Running an Enhanced Play Session – lessons from the pilot

Summary

In June/ July 2004, SureStart Rowley, the Early Years Partnership and Rowley Regis & Tipton PCT worked in partnership to run a pilot “enhanced play session”: a play session for children with some form of developmental delay. Six sessions were held, each lasting for 2 hours. The aim was that in the first hour, key workers would supervise the children whilst their parents were provided with information and advice about various aspects of child development. In the second hour parents would join their children & the key workers. The key workers would work with the parents to set targets for the children, related the area in which their development was delayed. Their play with the children and advice/support offered to parents would centre on activities designed to help the children achieve the targets set. The aim was to provide the support needed for the child to start to ‘catch up’ in the area(s) where their development was delayed.

This report documents the experience of running the pilot and the lessons to be learnt.

Key observations & recommendations

Overview

1 The parents generally view the sessions favourably as do the workers involved and there is enthusiasm on both sides to run further sessions. However the children did not make the developmental advances hoped for. Given that the pilot only ran for 6 weeks it is not appropriate to judge the value of the
approach at this stage. It is recommended that further, carefully monitored, sessions are held.

2 The 6 week pilot has provided a useful trial of the approach and has identified a number of learning points, detailed below.

**Attendance**

1 The pilot aimed to reach 20 children. In the event, the number of children referred was lower than anticipated & not all of the families invited chose to attend; resulting in just 6 children attending one or more sessions. On reflection, workers feel that 10-12 is a more realistic number of children to aim for given the venue used, naturally depending on the staffing level.

2 Given the lower than hoped for attendance, the programme should consider additional ways to promote the group and ways of encouraging families who would benefit from it to actually attend.

3 All of the children attending missed at least 2 of the 6 sessions. It is quite likely that it will always be the case that children miss sessions, so the programme should think of ways to minimise the impact of this. For example, it might be useful to advertise sessions in advance so parents can plan around key sessions, or to repeat key sessions such as those on speech & language.

**Informing & reassuring parents**

4 The parents who attended said they didn’t really know what to expect when attending the first session and that they would have liked more information. Therefore the programme should consider how to ensure parents have a better understanding of the aims of the sessions and what to expect.

5 At least one parent was anxious about the SOGS assessment. This suggests that it may be necessary to spend additional time allaying any concerns parents may have when children are referred to a session as a result of SOGS results.

**Staffing**

6 It took longer than anticipated to co-ordinate staffing for the sessions. This meant that staff were not briefed before the first session & key workers were not allocated until week 2 or 3. Both parents and workers feel it is important that in the future, key workers are well informed and allocated as
soon as possible.

7 A number of workers were only able to attend certain sessions. Whilst this will always be an issue, efforts should be made to ensure that staffing is consistent as possible.

8 The specialist skills represented at the session were not as in tune with the needs of the children as it was hoped they would be. In particular, specialist speech & language input was sparse given that the majority of children attending had delayed speech and it was not possible to have a physiotherapist at the session due to cost implications. It may be difficult to always get the mix of professionals desired, particularly given that the profile and needs of children attending the group will change over time. However to meet the needs of the programme should consider how to maximise the skill mix present at sessions, either through visiting specialists or through drawing upon/ enhancing the skills of the more generalist staff attending.

9 Whilst workers felt the staff: child ratio was a strength of the sessions, the ratio, which generally equated to 1:1 support, is unlikely to be viable in the long term and invalidates one of the assumed benefits of running the sessions: that it is a cost effective solution as it is represents group rather than individual support. This should be carefully monitored in future sessions.

**Target setting**

1 Parents didn't feel involved in setting targets and some didn't seem to appreciate that the aim of the play element of the session was to help the children reach their targets. In future sessions it is important that the target setting approach is very clear and that parents feel involved in setting targets rather than that targets have been imposed.

2 Where more than one carer attends sessions with a child it is important that they both 'buy in to' the targets set and are kept informed about the approach being taken toward the targets.

3 When targets are agreed, the time that it should take the child to reach the target, given the resources and support available should be considered. Whilst initially, workers felt that the 6 week pilot would be sufficient time to see the children advance this did not prove to be the case.

4 An important factor in this was that targets were not set until quite late in pilot - generally week 3 or 4, which didn't leave much time to work toward the
targets set. Targets should either be set at an earlier stage, or a greater number of sessions should be held.

