

## CONTENTS

	<b>Page No.</b>
<b>1. BACKGROUND</b>	<b>2</b>
Introduction to Sure Start Paignton	2
Evaluation work completed	3
New initiative	4
Capital build projects	4
<b>2. METHODOLOGY</b>	<b>4</b>
<b>3. PROGRAMME REACH</b>	<b>5</b>
<b>4. OBJECTIVE 1: IMPROVING SOCIAL AND EMOTIONAL DEVELOPMENT</b>	<b>7</b>
<b>5. OBJECTIVE 2: IMPROVING HEALTH</b>	<b>8</b>
<b>6. OBJECTIVE 3: IMPROVING THE ABILITY TO LEARN</b>	<b>9</b>
<b>7. OBJECTIVE 4: STRENGTHENING FAMILIES AND COMMUNITIES</b>	<b>12</b>
<b>8. CONCLUSIONS AND RECOMMENDATIONS</b>	<b>13</b>
<b>9. FUTURE EVALUATION PLANS</b>	<b>14</b>
 <b>APPENDIX A</b>	 <b>15</b>
 <b>APPENDIX B</b>	 <b>16</b>
 <b>APPENDIX C</b>	 <b>18</b>

## 1. BACKGROUND

### Introduction to Sure Start Paignton

- 1.1. The 2001 Deprivation Index ranked Torbay as the 94<sup>th</sup> most deprived local authority. The Blatchcombe and Coverdale wards that Sure Start Paignton also serve have a higher than national average level of unemployment, number of households lacking amenities and children in low earning households.<sup>1</sup>

Table 1 gives the demographic profile of the two wards that Sure Start Paignton covers:

**Table 1: Demographic profile of Blatchcombe and Coverdale (2001)<sup>2</sup>**

Ward	IMD rank	Resident population	Population under 18 (%)	Population between 18 and 64 (%)	Population aged 65 or over	Ethnic minority population (%)	Single parent families (%)
Blatchcombe	1 159	10 164	26.1	58.3	15.6	1.17	9.6
Coverdale <sup>3</sup>	1 169	7 043	20.8	57.8	21.4	1.1	6.2
Paignton	n/a	48 251	19.9	55.7	24.4	0.99	2.6

Blatchcombe and Coverdale were very close on the IMD (Index of Multiple Deprivation) ranking system and this table shows that Blatchcombe is the more heavily populated of the two. Data available from the census shows Coverdale's population density as 49.25 people per hectare, compared with Blatchcombe's 9.21 people per hectare.

Blatchcombe and Coverdale both have much higher levels of single parent families compared to Paignton as a whole. The region is almost exclusively white and the figures for the two wards show that they are around average for Paignton.

Unfortunately Jobcentre Plus were unable to supply the programme with unemployment figures this year.

- 1.2. The team consists of:
- ◆ Acting Programme Manager
  - ◆ Business and Operations Manager
  - ◆ Administrator
  - ◆ Finance Officer
  - ◆ Community Development Worker
  - ◆ Training and Marketing Officer
  - ◆ Community Nursery Nurse
  - ◆ Nursery Nurse (x2)
  - ◆ Early Years Advisor
  - ◆ Early Years Support Workers (x3)
  - ◆ Outreach Health Visitor

In addition the programme has Service Level Agreements (SLA) with:

- ◆ Speech and Language Therapy (0.5)
- ◆ Homestart (0.5)
- ◆ Specialist Health Visitor (drugs and alcohol) (0.5)
- ◆ Research and Evaluation Officer (0.5)

<sup>1</sup> Information obtained from the Research and Intelligence Unit, Torbay Council - Deprivation in Torbay

<sup>2</sup> Data obtained from Torbay Council 2001 census

<sup>3</sup> In 2003 Torbay Council redefined their wards and as a result Coverdale was renamed Clifton-with-Maidenway. As the ward was Coverdale when the programme started this report will continue to refer to it as such.

## **Evaluation work completed or ongoing**

- 1.3. One of the main focuses of evaluation work in this period has been to develop an evaluative culture within the Sure Start Paignton team. This has been a slow process but a valuable one. An evaluation timetable was produced for all services that the programme offers (see Appendix A) and circulated amongst the team. Each team member identified as responsible for the evaluation of a particular service will meet with the REO who aims to offer advice and guidance on how to evaluate the service. The team member would then perform the data collection and the REO would assist, rather than conducting evaluations of all services themselves. There are two main benefits from this approach:

- I. The skill mix of the team will improve. By conducting evaluations each team member has the potential to develop experience and knowledge in a new area.
- II. By conducting an evaluation of their own service, each designated team member will deepen their knowledge of that service and be best placed to suggest and implement improvements.

A Best Practice forum was planned for early 2004 to inform all agencies involved what the two local Sure Start programmes have been doing and to look at areas of best practice and learning. This forum is now to become a place to share evaluation updates and research findings. Initially it was planned for the forum to provide guidance on how to work together to meet shared targets and visions. This has now become a separate initiative within the programme where Sure Start Paignton hosts quarterly meetings on a specific theme, sharing practice and information with other agencies. The research and evaluation forum has not gone ahead as planned due to unexpected delays with the progression of the evaluation of the specialist health visitor (SHV) and the MORI report. It is now hoped the forum will go ahead in 2005, post-publication of the MORI report and completion of the SHV evaluation.

