

OUTLOOK



Associates

A PEOPLE CENTRED TRAINING AND CONSULTANCY SERVICE

EVALUATION OF SURE START WOLVERHAMPTON EAST

CHILDCARE DEVELOPMENT TEAM (CDT)



APRIL 2005

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INTRODUCTION

Outlook Associates were commissioned to carry out an evaluation of Sure Start [Wolverhampton East](#), Childcare Development Team (CDT) to measure and evidence the impact of the work of carried out by the CDT in relation to the overall aim, objectives and targets of Sure Start [Wolverhampton East](#) (see [appendix 1](#))

The CDT, based at the Deansfield Family Centre, was established in 2003 as an early service for Sure Start Wolverhampton East (SSWE). The CDT's main aims are to raise awareness of the Sure Start programme, to make community contacts and address the priority areas of concern in the Delivery Plan. One of the primary roles was to establish [Play, Care and Learning Opportunities and support Stay and Play sessions](#) in the Wolverhampton East area. The CDT has successfully run and continues to run community and informal events to raise the profile of the organisation as well as to consult with parents/carers to identify and address local need. The CDT also work closely with other community organisations and have successfully formed partnerships through, amongst other things, home visiting, first contact and registration.

The CDT consists of a staff team of five that form part of a larger organisational structure ([Figure 1](#)) managed by a Partnership Board, [Parent/Carers Management Committee](#) and a Programme Team. Since they are an early service they have had to do most of the work of other sections of the organisation i.e. the Healthy Start Team. The CDT have also provided new childcare and enhanced existing childcare facilities in Wolverhampton East.

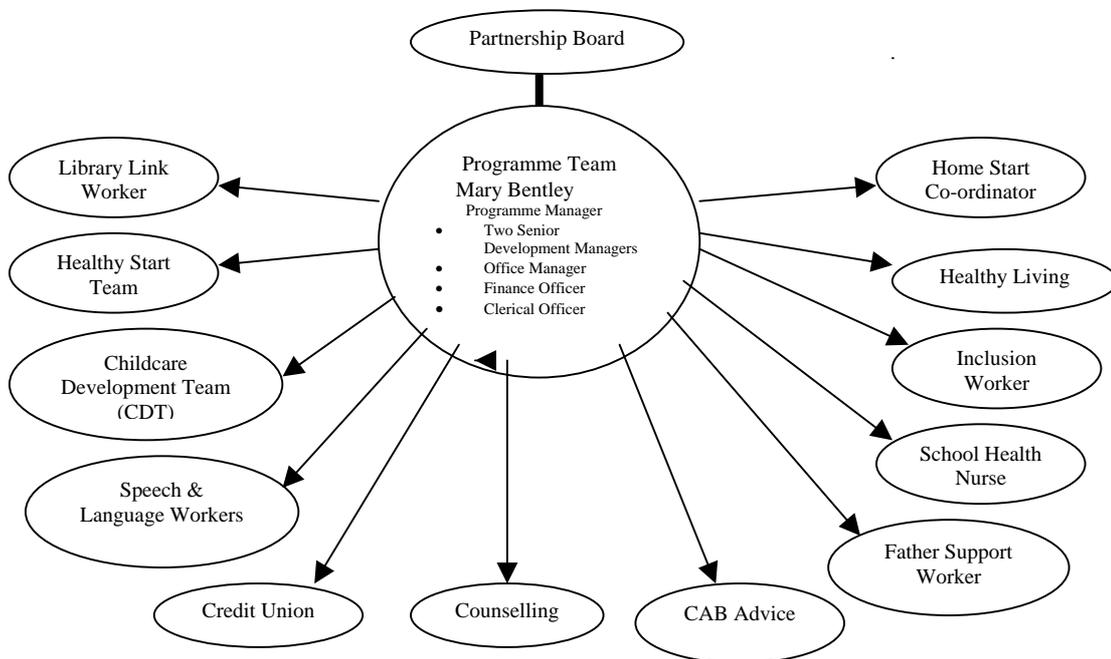


Fig 1: Organisational Structure

EXECUTIVE SUMMARY:

- 1) All aspects of the research show that the CDT supports the development of positive relationships between carers and children. The CDT does help families to function more effectively by promoting social development, emotional well-being as well as providing environments where any difficulties can be identified early.
- 2) Most parents and carers who were interviewed felt that they had a good relationship with their child and also felt that the CDT had assisted in the development of that positive relationship as well as (indirectly) helping their family to function more effectively. This was also reflected in the case studies. CDT has also assisted in the development of their relationships, particularly with social skills.
- 3) Confidence building was another factor highlighted by parents and carers with many commenting on how the increased confidence in their child had assisted in the development of positive relationships and social development through activities and projects organised by the CDT. The CDT has successfully encouraged the development of both the vertical relationships with adults and horizontal relationships with peers, which, according to leading childcare specialists is of central significance to the social and emotional development of children.
- 4) The results of the evaluation indicate that the majority of parents using the CDT, received information about the project before their child's first birthday. In the majority of cases the parents made initial contact under the encouragement of the CDT. Promotion through leaflets and posters has been proved to be etc. is the most successful medium for initiating contact.
- 5) From the research it shows that the majority of parents/carers are satisfied with the Stay and Play groups. There is however a need for the CDT to expand existing services to meet demand. The CDT are also working towards further development of encouraging high quality environments and childcare that promotes early learning, provides stimulating and enjoyable play, improves language and ensures early identification and support of for children with special needs.
- 6) Sure Start Wolverhampton East is in the process of effectively providing and developing services that address the need to support parents in caring for their children to promote healthy development before and after birth. Although the research shows that Sure Start Wolverhampton East and the CDT may not have been the parents/carers first choice in the past for obtaining information, support and advice. Through the case studies it has been identified that 'service users' are now more likely to use Sure Start during subsequent pregnancies for information and advice rather than traditional service providers. This is not a primary aim of the CDT, however the staff team are comfortable with offering this additional support.
- 7) Information and advice on breast-feeding, nutrition, hygiene and safety was the same as other information and advice in that it was received through other community organisations. However, this information could now be accessed through Sure Start by those parents and carers who use the service.

- 8) Those parents who were interviewed for Case Studies did feel that their youngest child that attended the activities organised by the CDT would be more prepared to attend infant school. This was marked by comments than the older children were possibly at a disadvantage through not accessing the CDT or Sure Start.
- 9) All of the CDT staff are highly trained and experienced in all aspects of childcare and special needs, they are able to ascertain and recognise indications of special needs.
- 10) The CDT have also worked very hard with East Park Library to improve services available to children including Play and Learn sessions. Library services will be developed in the near future with the employment of a Sure Start Library Link Worker.
- 11) The research indicates that the majority of parents/carers believe that Sure Start Wolverhampton East and the Childcare Development Team have improved the quality of services providing family support. This is further evidenced from the case studies. All of the case studies indicate that there is a better service now for their youngest child than there was for their eldest child.
- 12) It is expected that all Sure Start programmes should have parent representation on the local programme board. There is a need for Sure Start to be more proactive in involving parents in the decision making process of the Childcare Development Team and Sure Start. Many parents stated that time and work commitments were a major issue in stopping them from being a parent representative. It would therefore be more appropriate for the Childcare Development Team to consider alternative and interactive decision-making processes. It is however apparent that many parents are actively involved in the management of the Stay & Play group that they attend.
- 13) As the majority of stakeholders contacted believed their relationship with Sure Start Wolverhampton East and the CDT is positive and are successfully building and developing relationships with other community organisations. Partner agencies and stakeholders regularly receive information from Sure Start Wolverhampton East.
- 14) It is apparent that the CDT does provide value for money in the quality of services that it provides. It would be appropriate to conduct a full cost-effectiveness or cost benefit analysis using a Clawson Method to determine the monetary benefits and cost effectiveness of the service that users value.
- 15) The flexible services for families and young children that is expected to be developed through Children's Centres is currently being delivered by the CDT. It is anticipated that the Children's Centres situated within the Sure Start Wolverhampton East (SSWE) area will build upon and incorporate the key elements of the current programmes. Through the quality of service being provided by the CDT, it would be appropriate for the service being incorporated within the proposed Children's Centre. The CDT is currently providing an integrated service for children and families including early years education and childcare, health & family support services and training and employment opportunities. The quality of service provided by the CDT should be an indicator for the proposed Children's Centre.

METHODOLOGY

The process of the evaluation was intended to be interactive and 'hands-on' by using a variety of participatory methods. It was further intended to place a strong emphasis upon the active involvement of participants. It was proposed that a variety of individual and group exercises would be utilised to encourage and enhance active participation. The consultants were advised that within the time frame it would be difficult to get groups together for a focus group or group exercise. It was therefore appropriate to change the emphasis of the evaluation process. As most of the consultation process would be completed with the Stay and Play groups, the importance of interaction with parents whilst taking care of child/ren was acknowledged.

Different methods of collecting information were discussed and evaluated before a decision was made on the most effective and appropriate for use with the Stay and Play groups. Due to the time constraints of the evaluation, it was decided to concentrate on the following methods for collecting information:

- Desk research
- Informal semi-structured interviews
- Structured telephone interviews with stakeholders
- Structured interviews with members of Childcare Development Team
- A selection of case studies
- Observation
- Group Work

Desk Research:

Desk Research entailed identifying and reviewing all the relevant documents relating to Sure Start and the Childcare Development Team. The desk research included a review of existing data, including Sure Start Objectives and targets, profile of the area and [the Delivery Plan 'Partners in Change'](#). Other areas included, milestones of development, statistical information and demographics, other relevant related research, etc.

Informal Semi-Structured Interviews:

Consultants used questionnaires as a prompt to interview participants at the Stay and Play groups. Questionnaires are possibly the most common tool in social research and evaluation as they are generally a very effective method of collecting and recording qualitative and quantitative information in a reasonably short space of time as well as allowing us to use both open and closed questions. They are also most useful when the questions are quite simple and require a direct response.

In consultation with the Senior Development Officer, it was agreed that the most efficient way to collect the information that was needed to obtain information from parents using the Stay and Play groups would be a combination of 'open questions' and tick box sections with relevant questions relating to the Sure Start objectives and targets. These questionnaires were taken to each of the Stay and Playgroups by consultants from Outlook Associates who used them to conduct informal interviews. The questionnaires were divided into two separate sections to address the PSA Targets (green paper) and the SDA targets (pink paper).

The first 30 questionnaires formed the pilot providing opportunity for amendments to ensure that the questions were appropriate. Amendments were then made in the interview process. The consultants used each questionnaire as a prompt with participants from the Stay and Playgroups.

Structured Telephone Interviews:

Structured (in-depth) interviews were conducted with key stakeholders and personnel including Head Teachers, Health Visitors, Council Officers, Playgroup Leaders and Community Representatives. All of the interviewees were offered anonymity for their responses. The process of structured telephone interviews enabled 'conversation' to flow by using open questions also allowing the interviewee to raise their own issues and concerns. Although a structured telephone interview is time consuming, it proved invaluable in providing a detailed understanding of issues relating to Sure Start and the Childcare Development Team from another perspective.

Interviews:

Structured interviews were conducted with members of the Childcare Development Team. Similar to the structured telephone interviews, a set of prepared open questions was used to encourage discussion. The process of the structured interview enabled the interviewee to raise any issues and concerns in relation to their role.