Structure of session

1 The planned structure of the session, an hour for parent instruction followed by an hour of joint play proved impractical as it took time to settle the children, several of whom were not used to being left. The structure of the session slipped such that the training was held in the middle of the 2 hour session. This fragmented the time shared by parents & key workers.

2 In addition, several parents requested that their children be brought to the training room if they became upset. Whilst this didn’t have a major impact on the training, it did reduce the amount of directed play the key workers were able to undertake with the children.

3 The programme has already proposed to hold training sessions on alternate weeks in the future. This should help workers build a closer relationship with carers & allow them to offer them more advice to parents. It should also help parents gain a better understanding of the nature of the play element of the session & how this relates to the targets set.

The way forward

The programme has made a commitment to run further sessions from 9th September to 2nd December. They have considered the issues detailed above have implemented/ planned the following action:

Child attendance:

1 To aim for 10-12 children to attend the session

2 To promote the session to local health visitors & encourage them to refer children

Informing & reassuring parents

3 To visit all families invited to join the group prior to the first session to explain the purpose & aims of the session & what to expect

4 To allocate key workers before the sessions start & where possible for the
key worker assigned to a family to be the person to undertake the home visit

**Staffing**

5. To hold a briefing meeting before the first session to discuss the children due to attend & allocate key workers

6. To allocate 2 key workers to 3 children - to reduce the impact of staff missing sessions & ensure continuity of support for families

7. To look at alternative ways of bringing speech & language and physiotherapist input into sessions

8. To introduce a speech & language activity into each session, change the time of the nursery rhyme session so that parents who need to leave early do not miss this and introduce song bags, to help involve the children more in singing sessions

9. To introduce a book loan element to the sessions, to give parents a chance to practice techniques to support language development at home

**Target setting**

10. To take more time over target setting, involving parents more. This will be possible as there will be 12 sessions rather than 6 sessions held.

11. To explain the target setting process during the initial home visit

12. To get parents to complete a checklist of the tasks their children can/ cannot do, to enable them to focus on positives as well as negatives and to help them understand the importance of setting & working toward targets

13. To allow time for additional communication with families in which more than one carer attends sessions.

14. To be aware of the need to manage parents expectations about visiting specialists & where appropriate to use the skills of early years workers when specialist support is not available (for example by introducing language activities).

**Structure of session**
15 Introduce a more definite structure to the sessions & ensure the children understand and get used to this by developing a pictorial timetable & clearly marking the transition between activities.

16 Allocate responsibility for particular elements of the session to particular staff to facilitate the smooth running of the session.

17 Introduce the practice of separating parents and children slowly - staying as a single group for the first 2 sessions, inviting the parents to a separate room for tea for 15 minutes in the 3rd session, and then introduce a full hour session the following week.

18 Hold parent training sessions every other week to allow more time for key workers to work with and build relationships with parents & minimise the impact of children missing sessions.

The attendance of staff and children will be monitored and at the last session feedback will be sought from parents and workers & children's progress toward their targets will be reviewed.
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Where the idea came from

SureStart Rowley has been running play sessions for local families for over 3 years. When delivering sessions, workers at SureStart Rowley have long seen a need to provide additional support to some children to assist their development and to support parents so that they can facilitate their child’s development. In addition, they observed at an early stage of operation that the existing Child Health Surveillance System was not identifying children with mild developmental delay. These observations led the programme to look for a more sensitive assessment tool that could be used to screen children & ways of providing support to children identified as having a mild delay.

Appendix A provides more information about the actions taken by the programme. The key factors are that, in partnership with mainstream agencies, they have:

1. Identified an appropriate tool, the Schedule of Growing Skills, now routinely used within the area as a screening tool.
2. Developed a Care Pathway to make it clear how a child’s care should be managed post-assessment. One element of the care pathway is to offer 'enhanced play sessions' to children with possible developmental problems.

The enhanced play session relates directly to the SureStart objective of improving children's ability to learn, in particular to the PSA target of increasing the proportion of children with normal speech and language development at age 2 and 4 and to the SDA target of all children having access to good quality play & learning opportunities that help progress toward early learning goals when they get to school.