- 1.4. This report summarises evaluation reports prepared in the following areas and details how the learning from these evaluations have informed and developed Sure Start Paignton's practice. This year the following evaluations have been completed:

- ◆ Baby Club
- ◆ Heuristic Play
- ◆ Stay and Play (parents questionnaire)
- ◆ Three-year report
- ◆ Cost-effectiveness

It is noted in the three-year report that data collection should not ordinarily be necessary for a three-year report, but in this case it was relevant. For more information please see the three-year evaluation report for Sure Start Paignton.

Research that has been completed in the Sure Start Paignton area includes:

- ◆ Male carers
- ◆ Young parents
- ◆ MORI baseline survey (it was noted in a previous report that this was extremely late for baseline work – for a discussion see Annual Evaluation 2003).

- 1.5. There are two evaluation projects still ongoing:

- ◆ Stay and Play
- ◆ Specialist Health Visitor (substance misuse)

The first stage of the evaluation of Stay and Play has had the first stage of evaluation completed and the results from that report will be discussed later. However due to ethical consultation, subsequent parts of the work have been delayed. Although there is nothing to report on these at this time, the plan will be discussed in more detail below.

The SHV evaluation has also been delayed by ethical consultation. The data collection for an initial mapping exercise has now been completed and a report will be available in the New Year, but will not be completed for submission within this document.

### **New initiative**

- 1.6. This year has seen a new evaluation initiative proposed and approved by the Sure Start Paignton Management Board. This is briefly presented below in the hope that appraisals can be reported in future reports.
- 1.7. The new initiative is the opening of Sure Start Paignton's doors to university students. The REO has been trying to form links with the University of Plymouth's social research department in the hope that students can be attracted to complete research within the Sure Start area. The benefits to the programme if this initiative succeeds will be multiple inexpensive yet professionally supervised pieces of research of university standard. It is also hoped that Masters students would complete their dissertation project in the area, again providing research of an even higher quality for minimal expense. A major bonus is that all research would be cleared by the university's ethical board, ensuring the participants have been duly considered and are safe from harm.

### **Capital build projects**

- 1.6 The SureStart Paignton team were originally housed in a bungalow on the site of a local junior school. As the team increased in numbers, it was decided that the present accommodation was too small and a proposal to extend this facility was drawn up. The team meanwhile relocated to temporary leased accommodation. As to date, work has not begun on the bungalow and, on revisiting the plans, it was decided that even with the extension, the space allocated would still be too small and therefore this project has now been abandoned and further accommodation is being sought with the assistance of Torbay Council.
- 1.7 The joint building project undertaken with Oldway Primary School on the school site is nearing completion (due May 2005). The ground floor of the building will be used by the school for a new nursery building and early years facilities and the upper floor is SureStart Paignton's training centre with an IT suite, training kitchen, community café, creche and a number of rooms available for short courses, NVQ's and a range of outreach and health services for parents.
- 1.8 In June 2004, Kings and Queens Neighbourhood Nursery opened. This nursery was built from money obtained under the neighbourhood nursery government initiative. The nursery is situated next door to Queen Elizabeth Drive Community Centre and plans are now underway to make some alterations to the Community Centre building to enable it to become one of the main buildings of Paignton Children's Centre.

## **2. METHODOLOGY**

- 2.1 The evaluation of Sure Start Paignton is based around the evaluation strategy and is being driven by the Research and Evaluation Officer who is employed by Sure Start Torquay but has a service level agreement to evaluate the Paignton programme on a part-time basis.
- 2.2 As has been mentioned previously, the drive of the evaluation this year has been to develop an evaluative culture within the team. This is still very much work in progress but a willingness to approach evaluation is slowly developing. This has meant adopting a number of methodological approaches so that individual service evaluations could be tailored to the service and the person conducting them. In addition this report is not in a place to comment on all the evaluation work undertaken on behalf of the Sure Start Paignton programme, as some of it was conducted independently by external agencies.
- 2.3. Due to the nature of Sure Start services, work and clientele, a less traditional approach to evaluation has been adopted in many instances. While this may mean the findings are not as conclusive as rigorous research methods would uncover, it has allowed the team to begin to become familiar with evaluation and to at least capture part of the picture.

### 3. PROGRAMME REACH

The table below details the number of contacts the programme has had at through its various services and sessions with mothers, fathers and children. It is important to note, this is not the number of *different* individuals seen, but the number of different significant contacts.

<b>Service</b>	<b>Mothers</b>	<b>Fathers</b>	<b>Children</b>	<b>Total</b>
Home Visit	849	166	898	1913
Baby Massage	244	12	247	503
Stay & Play (Tuesday)	910	36	1230	2176
Stay & Play (Wednesday)	1116	38	1559	2713
Stay & Play (Thursday)	926	35	1302	2263
Contact	430	20	44	494
Santa Steam Train	118	76	219	413
Smoking Cessation Advice	1	0	0	1
Teacher-led Sessions (St Boniface Hall)	2	1	156	159
Dads and Children's Club	4	302	709	1015
Post Natal Exercises	218	0	234	452
QED Nursery promotion	15	0	23	38
Home Visit (Two Year Screening)	29	6	63	98
Baby Club Friday	768	28	1025	1821
Active Tots-toddlers	12	0	15	27
Baby weighing Baby Club	84	1	103	188
Baby Weighing St Boniface	1	0	1	2
Heuristic Play-crawlers	116	6	124	246
Heuristic Play-toddlers	123	5	154	282
Music and Movement	58	0	68	126
Parenting course	16	0	15	31
Twins Group	190	10	465	665
Early Language Programme	5	0	6	11
Treasure Baskets Thursday	6	1	7	14
Teacher-led Session (Palace Avenue)	1	0	161	162
Breaking Free Group	66	0	50	116
Baby Club Thursday	871	21	968	1860
Childminding	0	0	53	53
Communication Group	2	0	13	15
Parents To Be Program	55	31	0	86
Aquanatal	83	0	0	83
Baby Weighing	1	0	6	7
TMTB	7	0	0	7
Family Funday	32	16	79	127
Dads club trip to Ark play area	9	14	37	60
Training Delivery	21	1	26	48
Family Fun Run	24	11	36	71
Furry Tales -QED	108	5	160	273
Furry Tales	25	0	34	59
Bags of Fun for Talking	33	2	40	75
Christmas Production	18	4	25	47
Home-Start Volunteer	23	2	26	51
Baby Music and Movement	55	0	58	113
Wednesday language group	0	0	35	35
Bumps 2 babies	54	0	54	108
Training Contact	2	0	0	2
Home-Start Home Visit	4	0	2	6
<b>Grand Total</b>	<b>7735</b>	<b>850</b>	<b>10530</b>	<b>19115</b>