Good interview skills are important to allow the conversation to flow. This approach is valuable in providing a detailed understanding of issues related to Sure Start [Wolverhampton East](#) and the Childcare Development Team.

Case Studies:

Case studies provide a rich source of information and give an 'in-depth' understanding of a situation based on "typical examples". Case studies were used to give a 'feel' to the findings to support and compare with the survey results. For the purpose of this evaluation project, the case studies were confined to a few parents who had a child at a Stay and Play group as well as older children up to the age of eleven. This enabled the consultants to make comparisons between services for children under the age of 3 and services that were available for the older children.

Observation:

By participating in the process of collecting information through conducting questionnaire interviews and structured interviews etc., consultants were able to use their own perception to gain a more holistic understanding.

Group Work:

A working group was formed to carry out a 'WH' analysis and map the journey of the CDT to date.

PUTTING THE CDT INTO CONTEXT

The first Sure Start Programmes were set up in 1999 as a result of the Comprehensive Spending Review, bringing together education, childcare, health and family support in disadvantaged areas. Sure Start Wolverhampton East was one of the last programmes to be established nationally, a round six programme. One of the first aspects of the programme to be developed was the CDT, approved in April 2003. During their two year programme, the CDT have achieved a number of successes in relation to and including awareness raising, developing stay and play groups, home visits, family support, community contact, partnership development, registration, parent education and training, etc. [The CDT have also Working-Worked](#) towards delivering national initiatives including child poverty, life long learning and childcare health under the umbrella of 'Every Child Matters'.

This CDT has been committed to making a difference to children and families in the locality and meeting the needs of the community as outlined in their [Annual Report 2004/5](#).

As the CDT were one of the first aspects of the SSWE to be developed, the team worked over and above their own remit to ensure the success of the 'whole' programme as it flourished and grew into a fully operational organisational structure.



Findings

Measuring the services provided by the CDT against the overall Sure Start Aim, Objectives and Targets.



Improving social and emotional development

All aspects of the research show that the CDT supports the development of positive relationships between carers and children. The CDT help families to function more effectively by promoting social development, emotional well-being as well as providing environments where any difficulties can be identified early. Members of the CDT have carried out this work. This is as well as other aspects of the Sure Start partnership to enable a pathway for the development of other posts such as the Library Link Worker, Healthy Start Team, etc

Parent/Child relationships

Of the parents and carers interviewed, 98% felt that they had a good relationship with their child and 73% felt that the CDT had assisted in the development of that positive relationship as well as (indirectly) helping their family to function more effectively, as was reflected in the case studies. However, as a number of CDT users are not full time carers (i.e. Grandparents), the effects that the CDT activities, such as 'play and stay' have on positive relationships between non-attending parents and children that attend requires further investigation.

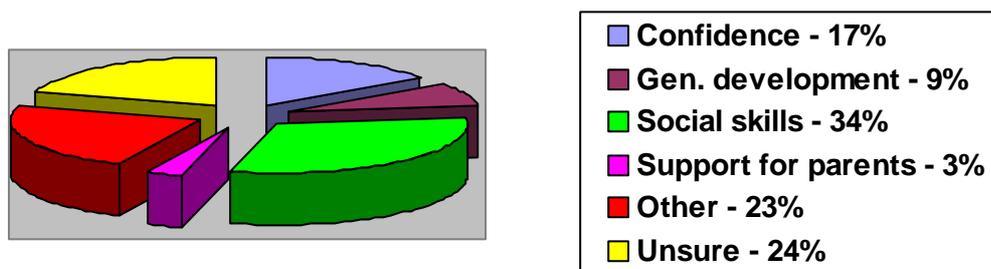


Fig 2: Parent/Child relationships

The parents and carers that felt that the CDT had assisted in the development of their relationships were then asked 'how'? The development of children's **social skills** was the most popular answer at 34%. Through interaction with other children, carers believed that, during 'stay and play' groups, social skills were developed at a greater rate than if they were to stay at home. The organisation of community events could also have had an impact on the development of social skills for the same reasons. It is acknowledged that children can learn new social skills through example and that providing opportunities for parents and carers to socialise can have a positive impact on the child's ability to develop socially. This social activity can be in the form of a community event, play and stay group or a one-to-one conversation with a member of the team, anecdotal evidence was collected during the research that the CDT have also supported parents and carers to develop communication skills and have provided additionality to the project, working over and above what is required.

"She (youngest daughter) is also very outgoing and mixes well with other children and adults at the Stay & Play sessions. She enjoys the singing and the wide range of play facilities. I do feel that she is more ready for school than what her older brother was" (Case Study 2- Appendix III)

Having the opportunity to spend **quality time** with their child at events organised by the CDT, i.e. 'stay and play' groups, as well as the **provision of activities** that enabled carer and child to play together was highlighted by 23% as contributing factors to improving their relationship.

Confidence building

Confidence building was another factor highlighted by parents and carers with 17% commenting on how the increased confidence in their child had assisted in the development of positive relationships and social development through activities and projects organised by the CDT.

"It has been great. I wish it was here for my oldest daughter. She (youngest daughter) has really come on and is very confident. She always looks forward to going to the Stay & Play sessions and seeing the other children" (Case Study 1 - Appendix III)

"I feel that the oldest boy would have had more confidence if he had been able to attend a Stay & Play group at 2 years of age" (Case Study 3 - Appendix III)

Other help and support

Parents and carers were asked whether the CDT had helped their family in any other way (figure 3), 62% of parents felt that they had by acknowledging the CDT's role in and the importance of;

- (a) the development of social skills
- (b) learning through play
- (c) support and social activities for parents/carers
- (d) advice and information and
- (e) enhancing the parent/carer – child relationship.

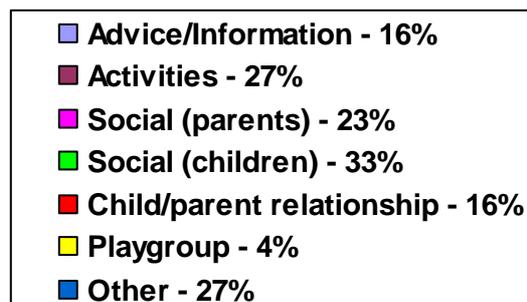
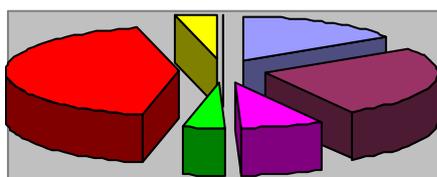


Fig 3: Other help and support

Observations of social and emotional development

During the evaluation project, the number of children that were accessed was limited to those attending the 'play and stay' groups, therefore observation of social and emotional development was as follows:

As the children involved are so young, it was not possible to directly involve them in the evaluation however; the following observations were made which indicate that the children that participate in these sessions are happy, safe and learning through play.

The CDT staff greeted parents/carers and children individually on arrival creating an environment where children were cheerful and needed little or no encouragement to become involved in the activities. Parents/carers also seemed pleased to attend.

Activities were set around the room and children seemed happy to move from one activity to another without the involvement of parents or carers. Some children were happy to stay at other activities while others would chose a toy and return to their parent/carer. This indicates that the children attending these sessions are at different levels of social and emotional development (possibly through age) and that this environment successfully provides for 'all' levels of development.

Children were happily communicating with one another as well as other parents/carers. Staff and parents/carers dealt with squabbles effectively and co-operative play was encouraged throughout the session. Children seemed to enjoy each others company. When the children where speaking, parents/carers and staff showed an interest in what was being said and used elements of active listening, i.e. looking at the child, nodding and paraphrasing.

Encouragement and praise were offered to children throughout the session by both parent/carers and staff contributing to the positive learning environment achieved. Children were encouraged to do things for themselves, i.e. eating their fruit and sitting at the table, this could contribute to the development of a positive self-image.

Parents/carers chatted while the children played however, kept an eye on their children. Parents/carers also spoke to children other than their own and, at times, it was difficult to tell which child belonged to which parent/carer, a pleasure to see.

The CDT successfully encourage the development of both the vertical relationships with adults and horizontal relationships with peers which, according to leading childcare specialists identified during the desk research, are of central significance to the social and emotional development of children.

Provision for nappy changing would improve the services available at the Portobello Stay and Play group.

Contact and Information

The results of the evaluation indicate that the majority of parents (56%) using the CDT, received information about the project before their child's first birthday, (*fig 4*). 33% received information within two months of the birth, in the majority of cases the parents made initial contact under the encouragement of the CDT. See *figure 5* for the methods of contact used. Promotion (i.e. leaflets, posters) is the most successful medium for initiating contact accounting for 30% of the 72% indirectly contacted. Direct contact accounted for 28% including phone, letter and home visits.

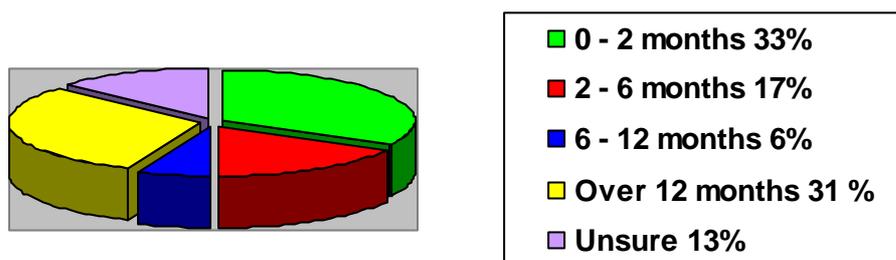


Figure 4: Childs age on contact

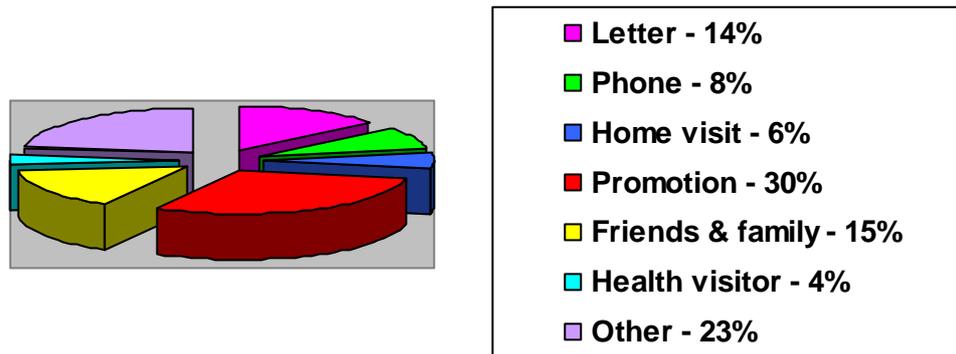


Figure 5: Method of contact

Sure Start and the CDT seem to be well publicised in the Wolverhampton East Area resulting in parents being able to contact and use the service locally.

Parenting support and information was available to 92% of parents/carers although not necessarily through Sure Start. Other sources of information included community facilities such as Health Visitors, GP's, etc. However, this may change as Sure Start becomes more utilised.

Service improvements

Only those who attended the play and stay groups responded when asked what they thought could be done to improve the service provided by Sure Start and the Childcare Development Team, the responses were as follows and ONLY IN RELATION TO PLAY AND STAY.

