention.

Project	Outcome	Output	Indicator
THOG	<p>No of parents taking up the offer to join up at THOG</p> <p>No of children arriving at THOG</p>	<p>Continuity of delivering services, such as</p> <p>Number of play sessions conducted</p>	<p>Children who undergo <i>early diagnosis</i> followed by <i>appropriate intervention</i>,</p>

	and settling in No of children getting better play, etc Assessment of Progress	Transport services given Home visits planned and conducted	enabling a child to <i>go to</i> either mainstream or special needs <i>school</i> . Parents/ carers well aware of children's conditions and needs
THP&U5A	No of people attending training/ play groups, etc No of community members trained No teachers re-trained		The future impact of Sure Start THP&U5A would like to see is The use of all facilities & environment to be children friendly and move forward More parents/ community members trained & equipped for better play & learning support for children
S<S	No of parents with changed attitudes No of children referred early No of children completing therapy		
NEWPIN			<i>Initial</i> questionnaires – to identify mothers' needs <i>Moving on</i> questionnaires – to assess what the mother feels and additional needs <i>After service</i> questionnaires – to assess how the service was and how to move on

4.8 Networking and joint working

The projects were asked who do they work with, who does similar work and who do they refer their clients to.

Early indications are that there are several key and central organisations in the programme, yet the density (i.e the level of connections between the agencies) is low.

Figure: Networking between projects

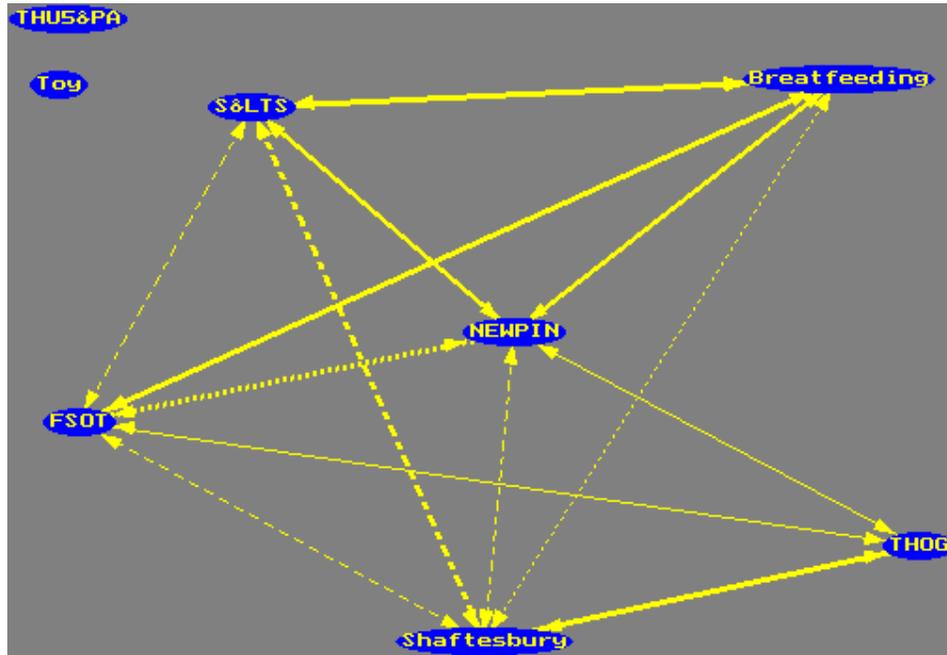
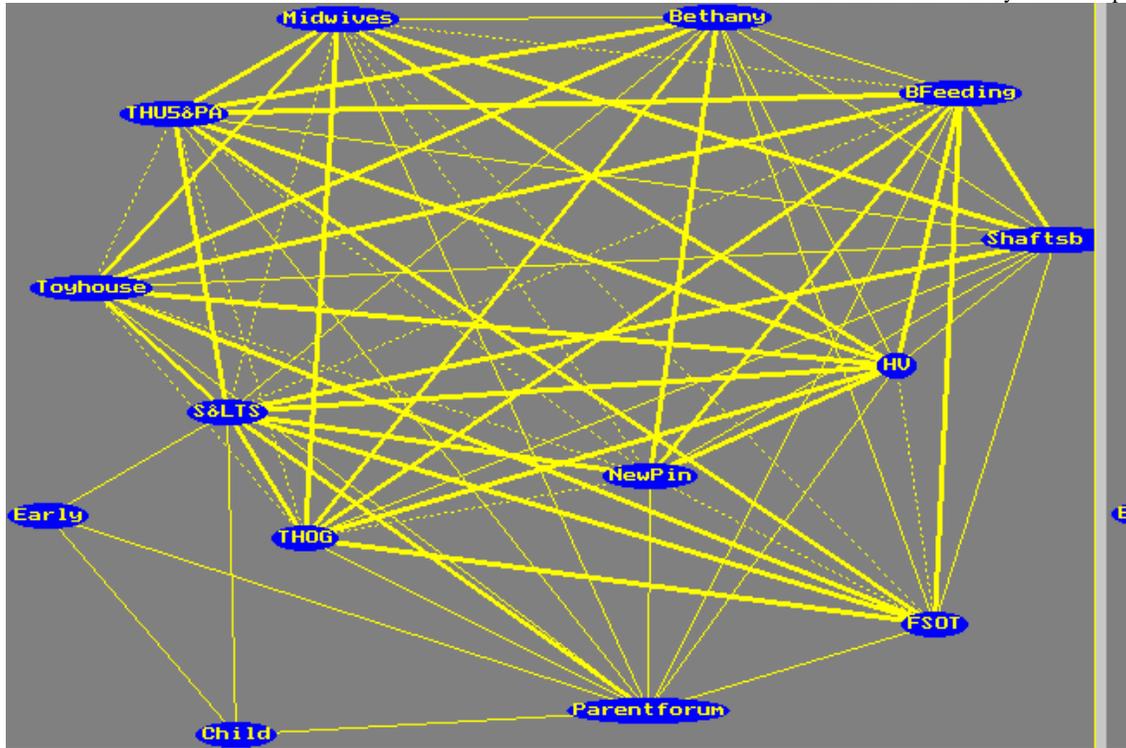