The figures detailed here should be compared with those below, which show the number of different individuals seen by each service that the programme provided during 2004.

<b>Activity</b>	<b>Children</b>	<b>Carers</b>	<b>Total</b>
Home visit	383	433	816
S&P Tues	187	154	341
S&P Wed	174	146	320
S&P Thurs	204	142	346
Heuristic Play (crawlers)	29	29	58
Baby weighing St B	1	1	2
PNE	52	45	97
Early language programme	5	5	10
Two year screening	63	37	100
Treasure Baskets Thurs	5	5	10
Baby Club Thurs	148	136	284
Baby Club Fri	159	127	286
Music and Movement	36	32	68
Parenting course	7	8	15
Contact	32	283	315
Baby weighing Baby Club	56	50	106
Dads Club	70	38	108
Santa Steam Train	219	211	430
Aquanatal	0	27	27
Teacher led Palace Ave	48	1	49
Teacher led St B	53	3	56
Smoking cessation advice	0	1	1
Active tots toddlers	9	7	16
Bumps to Babies	17	17	34
TMTB	0	12	12
Twins Group	50	20	70
Communication Group	7	2	9
Breaking Free	17	12	29
Baby Massage	64	68	132
QED Nursery promo	23	15	38
Parents to be program	0	25	25
Baby weighing	6	1	7
Furry Tales	27	21	48
Furry Tales - QED	46	30	76
Tues Language Group	8	0	8
Wed Language Group	7	0	7
Family fun run	36	36	72
Family fun day	79	54	133
Baby music and movement	30	28	58
Dads Club trip	37	25	62
Bags of Fun for talking	19	16	35
Training contact	0	2	2
Training delivery	24	21	45
Homestart home visit	2	4	6
Homestart volunteer	22	16	38
Christmas production	10	9	19
Childminding	10	0	10
Nursery visit	4	0	4

#### 4. OBJECTIVE 1: IMPROVING SOCIAL AND EMOTIONAL DEVELOPMENT

##### Public Service Agreement Target

To reduce the proportion of children aged 0-3 years in the 600 Sure Start areas who are re-registered within the space of 12 months on the child protection register by 20 per cent by 2004

##### Service Delivery Target

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

- 4.1. During 2003 there were no re-referrals to the child protection register. During 2004 there has been one re-referral. The programme is actively working with this child and family and has had this work included in the recommendations from the Child Protection plan drawn up at conference. There is a further child on the register (but not a re-registration) that again Sure Start Paignton is now working with and supporting the mother and a greater community integration. Below are some comments from the community development worker within the programme, responsible for this area of work:

**“Several potential, and actual, child protection incidences and risk factors have led to referrals to Social Services. I do not feel this opportunity for greater vigilance was fully appreciated initially. Our presence in the community could easily cancel out any de-registrations due to the ability to uncover or unravel previously unmet and unseen need. This may become more prevalent due to our inclusion in Child Protection cases at the offset of registration. I believe this will have increasing relevance on this target in the future.”**

- 4.2. Figures taken from the programme’s monitoring database shows that of the 222 children that were aged two months during 2004, the programme had contact with 145 of them. This represents 65% and thus falls short of the target.

##### Involving male carers

- 4.3. During 2004 Sure Start Paignton completed a research project with the dads registered on their database. For a full copy of the report see [www.ness.bbk.ac.uk](http://www.ness.bbk.ac.uk) but the following is a brief summary of the key findings.

The overwhelming barrier to males attending any parental service is work and/or study. The two most popular factors identified as possible ways of encouraging fathers to attend more services were timings (i.e. when the services are run and provided) and peer support. 75% of respondents were aware of Sure Start Paignton’s Saturdads service for male carers and their children. This service saw during 2004, 302 different male carers and 709 different children. In addition when asked about other services, all respondents were satisfied with all services that they had attended.

For future research involving fathers it was decided, a large-scale questionnaire such as this one is not the best method of accessing them. Out of 350 questionnaires sent out, only 20 were returned (response rate of 6%). Obviously this needs to be improved for future research and other methods will be investigated.

## 5. OBJECTIVE 2: IMPROVING HEALTH

### Public Service Agreement Target

Achieve by 2005 in the Sure Start area a six per cent reduction in the number of women who smoke in pregnancy.

### Service Delivery Target

Parenting support and information available for all parents in the Sure Start area.

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

Ten per cent reduction of children in the Sure Start area aged 0-3 admitted to hospital as an emergency with gastro-enteritis, respiratory infection or a severe injury in 2005.