The majority of parents/carers are satisfied with the Stay and Play groups. 44% stated that there was no need for a change. Some parents and carers expressed the need for the CDT to expand existing services. Other comments and suggestions included:

- More help from other agencies
- should come to see parents
- Make it 5 days a week – extra 2 days
- More morning events
- More provision in the centre
- Send more information and be more proactive
- Keep aware of information and events
- Information is available to all
- Need swimming
- Need a Punjabi speaker
- Need more for children aged 6 months – most of the activities are for 2 year olds
- A nursery to leave the kids in
- Better than Portobello
- More facilities needed at Eastfield – not as good as East Park
- Need opportunities for one-to-one discussions with parents
- Need more contact with the manager
- More non-judgemental listening

“Yes, they are good. Lisa knows all about my child. They know which activities to use and are very well organised” (Case Study 3 - Appendix III)

“There are more activities at the Play & Stay Group and opportunities for personal development. I feel that Sure Start has improved the quality of services providing family support” (Case Study 4 - Appendix III)

What Sure Start and the CDT do well:

Play and Stay Groups

When parents and carers were asked what they felt that Sure Start and the Childcare Development Team do well, the response was very positive in that most parents/carers were very satisfied with the Stay and Play groups. 42% felt that the range of activities are well managed and 25% were pleased with the level of help offered for the children and continued encouragement to play. 15% felt that the Childcare Development Team did everything well. 31% suggested other benefits such as:

- The staff sit with parents
- Involve parents
- The drinks and food table
- Opportunities to learn to sit at a table
- The range of toys available
- Opportunity to meet with other parents
- Mothers Day and special days
- One-to-one contact
- School holiday service for older children
- Accessibility and pleasant manner
- Support for parents and children
- Promotes development
- Good contact with parents and children

Other Activities and Services

It was discovered during the research that the CDT have also accomplished a number of successful **community events**, including Teddy Bears Picnic, **Parent training** including basic computer skills and paediatric first aid, **Home visits** including registration, **awareness raising events** including National Smile Week, **developing partnerships** with other agencies and key stakeholders including local schools, social services, health services and voluntary organisations, developed **library play and learn project**.

“I am very pleased with the level of activities at the Play & Stay group. They have helped to bring out the personality of the youngest child. He (youngest son) can mix well with other children. There are lots of activities that have helped with the development of the youngest child”

“They have been very helpful by sending out information on all sorts of issues. They were very good when I had a problem with Social services. They showed me who to contact. They are good at organising activities”. (Case Study 6 - Appendix III)

Improving Health

Sure Start are in the process of effectively providing and developing services that address the need to support parents in caring for their children to promote healthy development before and after birth. Although the research shows that Sure Start CDT may not have been the parents/carers first choice for obtaining information, support and advice. Through the case studies it was identified that 'service users' are now more likely to use Sure Start during subsequent pregnancies for information and advice rather than traditional service providers, i.e. Health visitors, GP's and Midwives than with previous pregnancies. This is not a primary aim of the CDT, however the staff team are comfortable with offering this additional support.

Smoking:

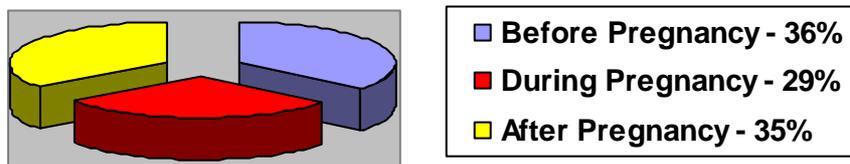


Figure 6: Smoking

The PSA target looks to achieving by 2005/06 a 6% reduction in the proportion of mothers who continue to smoke during pregnancy.

The research shows that, although over 30% of mothers smoke before and after pregnancy, there is an approximate reduction of 6% of mothers who refrain from smoking during pregnancy. 29% of parents questioned smoked while they were pregnant. It is important to ascertain what the baseline is to measure a 6% **reduction**. There needs to be a comparison to measure if there has been a reduction.

Information and advice:

Generally, the outcome for the availability of information and advice on breast feeding, nutrition, hygiene and safety was the same as other information and advice in that it was received through other community organisations. However, this information could now be accessed through Sure Start by those parents and carers who use the service.

Access to information on Breast feeding

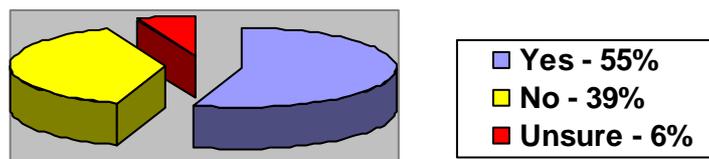


Figure 7: Information on Breast feeding

Access to information on Nutrition

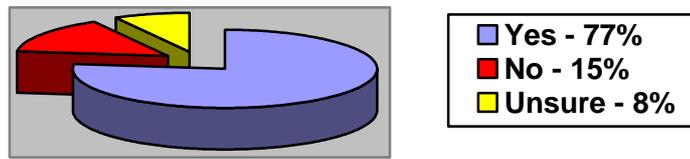


Figure 8: Information on Nutrition

Access to information on Hygiene

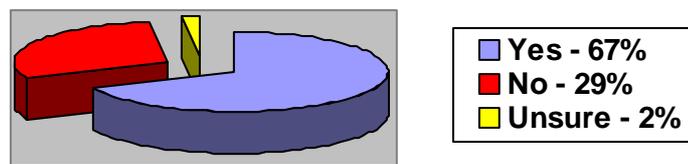


Figure 9: Information on Hygiene

Access to information on Safety

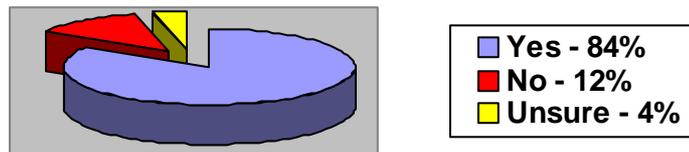


Figure 10: Information on Safety

During the interviews, it was not clear that these families received this information from Sure Start/Childcare Development Team. Many parents stated that they received and had access to information on these issues from a variety of sources including Health Visitors and Doctors Surgeries. It was also mentioned that there is often a duplication of information to families from various sources.

'Who would you contact if you needed advice/support with your youngest child?'

"I would rather go to Sure Start staff – they are good with the parents and the children" (Case Study 6 - Appendix III)

"It would be CDT – they are more approachable than other organisations" (Case Study 3 - Appendix III)

Admittance to hospital:

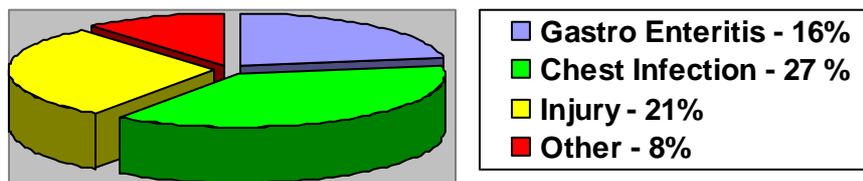


Figure 11: Admittance to hospital

Parents and carers were asked whether the child in their care had been admitted to hospital with gastro-enteritis, chest infection or injury. Chest infection was the highest reason for admission closely followed by injury.

The SDA target under Objective 2 indicates the intention of a reduction of 10% in the number of children aged 0-3 living in the Sure Start areas admitted to hospital as an emergency with gastro-enteritis, a lower respiratory infection or a severe injury.

Figure 11 shows the figures for admittance of those who participated in the research. Again, it is important to ascertain what the baseline is to measure a 10% reduction.

Fifty percent of the respondents felt that Sure Start and the Childcare Development Team had helped to improve the health of their child through introducing healthy foods, providing an environment conducive with early learning and development, etc.

There is a high proportion of families with young children receiving information and guidance on breast feeding, nutrition, hygiene and safety.

Antenatal advice and support:

Again, parents and carers shared that although antenatal information and advice was accessed, most of the support was obtained from other sources including Health Visitors and Doctors Surgeries. However, those who are already service users are more likely to access this support through Sure Start of the CDT during subsequent pregnancies.

Care during pregnancy:

17% of respondents identified the Childcare Development Team/Sure Start in helping mothers take care of themselves during pregnancy through providing information and advice. 83% stated that they had chosen to obtain pre-conception advice and support from other community organisations which could change as Sure Start (CDT) become more known to residents. During the interviews, many parents/carers stated that they had not been in contact with Sure Start during pregnancy however, advice and information was available through GP's, Health Visitors or Midwives.

Yes	No
17%	83%

Improving children's ability to learn:

Through the Stay and Play activities, the Childcare Development Team are working towards encouraging high quality environments and childcare that promotes early learning, provides stimulating and enjoyable play, improves language and ensures early identification and support of children with special needs.

Expanding the existing library and setting up activities is another method that the CDT is using to encourage children to learn.

Positive learning environments:

From the feedback from the parent questionnaires, it is apparent that between 90% and 98% of parents believe that the CDT activities have provided environments that promote early learning, stimulating and enjoyable play and have improved their child's language. During the interviews, many parents remarked that by attending the Play and Stay activities, their child had developed confidence. This included mixing with other children, sharing toys and communal singing. Other positive learning environments include the crèche, children's corners (in Dr's surgeries), community events, etc.

Preparation for School:

Those parents who were interviewed for Case Studies did feel that their youngest child that attended the activities organised by the CDT would be more prepared to attend infant school. This was marked by comments than the older children were possibly at a disadvantage through not accessing the CDT or Sure Start.

"I did feel that he was ready for school. Although I do feel that my youngest is more prepared" (Case Study 2 - Appendix III).

"Now, I do feel that it could have been better" (Case Study 3 - Appendix III).

"He was alright when he first went to school, but my daughter will be better prepared" (Case Study 4 - Appendix III).

"But the youngest will be more prepared" (Case Study 6 - Appendix III).



Identification of the early detection of special needs:

All CDT staff are highly trained and experienced in all aspects of childcare and special needs.

The target of ensuring early identification and support of children with special needs was difficult for many parents to ascertain, however, the staff felt that they were highly competent in recognising indications of special needs, this could have been through the parents/carers perception that their own child did not have special needs as well as there being very few children with special needs that attended the Play and Stay activities. Only 46% agreed with the statement while 50% were unsure.

Use of Library facilities by parents:

One of the SDA targets is to increase the use of libraries by families with young children in Sure Start areas. The CDT has worked very hard with East Park Library to improve services available to children including Play and Learn sessions.

The research shows that 24% of parents who use the CDT often visit the library with their children. These visits may be with older children. Over fifty percent of respondents never visit the library. This may be because, with an only child under the age of 2, they have are not yet into the habit of visiting libraries. It should also be noted that not many libraries have facilities or reading materials to cater for children under the age of 2. Library services will be developed in the near future with the employment of a Sure Start Library Link Worker.

Strengthening Families and Communities:

It is anticipated that by involving families in building the community’s capacity to sustain the Sure Start programme that there would be the opportunity to create pathways out of poverty for targeted families. This should be measured by at least a 12% reduction in the proportion of 0-3 year old children living in households where no one is working.

Reduction in proportion of children living in households where no one is working:

The research with parents shows that 44% of respondents are in part time employment with 74% of partners in full time work. Of the respondents, 8% are in full time employment. From these results, it appears that Sure Start has successfully met its target. It should however be noted that the existing play groups and mother and baby clubs that were taken over by the Childcare Development Team already had a high proportion of working parents.