In addition, it is anticipated that early intervention in a group setting should reduce the number of families individually referred to mainstream services at a later date. For example, one of the sessions will focus on speech and language. It is hoped that the information provided to parents about speech and language development, coupled with providing parents with activities to help facilitate a child's speech & language development where appropriate should both promote children's language development and reduce the likelihood of their needing to be referred to a speech & language therapist at a later date.
The pilot service planned

Overview:

Six two hour sessions. One hour for parents to learn about a particular aspect of child development whilst their child's play was supervised by a key worker, and one hour for the parent to join the play and learn new ways of supporting their child from the key worker. Targets will be set for each child, in relation to the area in which their development is delayed. Play will focus on activities that help the child reach the targets and facilitate their overall development.

Sessions:

Week 1: Introduction

The SureStart workers who set up the session (an Early Years Worker & a Health Visitor) gave the parents additional information about the aims of the session & how things would work.

Week 2: Play

A SureStart Early Years Worker spoke to the parents about how children learn through play, ways of playing with children & ways of building play into everyday activities.

Week 3: Speech & Language

A Speech & Language Therapist spoke to the parents about how children's speech & language develops and things that they can do with their children to facilitate speech & language development.

Week 4: Child Development

A SureStart Health Visitor spoke to the parents about how children develop & how children development differs for different children.

Week 5: Parenting & Behaviour

A representative from the local Preschool Inclusion Team spoke to the parents about practical parenting skills, things such as giving children consistent messages & encouraging children's development by giving them choices.
Week 6: Treasure Baskets

A representative of the local Early Years Development & Childcare Partnership demonstrated how parents can build up ‘Treasure Baskets’ of everyday objects that children can use for play.

Children:

The aim was to invite 20 children to take part in the pilot. 10 places were reserved for children referred by local Health Visitors or GPs - children with special needs or a marked developmental delay. The other 10 places were set aside for children in contact with SureStart who have minor behavioural problems, difficulty concentrating, or whose parents lack confidence in their parenting skills. The reason for this was to comply with the National Social Inclusion policy and to try and ensure the service is non-stigmatising by being open to a wide range of children, rather than just open to children with specific needs.

Staffing:

The aim was to have a staff: child ratio that meant each key worker would be working with no more than 2-3 children & their parents. Various agencies were invited to provide staff for the sessions.

The anticipated benefits of the service

As mentioned previously, the service was introduced to work toward the SureStart objective of improving children's ability to learn and ensuring that all children have access to good quality play & learning opportunities to help them progress toward early learning goals when they get to school.

In addition, it was felt that the service should benefit children, carers and mainstream services, in the ways outlined below:

Children

Should start to 'catch up' in areas where their development is currently delayed.

Carers
Should develop additional skills to facilitate their child’s development and a better understanding of their child, enabling them to acknowledge their child’s abilities and difficulties and understand how to interact with their child in a way consistent with the child’s preferred learning style.

**Mainstream services**

Should benefit by not having to treat individuals at a later date, as potential problems have been ‘nipped in the bud’.

**What would success look like?**

Before the first session, the Early Years worker & Health Visitor leading on the project identified that the following factors would demonstrate whether or not the pilot was a success:

1. Attendance figures
2. Parents finding value in the sessions
3. Children achieving their learning goals
4. Parents having a clear pathway for continued support at the end of the 6 weeks
5. Professionals feeling the sessions have been a success
6. Professions feeling the sessions offer a cost/time effective intervention
7. The appropriate mix of skills will be available at the sessions, through the various professions attending

The evaluation reported in the remainder of this document focuses on these areas.

**Attendance figures**

The initial aim was to invite 20 children to take part in the pilot. In the end though, 6 children were identified & their parents invited to the session. 4 of these were referred by Health Visitors/GPs.
Unfortunately, some of the parents who initially expressed interest in attending the sessions ultimately decided not to. The parents were contacted to find out why, and the main reasons given were that they had decided the session was not relevant to them, didn't come because they weren't really sure what the sessions were about or because other things got in the way.

It is not surprising that some of the parents invited to attend chose not to, but the reasons given suggest that the programme should think carefully about how the group is promoted to parents & what could be done to encourage parents to attend.

Six children attended at least one session. However unfortunately, all of the children missed at least 2 sessions:

1. 2 children attended 4 sessions
2. 2 attended 3 sessions
3. 1 attended 2 sessions
4. 1 attended just 1 session

This naturally reduces the impact the sessions will have had on the children and means that parents missed some of the talks, in some cases, the one that should have been most beneficial - the session on speech & language.