5.1 During 2004 Sure Start Paignton did not run any smoking cessation groups owing to adequate provision in the area. They did undertake one-to-one visits with ten parents, which involved taking a CO reading, discussing coping strategies and liaising with surgeries to arrange prescription. This support was maintained by contacting the parents on a daily basis via phone and at least weekly with a visit. At four weeks a second reading was taken to chart progress. Of these ten people that received a visit, seven managed to quit successfully, representing a success rate of 70%.

5.2 All new parents (both new births and new arrivals in the area) have their details passed onto the programme by the Child Health Directorate. These families are then contacted and advised of Sure Start Paignton's activities and services, provided they are not already known to the programme through access to ante-natal services. Sure Start Paignton's Health Visitor has regular one-to-one meetings with one of the health visitors every six weeks and attends the Health Visitor Team meeting on a monthly basis. This ensures that there is good exchange of information and the Health Visiting Team have a designated liaison when they wish to refer in or contact the Programme.

Recent research has identified a potential issue with information being given to young parents, who felt that the information given out was inconsistent and incomplete. The same research found that ante-natally young parents felt adequately supported but post-natally the support received was not sufficient. Further exploration of these issues is needed from all agencies involved in parent support.

5.3. A new initiative in 2004 was hygiene packs that were handed out in conjunction with Environmental Health. 85 were given out at various Sure Start settings. Ten families were identified as needing further support with hygiene and received a home visit from the programme's health visitor and the box was given there instead of the session. The team's health visitor regularly delivers talks to an antenatal group about safety equipment, breast feeding and child safety. In addition, attendees at Sure Start sessions are able to access the trained members of staff present for advice and guidance.

5.4. For the year December 2002 to November 2003<sup>4</sup> there were 17 treatments in A&E due to respiratory infection, 8 due to gastro-enteritis and 40 because of a serious injury. For the same period 2003/2004 there were 22 treatments due to respiratory infection, 7 due to gastro-enteritis and 102 because of injury. Although these figures suggest a major increase in injuries, this results from a change of monitoring rather than an increase in injuries. For the previous year it was at the discretion of the REO what constituted a serious injury. This report has included all injuries, be they serious or minor, and is using this and treatment at A&E as an indicator of those admitted to A&E due to a serious injury. Future reports will provide a more accurate comparison.

<sup>4</sup> This timeframe was chosen so that an annual figure could be produced. The figures received from the NHS are approximately 1.5 months behind.

### Breaking free group

- 5.5. With funding from the programme, the programme's Health Visitor and the local health visitors<sup>5</sup> run a 'Breaking Free' group, which is based on a well-established and proven course for treating postnatal depression. They completed an evaluation of their activities early in 2004 with the following results:
- All women that attended the group reported non-clinical levels of post-natal depression and anxiety by the completion of the course.
  - 60% of the attendees that completed the course reported an increase in their self-esteem score of at least eight points on Rosenberg's self-esteem scale. Those that experienced a reduction had started with very high self-esteem and the health visitors felt that the reduction was merely an effect of testing, not a reduction in their self-esteem as a result of attending the group.

As a result of these outcomes for the mothers attending, Sure Start Paignton is continuing to fund this service.

### Substance misuse

- 5.6. At present the programme has a service level agreement for a Specialist Health Visitor for substance misuse to work with families within the programme's area. This role is undergoing a major evaluation with the aim of having it mainstreamed. The evaluation will be completed in 2005 and will therefore be included in 2005's annual report.

During 2004 a review of the Sound Parenting support service (which Sure Start Paignton has helped staff and the SHV runs) for parents dealing with substance misuse, certain issues were identified. Firstly, evaluation needed to be built into the process of running the group as to date it has been lacking. Secondly, the service needs to continue (else there would be an even bigger gap in an area that is already lacking services) but changes need to be made for it to be effective. For a summary of the report please see Appendix B. These findings are being used to help a planning sub-group finalise how the service will be delivered in 2005.

## **6. OBJECTIVE 3: IMPROVING THE ABILITY TO LEARN**

### Public Service Agreement Target

Achieve by 2005 in the Sure Start area a reduction of 5% points in the number of people with speech and language problems requiring specialist interventions.

### Service Delivery Target

All children in Sure Start area to have access to good quality play and learning opportunities helping towards early learning goals when they get to school.

Increase the use of libraries by parents with young children in Sure Start area.

- 6.1. At present Sure Start Paignton is offering a number of services at different stages of a child's life, to try to remedy communication difficulties before they need specialist intervention. Below is a brief description of these services (see 6.2 for contact statistics).

The early language programme helps babies who are not babbling by giving parents ideas on how to help their baby listen and make sounds. These babies are picked up by health visitors at the child's 8-month check and referred to the programme.

---

<sup>5</sup> With input from a Clinical Psychologist from Torbay Hospital.

Bags of fun for talking is aimed at children around two years old who have poor communication and interaction skills. These children are again identified either by health visitor or more recently through a two year screening that the programme has started to run via two-year birthday parties.

Finally, language groups are run for three-year olds, who are identified as experiencing communication difficulties, either through a history of problems or through referrals from any professional.

Revised figures received from the Speech and Language Therapy Service depict the following picture:

Year	Children referred	Percentage change
2002	64	-
2003	59	-7.8
2004	55	-6.8

This suggests the programme's work in this area continues to be effective as the outcomes in this target area are being achieved. Further exploration of those that needed to be referred may lead to possible areas for developing additional services and help reduce this figure even more.

- 6.2. The table below details the play and learning services that Sure Start Paignton provides and the number of individuals that have attended.