Are you in paid employment

Full time	Part time	Full time carer
8%	44%	48%

Is your partner in paid employment

Full time	Part time	Unemployed
92%	0%	8%

Are you in education

Yes	No
12%	88%

The target group for this objective will be aimed at households where there is no one in employment. With 44% of parents/carers in part time work, it is not apparent that this particular target is being met by addressing those families who are not in work. At each of the Stay and Play groups, there is a number of Sure Start users who are not full time carers, such as grandparents. However, we acknowledge that there are benefits to grandparents attending in that they seem to be supportive of other, perhaps less experienced, parents attending. We also acknowledge that this is not a primary target of the CDT but is included in the Sure Start aims and objectives.

Improvement in the quality of services providing family support:

The SDA target indicates that there should be a 75% of families reporting personal evidence of an improvement in the quality of services providing family support. The research indicates that 73% of parents/carers believe that Sure Start and the Childcare Development Team have improved the quality of services providing family support. This is further evidenced from the case studies. All three case studies indicate that there is a better service now for their youngest child than there was for their eldest child.

Has SS improved services available to you.

Yes	No	Unsure
73%	4%	23%

Parent representation on local programme board:

All Sure Start programmes should have parent representation on the local programme board. The research shows that only 4% of respondents are parent representatives while 96% are not representatives. Only 8% have been invited or know of someone who has been invited to be a parent representative. There is a need to be more proactive in involving parents in the decision making process of the Childcare Development Team and Sure Start. Many parents stated that time and work commitments were a major issue in stopping them from being a parent representative. It would therefore be more appropriate for the Childcare Development Team to consider alternative and interactive decision-making processes. Particularly as 15% said that they were willing to be parent representatives.

	Are you a parent representative?	Have you or anyone you know been invited to be a parent rep?	Would you like to be a parent rep?
Yes	4%	8%	15%
No	96%	82%	73%
Unsure		10%	12%

A useful first step would be to encourage greater responsibility from parents/carers in running their own Stay and Play group. This currently takes place at East Park Stay and Play group that meets at St Matthews Church.

Effective links with stakeholders:

All Sure Start programmes should have established effective links with Job Centres Plus, local training providers and further education institutions. It is also expected that all Sure Start programmes will work with their EYDCP to help close the gap between the availability of accessible childcare for 0-3 year olds in Sure start areas.

The Childcare Development Team has established links with many stakeholders and educational providers in the area. From the structured telephone interviews, it was apparent that most stakeholders felt that there is a very good and effective relationship with the Childcare Development Team.

There was one comment stating that the relationship was good, but with some teething problems. Another stakeholder felt that the relationship was poor and disagreed with the target age however; felt that the Childcare Development Team provided a valuable service. We acknowledge that the age range for Sure Start has been set by Central Government. It was identified that in some cases, communication was a major hurdle however; this comment was not fully clarified.

Other than these isolated comments, there was a feeling that relationships between the Childcare Development Team and stakeholders are positive.

The Childcare Development Team themselves felt that they had a good level of contact with professional organisations. Although the staff did not have any real contact with individual professionals, there were opportunities to exchange information. From the Childcare Development Team perspective, there were some difficulties at first, particularly over resource issues however, there was recognition that Sure Start is complimentary to existing services.

Sure Starts and CDT's Relationship with Other Agencies

Stakeholders in Sure Start and the CDT where approached and asked questions concerning issues around contact, relationship, information etc.

As the majority of stakeholders contacted believed their relationship with Sure Start and the CDT to be positive and only 5% expressing that they had 'a few' problems, our conclusion is that Sure Start are successfully building and developing relationships with other community organisations. Information is being received by 100% of those agencies and stakeholders interviewed at least twice a month. However, comments were made that there is a feeling of information overload.

When asked what aspects of their relationship with Sure Start were positive or negative the general consensus was that communication and information are the strongest attributes to Sure Start and the CDT with very little negative feedback. Comments made were:

Question 4

	Yes – How	No - Why
Sheet 1	Members of my staff are on the board, we do some joint training together.	

Sheet 2	I have over 23 years of experience representing the best interests of the community. As such I am a listening ear and a sounding board.	
Sheet 3	I know I have only to suggest an idea and it is listened to and more importantly acted upon, they help us find funding for projects and would go with me on home visits if I asked them to.	
Sheet 4	Our team of nursery nurses from Sure Start are fabulous.	
Sheet 5	Yes, but it could be improved by leaving personalities at the door and just getting on with the job.	
Sheet 6	We do some joint work together.	
Sheet 7	I am part of the voluntary community. As such I feel listened to.	
Sheet 8	I have only just got involved but feel very welcome.	
Sheet 9	My school is very well informed by them.	
Sheet 10	I manage a facility where Sure Start brings in a Stay & Play. As such it is imperative to have a good working relationship.	

Sheet 11	Because we share information, ideas and talk regularly.	
Sheet 12		Not really at the moment, once the library link worker is in place then I will feel like I can have a say, this is in the long term.
Sheet 13		Not particularly, as I said, I don't agree with the target age range – 0-5 yrs, I think that is wrong. Mind you they do a good job.
Sheet 14	In the sense that we have got this far.	
Sheet 15		No - communication is a huge issue and a major hurdle.
Sheet 16	Communication is really good.	
Sheet 17		Not at present I do not feel listened to.
Sheet 18	I think they do a good job, but maybe we need more. There is not a lot is there?	
Sheet 19	I see the main people regularly. I have one of the workers children in my group so we get to talk a lot.	
Sheet 20	We talk regularly.	

Information is more likely to be received by post than by direct contact, with 100% receiving information by post, this forms 60% of total contact. However, 40% of participants were successfully receiving both direct and indirect contact. As the

stakeholders contacted were happy with their relationship with Sure Start and the CDT, the main method of contact used is satisfactory and assisting in maintaining positive relationships.

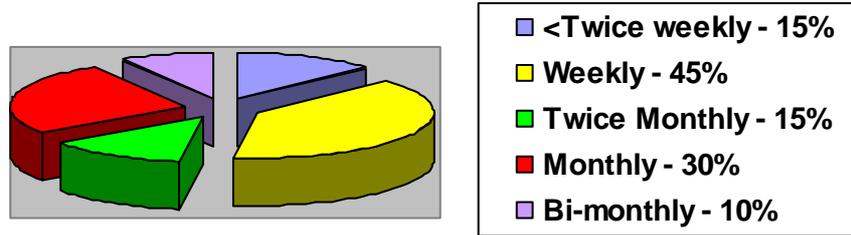


Figure12: Frequency of information received

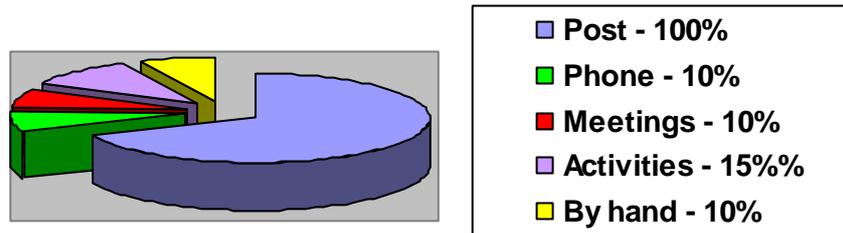


Figure13: Method of information receipt

All of those stakeholders contacted knew the location of their local Sure Start and CDT. This leads us to believe that Sure Start staff could be approached directly by everyone involved if the need was to arise and, in our experience, that this further enhances relationships and indicates that the project management is working well.



MEASURING THE COST- EFFECTIVENESS OF SURE START & CHILDCARE DEVELOPMENT TEAM

Sure Start should be thought of as an investment in young children and their families, similar to that as an investment in education. Costs are incurred in the short term in the expectation that there will be a return on that investment in the longer term.

One of the main reasons for investing in Sure Start is that it is in the development of children's potential. The children who attend Sure Start and CDT activities will need to have achieved lower level milestones before they can move on to higher ones. The economic argument for early intervention is that it paves the way for higher levels of achievement at later ages than would otherwise be possible.

The cost-effectiveness evaluation or cost-benefit analysis of Sure Start and the CDT asks two key questions:

- What is the total level of resources being spent on Sure Start?
- What are the benefits of Sure Start for children, their families, the local community and the wider public, which can be quantified in monetary terms?

The resources devoted to Sure Start are those, which could be used in another way if Sure Start did not exist. Economists refer these to as "opportunity costs" because they represent lost opportunities to do other things. Examples of opportunity costs include:

- Sure Start grants.
- Resources provided from other sources (e.g. buildings, donations from companies)
- Resources provided by volunteers
- The cost of additional services received by children and families as a result of referrals (for example specialist mental health services or the cost of training courses)

Opportunity costs need to be looked at in the context of the level of existing services for young children and their families in individual areas, since the challenge of delivering services varies according to the local starting point.

Another important aspect of a cost effectiveness or cost-benefit analysis evaluation will be an assessment of the efficiency and effectiveness of the use of Sure Start resources.

- Efficiency measures the extent to which a minimum level of resources is used to achieve a given objective
- Effectiveness measures the extent to which a particular objective is actually achieved

As part of this process it will also be necessary to assess the national costs of achieving particular national targets, while recognising that costs will vary from area to area depending on local circumstances. An outline of the current costs of Sure Start and an estimate of the approximate weekly costs of maintaining Stay & Play groups is to be found in [Appendix VIII](#)

A cost-effectiveness or cost-benefit analysis evaluation should then use information collected as part of an impact evaluation to assess the value of the outcomes achieved by Sure Start for:

- Children
- Families
- The local community
- The wider public (including taxpayers)

Any benefits are likely to come through on a variety of timescales. For example the impact on the earnings of the children cannot take place until they are at least sixteen and therefore old enough to work. But there may be potential benefits in terms of children and parents' health, which could come through much more quickly.

Overall a cost-effectiveness evaluation or cost-benefit analysis should consider potential benefits under the following headings:

- Educational outcomes and skill development
- Health (physical and socio-emotional) outcomes
- Behavioural outcomes (for example involvement with substance use or delinquency)
- Employment outcomes (including earnings)
- The economic and social well being of the area

An important aspect of measuring the benefits in a cost effectiveness evaluation or cost-benefit analysis will be an analysis of intangible benefits and additionality. The benefits that show how an initial investment is enhanced or added to by what a Sure Start Partnership does with it. Examples could include:

- The number of volunteers that become involved
- Parents enrolling on training courses
- Creating a more productive process of partnership working

Throughout the evaluation, it was apparent from comments made by parents from the informal semi-structured interviews and case studies that many recipients of CDT services felt that they had received a quality service. It is often difficult to use these statements on the quality of service in a financial context. It is however possible to put a monetary value on these perceptions of a quality service. Through using a Clawson Method (Clawson & Knetsch 1966), it is possible to put a time-distance value (TDV), or travel-cost method (TCM) on to a person's value of the service that they receive and are prepared to travel to. It is based on an 'observed market behaviour' of a cross-section of users.

The TDV seeks how the visit frequency of users responds to the changes in the 'cost' of a visit. The costs of travelling, monetary and time costs and any direct on-site costs are used as a proxy for the price. This can be used as a guideline as to the assumed benefit that users put on the service and can be accumulated in terms of real benefit that should compliment the remarks around the quality of the service.