Figure: Connections between partners



Conclusions

This concluding section of the report will begin by providing a brief overview of the issues faced the programme. These are:

- **The need to involve users and the community, particularly parents of children under 5 in the programme:** a number of initiatives are being considered, including supporting the continued development of the Parent's Forum and the Community Health project
- **Linked the above is the need for community development:** many of the projects report that the parents, particularly from Bangladeshi families need further involvement and development to strengthen their capacity to work with the projects and programme. This would need to be seen hand-in-hand with the development of the projects in community involvement and community development
- **The need to ensure continual improvement of the structure and system of the Programme:** Many of the respondents' report that the programme is improving, and would need to ensure that this is built on in order for the programme continue to move in the right direction. This was seen as clarifying the procedures and responsibilities that exist in the Programme and making sure that joined-up working is taking place at both a macro and a micro-level.
- **The need to improve the process aspect of the Programme:** this involves building on the improvements in partnership work that takes place at the different levels (at the board and within the projects).

In terms of evaluating the effectiveness of the programme, the following were identified from work with other programmes on how to ensure the success of local regeneration³

- getting the strategy right;
- getting the right people and leadership;
- involving the community;
- working with partners;

³ Taket and White (2000) Partnerships and Participation

- getting the right projects and the right project mix;
- effective delivery and forward planning;
- creating a programme infrastructure that assists partnerships to deliver local regeneration.
- Mainstreaming services

In the course of the data collection many of the issues raised relate to some of the themes described above and they could be used as a benchmark to judge how well the programme is progressing.

Appendices

Appendix 1

Interviews

TOTAL INTERVIEWED 21

- Projects 8
- Board 5
- Directors 2
- Researchers 2
- Partnerships 4

Appendix 2

Project details (1st proposals)

OBJECTIVE 1: IMPROVING SOCIAL AND EMOTIONAL DEVELOPMENT

Newpin –Antenatal Postnatal

Objectives

- Provide support to women while they are pregnant, to alleviate maternal depression.
- Offer a preventive measure for postnatal depression
- Outreach service to isolated/depressed women
- Recruit local mothers and provide training to support other mums-to-be
- Help with parenting skills
- Support one day a week for up to a year (if needed).

Activities

- Befriending support for pregnant women from other parents
- Drop in support
- Links to other services
- One-to-one support if needed
- Telephone support (24 hours)
- Recruiting local mums for training and voluntary work

Breast Feeding Project

Objectives

- To provide information on breastfeeding and support to women, both antenatal and postnatal; so that more women choose to breastfeed and continue breastfeeding for longer.

Activities

- Antenatal group to give information and education about breastfeeding
- Antenatal home visits-may also involve other family member
- Ward round
- Home visits
- Postnatal support group
- Telephone support
- Liaison with midwives/health visitors/other Sure Start projects

Family Welfare Association (ended)

Objectives

- Working and assisting families who are isolated, parents suffering from mental health problems, children with special needs, on CPR, truancy, poor attendance at school
- Supporting parents in their roles, demonstration and modelling –providing advice, support through practical activities to promote their children’s well being –physical, social, intellectual and community development
- Empowering parents/families to help themselves take control of their lives- build their self-esteem.
- Working alongside families in their own homes providing practical and emotional support
- Linking families to appropriate agencies