Activity	Children	Carers	Total
S&P Tues	187	154	341
S&P Wed	174	146	320
S&P Thurs	204	142	346
Heuristic Play (crawlers)	29	29	58
Treasure Baskets Thurs	5	5	10
Music and Movement	36	32	68
Teacher led Palace Ave	48	1	49
Teacher led St Boniface	53	3	56
Bumps to Babies	17	17	34
Communication Group	7	2	9
Furry Tales	27	21	48
Furry Tales - QED	46	30	76
Tues Language Group	8	0	8
Wed Language Group	7	0	7
Baby music and movement	30	28	58
Bags of Fun for talking	19	16	35

Evaluation work completed this year has found the following:

#### Heuristic Play

For a discussion of the benefits of Heuristic Play please see the full report, available either from the programme or [www.ness.bbk.ac.uk](http://www.ness.bbk.ac.uk). The evaluation found that parents felt their children benefited from the new experience, the quiet atmosphere/environment and the informal structure of the sessions. The parents found the written and photographic evidence of their child's progress an extremely useful feature of the sessions and felt the practice should be adopted at other Sure Start services.

### Stay and Play

Sure Start Paignton's most popular service (the sessions made 7152 significant contacts during 2004) is undergoing a large scale evaluation at present. The preliminary findings have been:

- Singing is a valuable exercise for children's learning and development, so every effort should be made to make it available to all.
- Stay and Play sessions were designed to encourage parents to interact and play with their children in a quality environment with expert advice and support available. This is then supposed to translate into being taken home and the good practice continued. One very comment (from many) made by one of the parents describes at one minor level the concept of Stay and Play sessions and offers an insight into how the sessions 'spill-over' into the child's home life:

#### **"I learn new songs as well."**

- The feedback received from the questionnaires indicated that the parents want the Stay and Play sessions to support a healthy eating culture by providing a variety of fresh fruit at each and every session.
- There needed to be more transparency at the sessions about the expertise of each team member so that families knew what is available and who to talk with to access them. As a result of this finding, the programme has produced a book with a picture of each member of staff, their background and their areas of expertise. This book is available freely at every session.
- The following table details the responses parents gave when asked what difference Stay and Play had made in their child's behaviour. It can be seen here that most parents feel that attending the sessions is having a positive influence on their child's behaviour.

<b>Behaviour</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>No change</b>	<b>Disagree</b>
Plays better	9	21	6	0
Shares toys	6	18	12	0
Concentrates more	8	13	14	1

- 6.3. Sure Start Paignton runs a family session called Furry Tales, which has seen 73 children and 51 carers. This is now run on a weekly basis and consists of a story, poem, song and craft time where a book can be borrowed and songs are given out to encourage the parents to extend the session to the home. Part of the session also involves access to the mobile library service and promotion of the mainstream library services. Due to the introduction of Furry Tales, the mobile library service has been extended by five minutes (as of April 2005), due to the increased demand. As a result of attendance at Furry Tales and the newly established link between that and the library service, 29 new members of the mobile library have been registered, with 54 children and carers now regularly using its service.

The early years advisor (who is a qualified teacher and responsible for Furry Tales) has also negotiated the ordering of further books for the mobile library, aimed at the under fours by the library service. This will be followed up by a consultation meeting between the head of library services and local parents, so that they can have a say in which books are bought.

## 7. OBJECTIVE 4: STRENGTHENING FAMILIES AND COMMUNITIES

### Public Service Agreement Target

Reduce by 12 per cent the number of children aged 0-3 in Sure Start areas living in households where no-one is working.

### Service Delivery Target

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

75 per cent of families reporting personal evidence in the quality of services providing family support.

- 7.1. Towards the end of 2004 a Training and Marketing Officer was appointed to work with parents to help them access training as a precursor to work. By the end of 2004, the worker had seen two carers for a training visit where training and further education (e.g. Open University, childminding, etc) was discussed and 21 carers (with a crèche provided for 24 children) attended introductory training workshops. These workshops were designed to introduce training to the programme in an informal and fun way. The following workshops were run:

Music and Rhyme for the Under 5's

Cook and Eat with Baby - nutrition, weaning and recipe ideas for the under 1's

Festive Fun - A workshop designing Xmas crafts - e.g. calendars, cards, mobiles

Xmas card Making - An informal workshop run by a Sure start Parent

Feedback from evaluation sheets given out at the workshops is reported below by the community development worker involved:

All of the evaluation forms had positive feedback and indicated that parents had found the sessions beneficial. Many mentioned that they were fun and it was good to have time to be creative while children are being cared for in a crèche. Others talked about increased confidence and the first training since leaving school while some enjoyed meeting other parents.

The evaluation forms had suggestions for future training and these have been used to influence the 2005 training programme.

The feedback received has therefore shown two main outcomes in the work towards this target. Firstly, it has parents engaging and importantly enjoying engaging with training. It has been noted by a number of people that it is a difficult target for Sure Start local programmes to reach, as many parents are unwilling to return to work during the early years of their child's life. Thus it is more important for them to be achieving steps in the direction of 'job-readiness', which training such as this is enabling. Secondly, the feedback has informed future practice development, as their suggestions are being incorporated into the following year's training programme.

- 7.2. Members of the Sure Start Paignton Management Board now consist of 10 parents and 23 service providers. This is an increase of three parents and ten providers compared to last year's annual report, showing the programme is continuing to attract and include those interested in its management.
- 7.3. The programme is continuing to build on its existing good relationship with Jobcentre Plus.