It is certainly recommended that there should be a full cost-effectiveness or cost benefit analysis using a Clawson method to determine the benefits and cost effectiveness of the service that users value.

CHILDREN'S CENTRES

At the time of writing this report, discussions are in process of establishing Children's Centres in Wolverhampton. It is apparent that there will be implications for Sure Start under the proposed Children's Centres.

It is anticipated that Children's Centres will provide an integrated service for children and families including early years education and childcare, health & family support services and training and employment opportunities. The Government's overall intention is set out in the White paper "Every Child Matters" (2004 Children Act) and is further intended to transform the way that services are organised and managed.

The Government's aim is to ensure that every child has the chance to fulfil their potential by offering a range of preventative services at a local level that is easily accessible by families and children. The Government further aims to reduce levels of educational failure, ill health, substance misuse, teenage pregnancy, abuse and neglect, crime and anti-social behaviour among children and young people.

It is also the Government's aspiration that all children in the 20% poorest wards in the UK will have access to Children's Centre services by March 2008. Eventually, this service will be available to every ward in the UK.

From the findings for this report, it is apparent that the quality of service provided by the CDT will be appropriate for a proposed Children's Centre in Wolverhampton. The CDT is currently meeting many of the core services for the proposed Children's Centre:

Early education integrated with childcare: CDT is already meeting most of these aims, including early education with childcare for babies and children until they reach school age and early identification of children with special needs and disabilities with inclusive services and support for their families. The CDT has received training on identifying special needs.

Family support and outreach services for parents: The CDT is currently providing the main elements of this core service. The core service includes:

- Visiting all children in the catchment area within 2 months of birth (with the Healthy Start Team - HST)
- An access to specialist services
- Parenting support and information as well as specific support for families in need and 'hard-to-reach' families
- Providing information and advice on parenting skills at significant transition points for the family (e.g. birth, early days, settling into childcare)
- Increasing parents understanding of their child's development
- Increasing the involvement of fathers

From the findings it is apparent that most parents are satisfied with these current services provided by CDT

Child & family health services: The CDT currently provides opportunities for antenatal advice and support for parents and information and guidance on breast-feeding, hygiene, nutrition and safety. CDT further provides support, identification and care for those suffering from maternal depression and speech and language and other specialist support.

Links with schools and Children's Information Services (CIS): The CDT currently has very effective links with local schools. There is also contact with key stakeholders with extended schools and out of school activities including holiday play schemes and before/after school play & learning. The CDT is more than competent in providing information for parents and carers about CIS

Links with Jobcentre Plus: This core service does not currently form part of the CDT's programme. Nevertheless, the CDT through its informal support for parents and carers who wish to consider training and employment will be in a strong position to deliver this core service. CDT has established effective working arrangements with Sure Start partners and key stakeholders.

The flexible services for families and young children that is expected to be developed through Children's Centres is currently being delivered by CDT. It is anticipated that the Children's Centres situated within the Sure Start area will build upon and incorporate the key elements of the current programmes. For CDT, this will include:

- The Foundation Stage (nursery and reception classes) alongside integrated childcare for 0-5 year olds
- Identification and support for children with disabilities and/or special needs
- Parenting support, based at the Centre, at community venues and in homes
- Training opportunities for local people with crèche support
- Base for children's and families' health care provision with the emphasis on preventative services
- Employment advice and guidance or provision of a signposting service
- Information on early years and childcare providers from the Children's Information Service
- Additional targeted services to meet the particular needs of the local community

As stated above, there is a quality of service provided by CDT that should be appropriate for the proposed Children's Centres.



RECOMMENDATIONS:

- 1) There is a need to be more proactive in involving parents in the decision making process of the Childcare Development Team and Sure Start. Although 4% of respondents are Parent Representatives on the Partnership Board, a further 15% expressed the wish to become more involved. Many parents stated that time and work commitments were a major issue in stopping them from being a parent representative. It would therefore be more appropriate for the Childcare Development Team to consider alternative and interactive decision making processes.
- 2) There is a need to make the initial process of contacting parents more systematic and equitable. The research shows that there was no fixed method of contacting parents with children under the age of 2 months (or during pregnancy). It appears that the main method of establishing contact with parents and potential parents is through promotions, leaflets and 'word-of-mouth'. This does appear to be an effective and successful method of contacting parents during pregnancy. This issue is currently being addressed through the Healthy Start Team and possible access to future school enrolment lists. This development could enable the Childcare Development Team to develop a more efficient process of contacting potential parents and vice versa.
- 3) Parents and carers in the SSWE area could benefit from the development of more new groups that could provide a service for those parents and carers who currently access the service. There is no doubt that the Childcare Development Team has improved the quality of service provided by existing groups by changing them into stay and play groups. Overall this a welcome development for these groups. More could be done to encourage families from the target groups to access the Stay and Play services. It is apparent that the children who do attend the play and stay groups do receive a high quality environment to promote early learning and stimulating play as stated in Objective 3.
- 4) There needs to be a more proactive approach to addressing the needs of parents who are not in employment to encourage them to join Stay and Play groups. Through observation, it became evident that many grandparents attend the Stay and Play groups as opposed to parents or carers. From the questionnaire it is also apparent that many of the parents are in either full time or part time employment. With the rate of unemployment and those claiming benefits (i.e. income support) in the Sure Start areas in the West Midlands at 26% (Office of National Statistics 2003) it is evident that these groups are underrepresented in the Childcare Development Team activities.
- 5) Although most stakeholders interviewed felt that the regular meetings between the CDT and Partner Organisations were sufficient, some comments were made that there is a need to further develop these relationships. This could reduce the duplication of information as well as further developing an effective working partnership.
- 6) It may be necessary to establish another group in the Portobello area. The Play and Stay group at Portobello Community Centre is very popular with approximately 30 children in attendance. However, due to the success of this particular group, it is apparent that some of the parents who attend feel that

they are receiving a 'watered down' service from the Childcare Development Team.

- 7) It is acknowledged that all information that is sent out is being managed strategically to ensure that all parents and organisations receive the same information (equality of opportunity). The research shows that it was felt that this information could be more tailored to specific need. Although some parents welcomed the information they felt it unnecessary to send 'all' information to 'all' parents/carers and organisations. There is the danger of 'information overloading' as well as problems of important information being submerged amongst the overload.
- 8) The scope of the evaluation programme has concentrated on the views of users of the Stay and Playgroups and stakeholders. It would however be advisable for a further research on the views of non-users from the target areas as to their perception of Sure Start and reasons as to why they do not or cannot access the Stay and Play groups. Further consultation could be conducted with immediate stakeholders on developing a holistic partnership through a strategic and systematic approach to referrals and contact with potential parents during pregnancy. There may also need to be consultation with primary schools to assess the benefit of children who attended Stay and Play Groups during their early years of the education and schooling process.
- 9) There is a need to determine a complete value for money evaluation. This should be through a cost-effectiveness or a cost-benefit analysis of the CDT and its users. This would enable Sure Start to determine what is the total level of resources being spent on CDT? Also what are the benefits of Sure Start and CDT for children, their families, the local community and the wider public, which can be quantified in monetary terms?
- 10) Through the quality of service being provided by the CDT, it would be appropriate for the service being incorporated within the proposed Children's Centre. CDT is currently providing an integrated service for children and families including early years education and childcare, health & family support services and training and employment opportunities. The quality of service provided by CDT should be an indicator for the proposed Children's Centre.

APPENDIX 1

SURE START AIM, OBJECTIVES AND TARGETS

The national aim, objectives and targets for Sure Start as set out in the Public Service Agreement for 2003-2006 are as follows:

The aim of Sure Start:

To work with parents to be, parents and children to promote the physical, intellectual and social development of babies and young children – particularly those who are disadvantaged – so that they can flourish at home and when they get to school, and thereby break the cycle of disadvantage for the current generation of young children.

Objective 1: Improving social and emotional development

In particular, by supporting the development of good relationships between parents and children, enabling early identification of difficulties, helping families to function effectively and promoting social and emotional well-being.

PSA Target

- **Achieve by 2005/06 a (x) % increase in the proportion of babies and young children under 4 living in Sure Start areas with normal level of personal social and emotional development for their age.**

Targets to be measured by increase in proportion of children meeting early learning goals for personal, social and emotional development. Target level to be set by end of 2003 when first results from foundation stage profile are available.

SDA targets

- One hundred per cent of families with newborn babies living in Sure Start area to have been visited by local programmes within the first two months of their child's life.
- Parenting support and information available for all parents of young children in Sure Start areas.
- (Target on child protection/working with social services under consideration)

Objective 2: Improving health

In particular, by supporting parents in caring for their children to promote healthy development before and after birth.

PSA Target

- **Achieve by 2005/06 a 6% point reduction in the proportion of mothers who continue to smoke during pregnancy.**

SDA targets

- Information and guidance on breast feeding, nutrition, hygiene and safety available to all families with young children in Sure Start areas.
- Reduce by (10 per cent-level to be finalised Autumn 2002) the number of children aged 0-3 living in Sure Start areas admitted to hospital as an emergency with gastro-enteritis, a lower respiratory infection or a severe injury.
- Ante-natal advice, support and information available to all pregnant women and their families living in Sure Start areas.

Objective 3: Improving children's ability to learn

In particular, by encouraging high quality environments and childcare that promote early learning, provide stimulating and enjoyable play, improve language and ensure early identification and support of children with special needs.

PSA Targets

- **Achieve by 2005/06 a (x) % increase in the proportion of children living in Sure Start areas with normal speech and languages development at age 2 and a (x) normal levels of communication language and literacy at the end of the foundation stage.**

Target level set in line with the data provided by the SS speech and language measure for 2 year olds

Target level for part B to be set by end of 2003 when first

SDA targets

- All children in Sure Start areas to have access to good quality play and learning opportunities, helping progress towards early learning goals when they get to school.
- Increased use of libraries by families with young children in Sure Start areas.

Objective 4: Strengthening families and communities

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

PSA Target

- **Achieved by 2005/06 in the Sure Start area of at least 12% reduction in the proportion of 0-3 year old children living in households where no one is working.**

SDA targets

- Seventy five per cent of families reporting personal evidence of an improvement in the quality of services providing family support.
- All Sure Start programmes to have parent representation on the local programme board.
- All Sure Start programmes to have established effective links with Jobcentres Plus, local training providers and further education institutions.
- All Sure Start programmes to work with their EYDCP to help close the gap between the availability of accessible childcare for 0-3 year olds in Sure Start area and other areas.

APPENDIX II

CASE STUDIES

Case Study 1 Has 3 children aged 9, 6 and 1

What were your personal difficulties with your oldest children when they were 2 years old?

I did not have any particular difficulties with my oldest child. I did have problems in moving from Bilston to East Park and not knowing where facilities were in the area

Did you have access to quality children's facilities for your oldest children?

I knew where the children's facilities were in Bilston, but not in East Park. It would have been helpful if the Housing Department had given me a list

Did you have access to quality play facilities for your oldest children?

As I said before, it was difficult at first and I had to depend on family in Bilston for help. She (oldest daughter) used to go to a mother & baby club in Bilston. We did find a playgroup when she was 3-4

Do you feel that your oldest child was prepared for school?

Yes, but it could have been better. She liked school at the beginning.

What was support like from traditional statutory agencies?