Key Activities

- Educate and advice parents about the importance of child development through taking activities/toys to demonstrate and model how vital play is for children from birth and onwards-which they can copy
- To provide them with information to join parenting courses-to feel confident to talk/approach other professionals to discuss concerns about the development of their children, to be able to notice delay in development I.e. speech, lack of stimulation
- To remind and praise parents in their roles to link them to mother and toddler groups /Reaching Fathers project or counselling if appropriate to help them with overcoming their experiences.
- Group activities with the whole family-sticker charts, routines, timetable, rotas

Reaching Fathers (ended)

Objectives

- Increase fathers awareness of the importance of being a parent and offer appropriate advice, information, activities and strategy
- Contacting fathers who need advice, support and information around being a parent
- Drop in session for fathers only-come and know about child’s development
- Fathers and Toddlers group
- Arrange trips for fathers and toddlers

Key Activities

OBJECTIVE 2: IMPROVING HEALTH

Enhanced Health Visiting Service (ended)

Objective

- To visit all antenatal women, irrespective of party, at home and all postal women between 4-8 weeks postnatal to undertake family needs, assessments for the early identification and detection of emotional, physical and mental health needs and to refer as appropriate and to support as necessary.
- To develop in conjunction with other projects and existing community groups, drop in sessions, antenatal and parenting groups in partnership with families.

Activities

- Home visits to all antenatal women. Needs assessment –identified need.
- To inform and encourage utilising services afford by Sure Start.
- Identify needs-refer appropriately.
- Health Promotion Advice
- Antenatal group in conjunction with other projects
- On going contact and work with family- partnership working

- Telephone support
- Joint working-mother and toddler group, drop in sessions etc. –health promotion, referrals, advice and support.
- Training, workshops with projects
- Home contacts with all postal women, families-needs assessment

Midwifery (ended)

Objectives

- Identify physical, mental, emotional health of pregnant women, through labour and postnatal.
- Healthy babies
- Promote family health with view to next generation too

Key Activities

- Liase with existing midwifery service
- Identify/enhance features
- Contact with all clients
- Encourage take up services
- Inform re: choices
- Time to discuss concerns
- Refer to other services offer access

OBJECTIVE 3: IMPROVING THE ABILITY TO LEARN

Speech and Language

Objectives

- Sure Start 3- improving children's ability to learn by promoting children's early language development and identifying children with speech or language difficulties; by providing these children and their families with additional support

Key Activities

- Creating a variety of suitable bags of toys to encourage language development
- Developing supporting resources, e.g. leaflets, tapes, publicity, for parents using K-B
- Lending out K-B bags and modelling play for parents
- Producing a regular newsletter for families to publicise S & L activities
- Training of staff working with under 4s
- Joint health and language advice surgeries
- Drop-in with emphasis on play and language
- Baby clinic sessions
- Joint home visits with nurseries
- Initial home –visits to introduce service
- Home visits to families with children identifies with S &L needs- assessment
- No 11- intervention
- Baseline measurement with City University of Languages Skills
- Developing research on normative data

TH Toy Library

Objectives

- Top increase access to Toy libraries service for families with 0-3 years within Sure Start Ocean area by providing a more co-ordinated approach and extending the service they offer.
- To offer an outreach, and healthy visitors taking the toy libraries into the home and providing a sign posting service for families. Settling up two new community based toy libraries and offering families opportunities to share play and the learning experience.

Key Activities

- Set up two new community based toy libraries
- Toy library workers on placements in existing toy libraries
- Taking toy libraries into homes
- Encouraging shared play and access to quality service and equipment

Family Support Project (St Dunstons)

Objectives

- Improving social and emotional development
- Improving the ability to learn
- Strengthening families and communities

Activities

- Outreach work to identify isolated parents and creating a support network for parents
- Parenting class
- One to one support
- Drop in sessions for parents who wish to access help and information
- Information sessions in conjunction with health and other relevant bodies
- Liaising with relevant agencies in order to deliver the best possible service and the correct information. Also, referral where necessary.

OBJECTIVE 4: STRENGTHENING FAMILIES AND COMMUNITIES

Family Support Outreach Team

Objectives

- Contact: meet families
- Support families
- Publicise Sure Start
- Make referrals
- Raise awareness

Activities

- Satellite outreach-information, publicise Sure Start, pick up/make referrals
- Drop in play sessions
- Parent meet, exchange ideas/information/experiences
- Children mix, play, learn
- Visit

Building bridges (Newpin) (Ended)

Objectives

- To provide support via befriending and then through centre support
- To integrate families into Tower hamlets NEWPIN through a daily drop-in service
- To implement training on parenting and child-care issues whilst being aware of cultural difference

- To empower families to return to education and or work

Activities

- *To raise awareness of emotional support for children*
- To gain a better understanding of issues surrounding parenting through training programmes