- 7.4. MORI recently conducted a survey for Sure Start Paignton investigating parents' opinions of a variety of services in the area. For a copy of the summary of the salient data from this report please see Appendix B. The factors identified from this report will be informing programme delivery, when the next quarterly milestones are set and future user satisfaction surveys will explore themes identified.

## **8. CONCLUSIONS AND RECOMMENDATIONS**

- 8.1. The following section has been prepared by the Acting Programme Manager, so that the learning from the year's evaluation work may realistically inform future development.
- 8.2. The MORI report indicates that parents want improved access to health services. Sure Start Paignton intends to increase its role of prevention and information giving by:-
- Increasing the number of Stay and Play and Baby Club sessions to incorporate the increased area of the Children's Centre;
  - Reviewing the policy on home visiting to ensure that maximum benefit is obtained from this service;
  - Sure Start Paignton is working with the Primary Care Trust to increase the oral education service already provided and to facilitate the deployment of a Community Hygienist and NHS Dentist within the Paignton area.
  - Sure Start Paignton will work with the Local Authority, Sure Start Torquay and Torquay North and Brixham Children's Centres to work with existing Health Providers to ensure that its services are delivered in accordance with a strategic Torbay-wide view.
- 8.3. Sure Start Paignton already has a qualified teacher on staff who oversees the play activities and delivers sessions at Kings and Queens Nursery. It is intended to develop the role of the qualified teacher within the programme to ensure that all play and learning opportunities for children are of an excellent quality and models of good practice.
- 8.4. Sure Start Paignton supports Kings and Queens Neighbourhood Nursery which is key to the development of Paignton Children's Centre by providing full day childcare and education places. Sure Start will continue to promote the benefits of the Working Tax Credit to assist with childcare fees in conjunction with Jobcentre Plus and will encourage parents to access the free nursery education funding as appropriate. We will offer all available sessions with full flexibility to those children who are eligible.
- 8.5. The MORI report indicates that in general, parents were satisfied with the support services provided. Sure Start Paignton will continue to ensure that the services they provide are accessible and will increase the existing Stay and Play sessions to provide parents with further information so that they can access specialist services nearer to their homes. Again it is proposed to work with the Local Authority and other programmes to try to aim for strategic deployment of the available voluntary services.
- 8.6. Sure Start Paignton will attempt to map the new services offered by existing statutory agencies following the amalgamation of the Local Education Authority and Social Services. It is anticipated that the services provided by Sure Start Paignton will continue to work in harmony with these existing services providing support to families where required.
- 8.7. When the capital build projects are completed, it is planned to stage a large promotion of the services offered by Paignton Children's Centre to families within the Paignton area. Sure Start Paignton will review its advertising policy and ensure that local services are well promoted locally with information being widely available.

- 8.8 The new building situated at Oldway Primary School mentioned above will be the main centre for training and assisting parents to access employment. Whilst continuing the current arrangement with Jobcentre Plus who are holding sessions at the proposed Children's Centre main building, Sure Start Paignton's Training and Marketing Officer will make a range of courses available to parents from short courses to longer ones leading to recognised qualifications. These courses will also be available throughout the Paignton area to help parents who have transport difficulties and many will be available with free creche facilities.
- 8.9 The programme needs to develop a robust system of monitoring and evaluating itself to show measurable outcomes from its services. The present returns made by the programme to the DfES will cease and it is anticipated that only "light touch" monitoring information will be required from the Children's Centre. However, as the budget moves to the Local Authority, it is vital to ensure that all services meet the needs of the client group and can show Best Value. It is planned to increase parent participation in the evaluation process and methods, other than by questionnaire, are being investigated.
- 8.10 The Programme is evaluating its resources using a range of budgeting methods and comparison with other providers (where available) to ensure it remains competitive.

## **9. FUTURE EVALUATION PLANS**

- 9.1. The evaluation of the Specialist Health Visitor will be completed by Spring 2005. The research proposal has undergone a rigorous ethical process. There are now the necessary controls in place and the proposal will be considered again by the LREC (Local Research Ethics Committee), with work looking to proceed on this evaluation in the early part of 2005. The project has grown now and will hopefully include the support of health visitors and potentially social workers in building a picture of the effectiveness of the Specialist Health Visitor.
- 9.2. In 2004 a report on Homestart was published by the Joseph Rowntree Foundation. While the evidence appears to show that Homestart's work does not achieve any outcomes the programme feels the work they do is invaluable. As a result, an evaluation of the services delivered in the two Sure Start areas within Torbay by Homestart on the local programmes' behalf will be evaluated in 2005, before a decision is made around continued funding and its implications for Children's Centres. As Homestart reports increasing involvement with complex cases, it is on this area that the evaluation will concentrate.
- 9.3. Towards the end of 2004 a small exploratory piece of research was conducted in Sure Start Paignton with young parents. A number of potential issues were uncovered but due to the limited number of participants cannot be fairly included here. However these issues will be the subject of a larger scale piece of research across both areas to be completed in 2005.
- 9.4. The first of the capital build projects to be completed and opened since the last evaluation report was the Nursery. In 2005 this service will be evaluated and the full range of services provided will be included in the evaluation.