It was OK, but as I said, it was difficult finding where they all were. GP surgery was OK. Social services were also OK

Where did you receive advice and/or support?

GP Surgery and Health Visitor at first. Playgroup was helpful

What do you feel has been the benefit of Sure Start for your youngest children?

It has been great. I wish it was here for my oldest daughter. She (youngest daughter) has really come on and is very confident. She always looks forward to going to the Stay & Play sessions and seeing the other children. The staff are very good too, very helpful and good with the children

Would you recommend Sure Start to other parents?

Yes, I would. I have told people about the group, but no-one has come with me yet

Apart from Stay & Play, has the Childcare Development Team helped you in any way?

Yes, they gave me advice about diet for my youngest daughter. They are very good all round

Who would you contact if you needed advice/support with your youngest child?

I am not sure, the doctor I suppose. The (CDT) staff are helpful

Case Study 2

Has 2 children aged 7 and 2

What were your personal difficulties with your oldest children when they were 2 years old?

There were no particular difficulties with the oldest child. At the time I was employed as a Nursery Nurse, so I was able to sort out the main early years issues. My mother helped with day-to-day support.

Did you have access to quality children's facilities for your oldest children?

Not always aware of 'quality' services. When my mother was not available, my son went to a nearby family for child minding

Did you have access to quality play facilities for your oldest children?

I was not aware of any specialist play facilities in the area at the time

Do you feel that your oldest child was prepared for school?

I did feel that he was ready for school. Although I do feel that my youngest is more prepared. My oldest has always had an outgoing personality and confidence. He was looking forward to attending school

What was support like from traditional statutory agencies?

At the time I remember receiving leaflets from the midwife

Where did you receive advice and/or support?

While I was a Nursery Nurse, I never needed to ask for advice from agencies

What do you feel has been the benefit of Sure Start for your youngest children?

She (youngest daughter) is also very outgoing and mixes well with other children and adults at the Stay & Play sessions. She enjoys the singing and the wide range of play facilities. I do feel that she is more ready for school than what her brother was

Would you recommend Sure Start to other parents?

Most definitely! I have passed on the information to my friends

Apart from Stay & Play, has the Childcare Development Team helped you in any way?

I have not needed to ask for advice or support, but I know that they (CDT) are always available to talk to

Who would you contact if you needed advice/support with your youngest child?

I don't really know. Apart from CDT, there is the GP and the Health Visitors I suppose?

Case Study 3

Has 3 children, 11, 8 and 1

What were your personal difficulties with your oldest children when they were 2 years old?

There were no real difficulties. I felt I was able to cope.

Did you have access to quality children's facilities for your oldest children?

There was no mothers & toddlers club or Wacky Warehouse. No access to good play facilities

Did you have access to quality play facilities for your oldest children?

There was no really good play school. I did spend a lot of time with him (oldest son) rather than take him to play facilities

Do you feel that your oldest child was prepared for school?

He seemed OK and enjoyed going to school. Now, I do feel that it could have been better

What was support like from traditional statutory agencies?

Not much support at the time. I was in a hostel for a while when he was a baby

Where did you receive advice and/or support?

Only advice was from the clinic in Bilston. It was always very crowded and only provided basic advice

What do you feel has been the benefit of Sure Start for your youngest children?

He (youngest son, mixes well with the other children. He is very excited to attend. Enjoys the singing and meeting other children. I feel that the oldest boy would have had more confidence if he had been able to attend a Stay & Play group at 2 years of age

Would you recommend Sure Start to other parents?

Yes, definitely – they are very good

Apart from Stay & Play, has the Childcare Development Team helped you in any way?

Yes, they are good. Lisa knows all about my child. They know which activities to use and are very well organised

Who would you contact if you needed advice/support with your youngest child?

It would be CDT – they are more approachable than other organisations

Case Study 4

Has 2 children 9 and 2

What were your personal difficulties with your oldest children when they were 2 years old?

It was OK - no real difficulties, he was always outgoing

Did you have access to quality children's facilities for your oldest children?

There was not much around at the time only one mothers & toddlers club

Did you have access to quality play facilities for your oldest children?

It was OK, but not as good as the Stay & Play

Do you feel that your oldest child was prepared for school?

He (oldest son) was alright when he first went to school, but my daughter will be better prepared

What was support like from traditional statutory agencies?

The Health Visitor was alright. Social Services helped once

Where did you receive advice and/or support?

Only advice was from the clinic and the doctor's surgery

What do you feel has been the benefit of Sure Start for your youngest children?

She (youngest daughter) enjoys the group and looks forward to it. I am pleased with the range of activities. The (CDT) workers are brilliant with the children and they make good contact with the parents.

I do feel that the he (oldest boy) would have benefited from attending the Stay & Play group at 2 years of age

Would you recommend Sure Start to other parents?

Yes, I have told my neighbour to come. My friend told me about it

Apart from Stay & Play, has the Childcare Development Team helped you in any way?

There are more activities at the Play & Stay Group and opportunities for personal development. I feel that Sure Start has improved the quality of services providing family support

Who would you contact if you needed advice/support with your youngest child?

I don't know – it depends what for. For play and nutrition and safety, I would go to Sure start – but for illness I would still go to the GP

Case Study 5 **Has 4 children aged 11, 8, 5 and 2**

What were your personal difficulties with your oldest children when they were 2 years old?

There were no personal difficulties. He was always a confident boy

Did you have access to quality children's facilities for your oldest children?

There were very few children's facilities 10 years ago

Did you have access to quality play facilities for your oldest children?

There were very few pre-school children's facilities in the area 10 years ago. I did attend a mother & toddler club, but it closed down

Do you feel that your oldest child was prepared for school?

Not really, but he (oldest son) seemed OK. He eventually started to enjoy school. Yes, it could have been better

What was support like from traditional statutory agencies?

I usually went to the midwife and health visitor clinics. They were OK. I went to the doctor if there was a serious illness

Where did you receive advice and/or support?

Only at the clinic.

What do you feel has been the benefit of Sure Start for your youngest children?

It is very good. There are chances to meet the other children. He (youngest son) always looks forward to going. Can see a difference in the development of the youngest child as compared to the older children. The youngest child is benefiting from attending the Play & Stay activities. There are lots of activities that have helped with the development of the youngest child

Would you recommend Sure Start to other parents?

Oh yes of course – it is very good

Apart from Stay & Play, has the Childcare Development Team helped you in any way?

I do get letters from Sure Start about extra activities at Easter and in the holidays

Who would you contact if you needed advice/support with your youngest child?

I would probably go to the GP, but the CDT are very approachable and helpful

Case Study 6

Has 3 children aged 9, 4 and 2

What were your personal difficulties with your oldest children when they were 2 years old?

There was just a lack of children's facilities in the area. My mother used to help when I went to work

Did you have access to quality children's facilities for your oldest children?

We went to a mothers & toddlers club and it was alright before it closed down. She (oldest daughter) was ready for school before the new (mothers & toddlers club) opened.

Did you have access to quality play facilities for your oldest children?

There was a lack of play schools and playgroups in the area. There is an obvious difference in the amount of facilities available now.

Do you feel that your oldest child was prepared for school?

She has always enjoyed going school. But the youngest will be more prepared

What was support like from traditional statutory agencies?

The Health Visitor was very good. Didn't have much contact with Social Services. Went to GP for illness

Where did you receive advice and/or support?

The Health Clinic or doctor's surgery

What do you feel has been the benefit of Sure Start for your youngest children?

I am very pleased with the level of activities at the Play & Stay group. They have helped to bring out the personality of the youngest child. He (youngest son) can mix well with other children. There are lots of activities that have helped with the development of the youngest child

Would you recommend Sure Start to other parents?

Yes, I think so it is good

Apart from Stay & Play, has the Childcare Development Team helped you in any way?

They have been very helpful by sending out information on all sorts of issues. They were very good when I had a problem with Social services. They showed me who to contact. They are good at organising activities.

Who would you contact if you needed advice/support with your youngest child?

I would rather go to Sure Start staff – they are good with the parents and the children

APPENDIX III

Results (PSA Targets)

Question 4 - Do you think Sure Start has helped your relationship with your child?

If yes – How:

- A Confidence
- B General development
- C Social Skills
- D Support for parents
- E Other

Question 5 - Do you have a good relationship with your child?

Question 4						Question 5		
Yes	No	A	B	C	D	E	Yes	No
73%	27%	15%	8%	31%	3%	23%	98%	2%

Question 6 - Has Sure Start helped in any way? If yes – how:

- A Advice/Information
- B Activities
- C Social - parents
- D Social - Child
- E Child – Parent relationship
- F Other

Others:

- More Ideas
- If new parent
- Communication
- Ready for Nursery
- Yoga/relaxation
- Potty training
- Support/understanding

Question 6							
Yes	No	A	B	C	D	E	F
62%	37%	16%	27%	23%	33%	16%	27%

Question 7 - Has Sure Start helped your family in any way? If yes – how:

- A Advice/Information
- B Support
- C Other

Question 8 - Has Sure Start helped you care for yourself during pregnancy?

Question 9 - Is Sure Start helping you improve child's health?

Question 7					Question 8		Question 9	
Yes	No	A	B	C	D	E	Yes	No
31%	69%	56%	19%	25%	17%	83%	50%	50%

Question 10 - Did you smoke?

- A Before pregnancy
- B During pregnancy
- C After pregnancy

Question 11 - Does SS provide environments that support:

- A Promote early learning
- B Provide stimulating and enjoyable play
- C Improve child's health
- D Provide early identification/support for special needs

Question 10			Question 11											
			A			B			C			D		
Yes	No	?	Yes	No	?	Yes	No	?	Yes	No	?	Yes	No	?
36%	29%	35%	98%	0%	2%	98%	0%	2%	90%	6%	4%	46%	4%	50%

Question 12 - Are you in paid employment?

- A Full time
- B Part time
- C Full time carer

Question 13 - Do you have a partner?

Question 14 - If yes, is your partner employed:

- A Full time
- B Part Time
- C Unemployed

Question 15 - Are you in education?

Question 12			Question 13		Question 14			Question 15	
A	B	C	Y	N	A	B	C	Y	N
8%	44%	48%	79%	21%	92%	0%	8%	12%	88%

APPENDIX IV

Results (SDA Targets)

Question 4 - How old was youngest child when contacted?

- A 0 – 2 months
- B 2 – 6 months
- C 6 – 12 months
- D < 12 months

Question 5 - How were you contacted?

- A Letter
- B Phone
- C Home visit
- D Promotion
- E Friends/family
- F Health visitor
- G Other

Question 4				Question 5						
A	B	C	D	A	B	C	D	E	F	G
33%	17%	6%	31%	14%	8%	6%	30%	15%	4%	23%

Question 6 - Is support/information available in your area?

Question 7 - Do you have access to information on:

- A Breast feeding
- B Nutrition
- C Hygiene
- D Safety

Question 6		Question 7											
		A			B			C			D		
Y	N	Y	N	?	Y	N	?	Y	N	?	Y	N	?
92%	8%	55%	35%	6%	77%	15%	8%	67%	29%	4%	84%	12%	4%

Question 8 - Has your child been admitted to hospital for:

- A Gastro-enteritis
- B Chest infection
- C Injury
- D Other

Question 9 - Was anti-natal advice available when pregnant?

Question 8												Question 9	
A			B			C			D			Y	N
Y	N	?	Y	N	?	Y	N	?	Y	N	?		
16%	84%	0%	27%	73%	0%	21%	79%	0%	8%	92%	0%	63%	37%

Question 10 - Do you visit you library with your children?

- A Often
- B Occasionally
- C Rarely
- D Never

Question 11 - Has SS improved services available to you?

Question 10				Question 11		
A	B	C	D	Y	N	?
24%	12%	12%	52%	73%	4%	23%

Question 12 - Are you a parent representative?

Question 13 - Have you or someone you know been invited to be a representative?

Question 14 - Would you like to be a parent representative?

Question 15 – What would stop you becoming a parent representative?

- A Time
- B Work commitments
- C Family commitments
- D Childcare
- E Other

Question 12		Question 13			Question 14			Question 15				
Y	N	Y	N	?	Y	N	?	A	B	C	D	E
4%	96%	8%	82%	10%	15%	73%	12%	58%	21%	17%	6%	17%

Question 16 - What could be done to improve the service?

- A More information
- B Crèche facility
- C More sessions
- D Outdoor activities
- E No need for change
- F Unsure

G Other

Question 16						
A	B	C	D	E	F	G
12%	2%	8%	4%	44%	15%	23%

Question 17 - What do SS do well?

- A Advice/service/communication
- B Activities
- C Help with kids/encourage play
- D Information
- E Organisation
- F Playgroup
- G Everything
- H Other

Question 17							
A	B	C	D	E	F	G	H
29%	42%	25%	10%	6%	4%	15%	31%

APPENDIX V

INTERVIEWS WITH CHILDCARE DEVELOPMENT TEAM (1)

Do you believe that the CDT has been successful?

*Yes, very successful. I believe that the parents have appreciated the service as it has enabled them to have more positive contact with their young children
Disappointed that some of the events have not been well attended*

Have the CDT worked well with previously established groups?

*The relationship is OK. The parents and children appreciate Sure Start support.
The support from the CDT helps to run the group*

Are there any examples of parental involvement with the Stay & Play groups?

*There is good positive involvement with the Play & Stay groups
There has not been very good turn-outs for the Family Focus Groups
There is a very participative group at St Matthews East Park
Portobello could be more participative*

What is the level of contact with professional organisations?

*Do not have any real contact with individual professionals – when necessary we will telephone to get support from organisations
There are opportunities to exchange information*

Making initial contact with parents:

*It is usually through word-of-mouth between friends
CDT does send out regular flyers
Make occasional home visits
There are referrals from Social Services Department*

Does CDT make contact with parents prior to birth?

*Most parents are not aware of Sure start during pregnancy
The links with Health Visitors has improved and information is passed on through antenatal sessions
The Sure Start service should be publicised more during pregnancy period
Difficult to make cold calls*

Do parents ask CDT for advice on emotional issues and support other than at Play & Stay?

*Requests for some aspects of 'general advice' and emotional support at home
Provide a 'signposting' service to other agencies for parents*

Does CDT provide a service for parents from black & minority ethnic parents?

*Compared to the rest of Wolverhampton, the area is generally considered to be a white area
A few Asian parents attend Portobello Play & Stay groups – opportunities to encourage some of the Asian parents to be a link with other parents*

Any other comments?

*Overall, Sure Start is a brilliant idea
Parents do not always realise how beneficial the Sure Start service is
There is disappointment about the lack of attendance at some of the organised events*

INTERVIEWS WITH CHILDCARE DEVELOPMENT TEAM (2)

Do you believe that the CDT has been successful?

*Definitely – the groups have found it to be beneficial
Noticed that the relationship between parents and children has developed – gradual and small steps i.e. singing together, language development etc.
Parents encouraged to be involved with their children*

Have the CDT worked well with previously established groups?

*Have helped to develop existing facilities
Good relationship between CDT and Eastfield parents
At Eastfield the Sure Start team have given the group more focus and direction*

Are there any examples of parental involvement with the Stay & Play groups?

*St Matthews is being managed by two parents
Portobello is also developing with parent control
Sometimes difficult to get parent involvement – some parents do not want the extra responsibility
Involvement in running a group can be confidence building
Do not know of any parents on the Partnership Board*

What is the level of contact with professional organisations?

*Generally good contacts with professional organisations, particularly the Healthy Start Team
Good contact with Social Services Department*

Making initial contact with parents:

*Contact through Family Focus Group Events and other smaller events
Good contact with schools – particularly through the 'notification forms' and referrals followed by a home visit
Healthy Start have helped with making contact
Parents details on a database*

Does CDT make contact with parents prior to birth?

*Referrals from Health Visitors have improved
Healthy Start make home visits
It is important to get in earlier to make contact with parents*

Do parents ask CDT for advice on emotional issues and support other than at Play & Stay?

*It is important to build up relationships with parents to gain trust and confidence
CDT team act as a signpost for parents to other services and organisations
Feel that there is a confidence in CDT*

Does CDT provide a service for parents from black & minority ethnic parents?

*Compared to other areas in Wolverhampton, there is not a high proportion of black & minority ethnic families in the area
There are initiatives to involve black & minority ethnic parents
ESOL classes will soon be provided for families whose first language is not English*

Any other comments?

*Feel that CDT is doing a good job – everything that CDT do feeds into other Sure Start initiatives and groups
Positive support for play groups*

How will CDT/Sure Start develop in the future?

*There needs to be more training opportunities for parents
The voluntary option is not always appropriate – many parents will want paid employment – if this happens it will be an additional benefit from the Sure Start initiative in providing employment opportunities
Home Start will be established soon to work directly with parents by providing practical advice and support from fellow volunteer parents*

INTERVIEWS WITH CHILDCARE DEVELOPMENT TEAM (3)

Do you believe that the CDT has been successful?

Yes, the programme has been successful – evidenced through engagement in the community and comments from parents

Have the CDT worked well with previously established groups?

*There were initial difficulties with Eastfield – this has now been resolved
Have helped to develop organisation of groups*

Are there any examples of parental involvement with the Stay & Play groups?

It has been difficult to encourage involvement with the groups. It has taken the best part of 2 years for parents to take over the management of St Matthews Play & Stay Group and to get parent representatives on the Partnership Board

What is the level of contact with professional organisations?

*Good positive contacts with professional organisations – sometimes difficult at first particularly over resource issues
Recognise that the Sure Start input is complimentary to what is going on at present
Still some resentment by some organisations – usually over resource issues*

Making initial contact with parents:

Usually at awareness raising events

Referrals from Social Services Department – particularly with child protection cases

CDT approach parents at events and at schools

Does CDT make contact with parents prior to birth?

Health Visitors provide information to new parents

Follow up with home visits

Support with obtaining maternity grants

Do parents ask CDT for advice on emotional issues and support other than at Play & Stay?

Do provide advice – mainly as a signposting service for parents to contact other agencies

Does CDT provide a service for parents from black & minority ethnic parents?

There are not many black and minority ethnic families in this area of Wolverhampton compared to other areas

There is a very transient population in this area

Any other comments?

A good service overall in terms of provision and supporting parents

Hopefully, the service will continue to develop through social care, schools particularly with addressing issues of teenage pregnancy

APPENDIX VI

Informal semi-structured interviews

Structured telephone interviews with stakeholders

SURE START WOLVERHAMPTON EAST – CHILDCARE DEVELOPMENT TEAM (1)

1) How many children do you care for under the age of ten? _____

2) Starting with the youngest, what is the month and year of their births?

Child 1 (youngest) _____

Child 2 _____

Child 3 _____

Child 4 _____

3) How often do you access a Sure Start activity?

What area do you live in? _____

Please complete the remainder of the questionnaire in relation to your **YOUNGEST CHILD**

4) Do you think that Sure Start and the Childcare Development Team have helped you to develop the relationship that you have with your child?

Yes / No

If yes, how?

5) Do you feel that you have got a good relationship with your child?

Yes / No

6) Have Sure Start and the Childcare Development Team helped in any way?

Yes / No

If yes, how?

7) Have Sure Start and the Childcare Development Team helped your family in any way?

Yes / No

(i.e. emotional support, help & advice)

If yes, How?

8) Do you feel that Sure Start and the Childcare Development Team helped you to take care of yourself during pregnancy? (i.e. information and advice)

Yes / No

9) Do you feel that Sure Start and the Childcare Development Team is helping you to improve your child's health?

Yes / No

10) Did you smoke

before you fell pregnant?

Yes / No

during pregnancy?

Yes / No

after the baby was born?

Yes / No

11) Does Sure Start and the Childcare Development Team provide high quality environments

that.....

a) promote early learning?

Yes / No / Unsure

b) provide stimulating and enjoyable play

Yes / No / Unsure

c) improve your child's language?

Yes / No / Unsure

d) ensure early identification and support for children with special needs

Yes / No / Unsure

12) Are you in paid employment

a) full time

b) part time

c) not at all (full time carer)

13) Do you have a partner

Yes / No

14) If yes - is s/he in paid employment

a) full time

b) part time

c) not at all

15) Are you in any form of education i.e. College, University?
Yes / No

SURE START WOLVERHAMPTON EAST – CHILDCARE DEVELOPMENT TEAM (2)

- 1) How many children do you have under the age of ten? _____
- 2) Starting with the youngest, what is the month and year of their births?
Child 1 (youngest) _____
Child 2 _____
Child 3 _____
Child 4 _____

- 3) How often do you access a Sure Start activity?

What area do you live in? _____

Please complete the remainder of the questionnaire in relation to your **YOUNGEST CHILD**

- 4) Approximately how old was your baby when Sure Start and the Childcare Development Team first contacted you?

- 5) How were you contacted? Letter / Phone / Home Visit / Other (State)

- 6) Do you think that 'parenting support' and 'information' is available to all parents of young children in your area? Yes / No

- 7) Do you have access to information on the following

- | | |
|-----------------------------|-------------------|
| a) Breast feeding | Yes / No / Unsure |
| b) Nutrition/healthy eating | Yes / No / Unsure |
| c) Hygiene | Yes / No / Unsure |
| d) Safety | Yes / No / Unsure |

- 8) Has your child been admitted into hospital for the following:

- | | |
|--|-------------------|
| a) Gastro-enteritis (diarrhoea and sickness) | Yes / No / Unsure |
| b) Chest infection | Yes / No / Unsure |
| c) Injury | Yes / No / Unsure |
| d) Other (please specify) _____ | |

9) Was ante-natal advice and support available to you and your family during your pregnancy? Yes / No / Unsure

10) Do you visit the library with your child (ren)? Often / Occasionally / Rarely / Never

11) Do you think that Sure Start and the Childcare Development Team has improved the quality of services providing family support? Yes / No / Unsure

12) Are you a parent representative on the local programme board? Yes / No

13) Have you been invited or know of someone who has been invited to be a parent representative? Yes / No / Unsure

14) Would you like to be a parent representative? Yes / No / Unsure

15) If no What three things would most stop you from being a parent representative?

- a) _____
- b) _____
- c) _____

16) What (if anything) do you think could be done to improve the service provided by Sure Start and the Childcare Development Team?

17) What do you think the Sure Start (CDT) do well?