**APPENDIX A**

<b>Session</b>	<b>Date started</b>	<b>When audited?</b>
Post-natal Exercises	15.08.02	03.05
Stay and Play	15.08.02	Completed Xmas
Baby Club	13.09.02	12.04
Heuristic Play	15.09.02	09.04
Treasure Baskets	15.09.02	11.04
Bags of fun		12.04
Dad's Club (research)	30.11.02	11.04
Smoking cessation	09.01.03	04.05
Teacher led sessions	30.01.03	02.05
Aquanatal	25.03.03	01.05
Active tots	13.10.03	01.05
Music and Movement	14.10.03	02.05
Twins Group	05.02.04	03.05
Breaking Free	13.02.04	Done
Communication Group	23.02.04	03.05
SALT sessions		04.05
Homestart		12.04
SHV		Ongoing
Baby Massage	15.03.04	03.05

## APPENDIX B

### Sound Parenting evaluation summary

#### Introduction

- Sound Parenting is a group for children and their families and addresses the specific issues of parental substance misuse upon the child.
- The group was created following a study day that explored the impact of parental substance misuse on the child. It became very apparent through inter-agency discussions that there was a clear unmet need as there were no services in Torbay specifically focused on families with young children.
- The Sound Parenting group also offers a training opportunity for qualified staff to work in a multi-skilled, multi-disciplinary group and fulfils certain core competencies of a student Social Worker's training.

#### Aim of the evaluation

- The original aim of the group was to facilitate a safe place for families affected by substance misuse and/or domestic abuse and for them to:
  - 1) be less isolated
  - 2) feel more empowered
  - 3) involve other community services
  - 4) identify appropriate coping strategies
  - 5) build communication skills within the family
  - 6) improve positive mental health and self esteem
  - 7) feel valued and listened to
- This evaluation looks at the initial aims and underpinning theories of the group and asks should the group continue, if so does it need to be changed or if not what the issues were and what the alternatives would be.

#### Methodology

- Feedback for this evaluation was taken from child, parent, initial referrer and group facilitators. The children were informally interviewed by a member of staff from the group. The parents that completed the course, each referrer that referred a client to the group and each member of staff that helped facilitate the group were asked to fill in a questionnaire.

#### Results

- Five questionnaires were sent out to parents, three were returned. These three identified meeting new people and friends (both for themselves and their children) and being appreciated as part of a group as the things they most enjoyed. However not all the feedback was positive and one mother felt that she felt more tired at the end of the course than she did when she started.
- Six questionnaires were sent out to referrers to Sound Parenting, four were returned. The main reasons for referring families to the Sound Parenting group were:
  - for families to enhance their parenting skills
  - to receive individual support with an emphasis on managing substance misuse
  - to build a family's self-esteem so that they can attend more interventions

A delay in the commencement of the group, Social Services' database, paperwork and forms and geographical location were identified as difficulties making referrals to the group.

Development of new skills, an increase in confidence as well as friendships and group support and an increase in access to services were identified as positive outcomes from the group.

However, one family was put off attending further groups (of any sort) and another group ended in just two families attending, one of whom was intimidated by the other. Finally, two respondents identified a gap in further support once the group has ended.

- Ten questionnaires were sent out to staff facilitating Sound Parenting, three were returned. This is a major issue as feedback has not been obtained from the vast majority of those facilitating these groups. Evaluation and support for families when the course had finished were identified by all three as issues.
- Results for only one child interview were used as many were too young to offer feedback.

### Conclusions

- Success for this client group is difficult to define. When considering what outcomes the service has, care needs to be taken that sights are not set too high; engagement with services is a successful outcome for this client group.
- If the group is to continue there needs to be a clearer and expected process for evaluation. The evaluation to date has been lacking and needs to be built into the delivery of the service to ensure it is operating as effectively as possible.
- Levels of staffing were an issue depending on attendance of families. The staff to client ratio fluctuated from two members of staff to every one client to one member of staff for every five clients. This has obvious ramifications for risk assessing the course and suggests two main points:
  - 1) More effort needs to be made to ensure families are attending consistently.
  - 2) A more dynamic approach to the staffing needs to be adopted such as creating a rota of staff members so that in the event a session is over-staffed, there is pre-agreed process for which members of staff can leave that still ensures the key competencies of the group are not diluted.
- Clarification is needed around what each member of staff is there to do and what each is capable of doing. A more structured approach to each person's responsibilities within the group would ensure that there is no confusion over who is doing what and hopefully resolve some of the problems with preparation time. A clear commitment for what they are providing to the group is needed from each agency/organization to ensure there is no confusion around who is attending and for what reasons they are attending.
- The representation from different agencies needs to reflect the clients that will be attending. So for example if no Sure Start Paignton families are attending a course, they should not be expected to contribute staff for that course. Services such as this need to be mainstreamed and therefore cannot rely on the support of Sure Start programmes to provide staffing.
- Case studies from the group show it has made a positive difference to many families and their functioning.
- The group is a clear example of the strategy proposed by Hidden Harm: *"reducing the harm to children as a result of parental drug use should be a main objective of the UK's drug strategy."*
- The Sound Parenting program is an example of collaborative working looking specifically at the needs of children. It has received positive feedback from the client group and has been staffed by professionals from Health and Social Services as well as other agencies in the non-statutory sector.
- Discontinuing the service would create an even bigger gap in services for those families that have issues of substance misuse but to continue effectively changes need to be made.

## Summary of the MORI report for Sure Start Paignton

### Background

- 21% of parents are aged under 25.
- 20% households are lone parent households.
- 47% of the families in Paignton have lived in the area for less than five years.
- Of the 50% of families that rent their homes, they are more likely to do so from the council or a housing association as opposed to a private landlord.

### **Quality of life/attitudes to the area**

- 76% of parents rate the area as a good one to bring children up in.
- The three improvements parents would most like to see to improve their lives are:
  - i. Reduced crime/improved community safety – 18% (Paignton)
  - ii. More/better/affordable childcare – 24% (both)
  - iii. Better housing – 19% (both)
- The improvements parents would most like to see to improve their children's lives are:
  - i. More opportunities to play outside – 31% (Paignton)
  - ii. Reduced crime/improved community safety – 24% (both)
  - iii. Better/more play facilities – 22% (both)
  - iv. More opportunities to play with young children – 21% (both) (33% of single parent households chose this)

### Users of health services

- 84% of parents are satisfied with general health services in the area (48% of parents in Paignton are very satisfied).
- The following percentages relate to the number of families accessing that service in the past 12 months:
  - i. GP – 97%
  - ii. Dentist – 61%
  - iii. Community nursery nurse/health visitor – 59%
  - iv. Midwife – 38%
  - v. Advice about baby/child health – 36%
  - vi. A&E – 36%
- There is considerable difference between access across areas. The following compares the access of Torquay to Paignton:
  - i. A&E – 44% to 28%
  - ii. Advice and support on breastfeeding – 21% to 12%
  - iii. Advice on healthy pregnancy – 20% to 12%
  - iv. Advice on contraception/unplanned pregnancy – 21% to 10%
  - v. Counselling/support for mothers with post natal depression – 9 to 3%
- Dental services have the greatest unmet need with 11% (19% amongst full time workers) wishing to use the dentist more frequently.
- For any of the specific services asked about few users express much dissatisfaction apart from with dental services, where 7% of users say they are fairly or very dissatisfied (and only 54% say they are very satisfied). The main reasons for dissatisfaction are:
  - i. Lack of availability - 65%
  - ii. Lack of choice - 41%

- iii. Too expensive - 35%

#### Childcare, play and learning services

- 55% of parents are satisfied with existing childcare services in their area; 13% are dissatisfied.
- 61% of parents in Paignton are satisfied with play and learning services in their area; 12% (overall) are dissatisfied.
- The childcare, play and learning service most used by parents are:
  - i. Parks/play areas – 73%
  - ii. Libraries – 46%
  - iii. Sports/leisure facilities – 44%
  - iv. Mother/toddler groups – 41%
- Younger parents (<25) are less likely to access the services, especially parks/play areas, libraries and nursery school/classes.
- 15% of full time working parents have used *none* of these services, compared with 5% of other parents.
- Satisfaction with these services is generally high with parks/play areas the notable exception. In Paignton only 69% are satisfied and 21% are dissatisfied with these areas, which are the most used of all the childcare, play and learning services.
- The main problems reported on these services are:
  - i. Expense – 30% (40% in single parent households)
  - ii. Lack of choice – 23%
  - iii. Lack of availability – 21%
  - iv. Lack of information/publicity – 19%

#### Parent support services

- The vast majority of parents generally did not give an opinion on how they rate or how easy they think it is to use three of the key support services: social services, advice on benefits/money, and support services for parents.
- Satisfaction outweighs dissatisfaction with users of the service (although figures aren't as high as they are for health).
- 75% of users of benefits/money say they are satisfied (19% dissatisfied).
- 64% of users in Paignton are satisfied with parent support services (8% across both areas dissatisfied).
- The main problems for support services are:
  - i. Lack of information– 20% (40% in single parent households)
  - ii. Lack of publicity– 20%
  - iii. Lack of availability – 17%
  - iv. Poor public transport – 14%
- 63% of parents say they have not used *any* parent support service in the past 12 months.

#### **Information about services**

- 35% of parents in Paignton feel they know not very much or nothing at all about local services.
- Paignton parents have more contact with organisations generally but the following figures are responses from both areas. The most common way that parents currently find out about services are:
  - i. Other parents/word of mouth – 49%
  - ii. Sure Start – 46%
  - iii. Health visitor – 39%

- iv. Doctor's surgeries/clinics – 25%
- Other parents/word of mouth and Sure Start are also the seen as the ways parents would prefer to find out about services, followed by leaflets through the door (27%) and health visitors (24%).

#### **Employment, training and finance**

- 40% of the main carers in Paignton are working (the majority of who are part-time). Among partners 85% are employed (81% in full-time employment).
- 3% are unemployed and 6% are at home not seeking work.
- 20% of households have no-one working and these are disproportionately single parent households (64%) or where the main carer is under 25 (37%).
- Of those not working 65% say they *would not* like a regular, paid job at present. Among those who would the main reasons given for not finding work are:
  - i. Childcare (not available/suitable/affordable) and too busy looking after children – 50%
  - ii. Better of not working/on benefits – 16%
- 20% (32% of parents under 25) have had contact with the Employment Service or Jobcentre in the last 12 months. 77% say they were satisfied with the service provided.
- 98% of parents receive child benefit. In Paignton:
  - i. 70% receive a benefit other than child benefit.
  - ii. 36% receive Working Families Tax Credit.
  - iii. 14% receive Children's Tax Credit.
- The average weekly household income among households with young children is £329 (which is around two-thirds the national average).

#### **Health and child development**

- 36% of parents and 39% of their parents have smoked at least one cigarette per day in the week preceding the survey, which is slightly higher than the national average.
- 26% of main carers say they smoked during pregnancy with 16% still smoking at the time of birth.
- 22% of respondents report that the child's mother has suffered from post natal depression at some point. (Note that this is a self-report and not a diagnosis).
- Birth weights:
  - i. 8% of babies born were in the defined low birth weight category (<2.5kg)
  - ii. 18% between 2.5 and 3kg.
  - iii. 36% between 3 and 3.5 kg.
  - iv. 11% over 4kg.
- 66% of parents say their child was breast fed with 54% saying the child was still being breast fed at 4 months.