SURE START WOLVERHAMPTON EAST – CHILDCARE DEVELOPMENT TEAM (1)

- 1) What do you know about the Sure Start and Childcare Development Team?
- 2) Where is the local Sure Start/Childcare Development Team based?
- 3) What is your relationship with the local CDT?
- 4) Do you feel that this relationship is effective?
 - a. If Yes – How?

 - b. If No - Why?

- 5) Do you regularly receive information from the CDT?
- 6) How often is information received?
- 7) How is this information received? (post, phone, meetings, etc)
- 8) What could be done to improve these links?

QUESTIONS FOR STAKEHOLDERS

- 1) Do you feel that Sure Start and the Childcare Development Team have contributed to any significant improvement in the personal, social and emotional development in babies and young children?
- 2) Do you feel that Sure Start and the Childcare Development Team have contributed towards a reduction in the proportion of mothers who smoke during pregnancy?
- 3) What has Sure Start and the Childcare Development Team provided in terms of providing a high quality environment to promote:
 - a) Early learning
 - b) Stimulating and enjoyable play
 - c) Improvement in language
 - d) Support for children with special needs
- 4) What do you feel that Sure Start and the Childcare Development Team have contributed to in reducing poverty in families with children?
- 5) Do you believe that 'parenting support' and 'information' is available to all parents?
- 6) Do you believe that antenatal advice and support has been available to families with children?
- 7) Do you believe that children under 5 have access to good quality play and learning opportunities before they go to school?
- 8) Are you aware of parent representatives on local programme boards?

APPENDIX VII

'WH' ANALYSIS

CHILDCARE DEVELOPMENT TEAM

What have the Childcare Development Team Done? (1)

- Groundbreaking awareness raising
- Making contact with schools, nurseries, sports day and community events, libraries and doctors surgeries
- Establishing children's corners in doctors surgeries
- Setting up the Deansfield Family Centre
- Establishing the crèche
- Started parent training (BEC)
- Encouraging parents to join the Board and with collaborative commissioning
- Reinforce the Portobello Playgroup and set up Stay & Play's at St Matthews
- Set up East Park Library Play & Learn
- Family Focus
- Half term and summer activities
- Participating in large scale community events
- Registered 700 children
- Baby clinics – citywide
- Delivered 'good-bags' and launches
- Set up Kingswood
- Home visiting
- Home safety week + equipment
- Weaning
- Breast-feeding
- Real Nappy work

Why did Childcare Development Team do this?

- To promote the new programme
- To meet a desperate need to provide a locally based good quality play and learning opportunities
- Child-care was used as a good method of partnership working
- The downside is that it is a 'slow-brew'
- CDT picked up the work to deliver the targets required and to reach as many people as possible

How did the Childcare Development Team do this?

- Hard work
- Partnership working
- Flexibility
- Used a community development approach
- Face-to-face contact – word-of-mouth

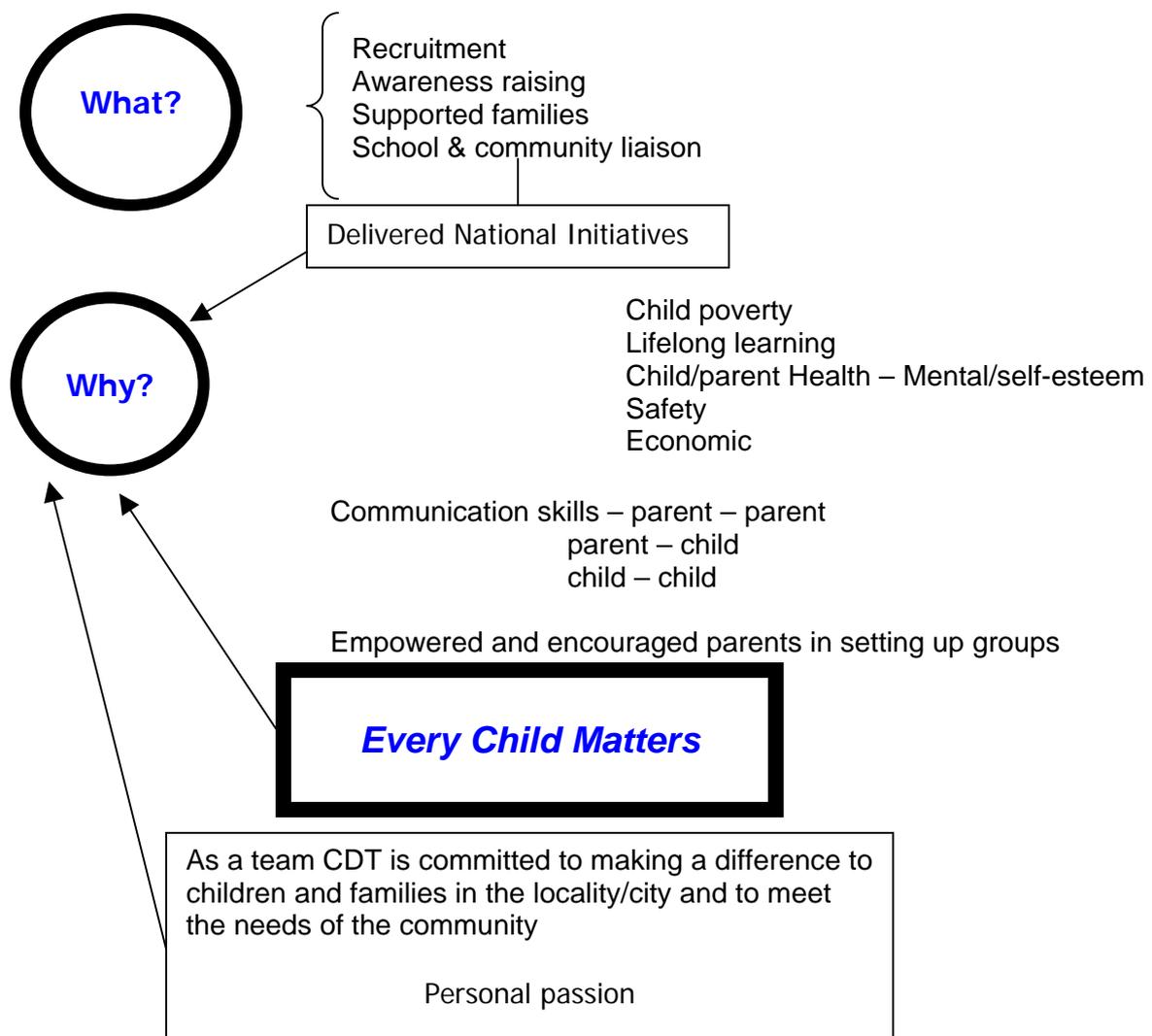
- Posters – database – mail shots
- High public profile
- Parental involvement

What was the role of the Childcare Development Team?

- To promote play, learning and care opportunities
- CDT have adapted its role and remit for the development of the programme

What have the Childcare Development Team Done? (2)

Why have they done it?



How did the Childcare Development Team do this?

(Refer to AGM report)

What was the role of the Childcare Development Team?

- Refer to job descriptions
- Board reports
- Risk assessment documents
- Ofsted – registered staff – policies & procedures

What do the Childcare Development Team do now?

Why do they do it?

How do they do it?

- Developing the programme
 - Making the programme sustainable
 - Building the capacity of both CD team and users
 - Effective participation
 - Building self-esteem
 - Building relationships and supporting relationships (case studies – anecdotes)
 - Improving service delivery of Sure start
 - Piloting new initiatives
-
- Prevention
 - Proactive approach
 - Excellent case studies and experiences – additionality
 - Enables CDT to concentrate on care issues and quality service delivery
 - Keeping up-to-date with current issues
-
- Long term views – need to keep recent issues in perspective
 - Important not to let past and current achievements and successes be overshadowed by uncertain future

What will Childcare Development Team do in the Future? (1)

A continued opportunity to make an impact on children's lives
Demonstrate a match to deliver the Children Centre services
To put to good use the investment in professional development and learning
To continue to raise aspirations and standards

Why will the Childcare Development Team do it?

Areas of need still need further development

How will the Childcare Development Team do it?

By being given the time and resources to continue

What will be the role of the Childcare Development Team?

Early years co-ordinators

Birth to 3 Co-ordinator
3-5 Co-ordinator

What and Why will Childcare Development Team do in the Future? (2)

Share good practice

Invest

Increased family support – e.g. nurturing

Continue the current proven good programme

Practise and build programmes of delivery to meet future needs

Vision – empowering parents to participate proactively and positively and contribute within their own community to see that “Every Child Matters”
Their futures are our futures

Ownership - Ourselves
 Community
 Other stakeholders –
 including politicians and
 power brokers

What will be the role of the Childcare Development Team?

Responsive

Proactive

Strengthening

(Refer to earlier notes for How and Why)

Notes:

There has been a distinctive leadership of the Programme Team and the CDT

CDT do more than what is in their job descriptions – job mix – additionality

The job descriptions specify no less than NVQ 3 level +two and half years experience

Has taken time to establish a quality team

There is a commitment to increasing the role of the CDT

The Stay & Play is a foundation for other developments

The 10-year Childcare Strategy focuses on the quality of parenting and of parents returning to work

APPENDIX VIII

MEASURING THE COST

INCOME:

Sure Start receives the following income from key partners:

	Education (including EYDCP & EAZ)		Health Service (excluding GP services)		Social Services	
	Current	Capital	Current	Capital	Current	Capital
Core Service						
Play, learning & childcare	566,400	250,000				
Primary & community healthcare			292,561	500,000		
Special needs support					57,238	
Total	566,400	250,000	292,561	500,000	57,238	

	Community Play		Children's Information Service		Libraries Service	
	Current	Capital	Current	Capital	Current	Capital
Core Service						
Play, learning & childcare	7,500				67,240	
Support for families and parents			5,940			
Total	7,500		5,940		67,240	

	Adult Education and other Training Providers		Teenage Pregnancy Unit		Neighbourhood Safety Project (Youth Crime Initiative)	
	Current	Capital	Current	Capital	Current	Capital
Core Service						
Relevant improvements to parent's employability	150,000					
Action on Teenage Pregnancy			77,600			
Relevant crime prevention and reduction					85,000	
Total	150,000		77,600		85,000	

	Current	Capital
Total Income =	1,309,479	750,000

Estimated Stay & Play Costs:

Weekly:

Room Hire	360
Staff Costs	198
Management	37

Total = 595

(600)

Annual costs based upon 40 weeks per annum:

600 x 40 weeks = 24,000
Equipment 3,000

Total = 27,000

These costs do need to be measured against the value and the quality of the Stay & Play groups that parents and carers receive. Benefits can usually be measured through a variety of timescales. For example the impact on the earnings of the children cannot take place until they are at least sixteen and therefore old enough to work. But there may be potential benefits in terms of children and parents' health, which could come through much more quickly.

An important aspect of measuring the benefits in a cost effectiveness evaluation or cost-benefit analysis will be an analysis of intangible benefits and additionality. The benefits that show how an initial investment is enhanced or added to by what a Sure Start Partnership does with it.

Throughout the evaluation, it was apparent from comments made by parents and carers from the informal semi-structured interviews and case studies that many recipients of CDT services felt that they had received a quality service. It is often difficult to use these statements on the quality of service in a financial context. It is however possible to put a monetary value on these perceptions of a quality service.

It is certainly recommended that there should be a full cost-effectiveness or cost benefit analysis to determine the benefits and cost effectiveness of the service that users value.