It is obviously unrealistic to expect all parents to be able to attend sessions every week. The implication for future enhanced play sessions is that the schedule of talks/visiting practitioners should be advertised in advance so that as far as possible, parents can aim to ensure they can attend the sessions that will be most valuable. In addition, it might be worth holding key sessions, such as speech & language development more than once, offering the parents who have attended the session before to have a reminder or to stay with their children, whilst ensuring others do not miss out.

Did parents find value in the sessions?

Parents were interviewed at the first session to find out what they were expecting from the sessions & asked to complete a questionnaire at the last session to find
out what they thought of the sessions.

A detailed summary of the their comments is provided in appendices B & C. The key points are detailed below.

**Did parents think it would benefit their children?**

Prior to the pilot, 5 of the 6 parents felt their child would benefit from the sessions. Interestingly though, most of the anticipated benefits cited, such as interacting with other children, are things that the children should have got out of a regular play session. Only one parent suggested the session should help her child develop in the specific area that he/she is currently behind in. Two parents mentioned that the smaller size of the group appealed to them as it should be calmer than a regular play session & enable more interaction with the staff.

**Do they think it did benefit their children?**

All 3 parents who attended the final session & answered the question feel their child has benefited from the session. 2 said their children have mixed & come out of themselves more & the other feels it has helped her child to play with & be left along with other adults.

The 2 parents who answered the question said they have noticed a change in the area of development being focussed on since the sessions started. Both felt that this change would have happened anyway, but that the sessions ‘have probably helped’.

**Did they think it has helped more than a regular play session would have?**

2 parents feel that it has but 1 disagrees. Those who feel that it has mentioned the small size of the group and the high staff: child ratio. The other feels a general session would have been better as it would have given her child more opportunities to interact with other children, rather than other adults.

**Have the parents got anything out of it?**

Prior to the pilot, parents were hoping it would:

1. Give them ideas about how to play with & support their child - ideas about how to do the same thing in different ways
2. Offer support, by putting them in contact with other parents whose children are not developing as quickly as normal
3 Remind them that all children are different

Comments made at the final session indicate that parents have got these things out of the sessions.

They said that they enjoyed the sessions & would recommend them to other parents. They also said they found the talks useful. One said it would have been useful to have had a talk on child behaviour.

Suggestions for improvement

Parents mentioned that they didn’t know enough about the session & its aims before coming along. They feel that the introductory session clarified things but that it would have been useful to have the session leaflet & the programme of speakers when initially invited.

One parent also found the assessment (schedule of growing skills - SOGS) worrying as she wasn’t sure what it would show or what the results would mean. SOGS assessment is routinely undertaken by Health Visitors, who aim to explain it to parents & allay any concerns they may have. This is perhaps needs additional attention when action, such as attending an enhanced playgroup, is suggested on the basis of the SOGS assessment.

At the final session, parents were asked what advice they would give to other professionals thinking of running an enhanced play session. Their suggestions are detailed below:

**Key workers** - allocate key workers at the first session & try to ensure that the key workers attend most if not all of the sessions (One mom mentioned that her key worker changed several times and another that she wasn’t aware that she had a key worker until the second or third week).

**Names** - make more of introductions or consider wearing name badges so that people know who is who

**Specialists** - ensure appropriate specialists attend, in line with the needs of the children and are given information prior to attending about the children who might particularly benefit from their input

**Make targets clear** - ensure all children have targets set & that moms understand what is going on in the play session to work toward the targets (one mom mentioned that she wasn’t sure how the sessions were supposed to benefit her child - although
she did make it clear that she had not been able to attend all of the sessions).

The parents generally seem to have found some value in the sessions, although their comments make some very valid points about things that could be improved, 

**in summary:**

1. The amount of information given to parents prior to attending the session
2. Ensuring parents understand what the SOGS assessment means
3. Allocate key workers straight away
4. Ensure all parents know 'who is who' in the group
5. Ensure a match between the needs of the children & specialists attending
6. Ensure parents are fully informed about the process of setting & working toward targets

### Did children achieve their learning goals?

At the planning stage, the workers who co-ordinated the enhanced play sessions felt that 6 weeks would be a sufficient time period in which to see a child's stage of development advance. This has not proved to be the case, as just one child made clear progress & even he/she only achieved one of the targets set.

There are a variety of contributory factors, including the fact that all children missed at least 2 sessions (33%). Other issues were:

1. **A slow start** - It took longer than anticipated to co-ordinate the workers for the sessions, meaning that it wasn't possible for the staff team to meet before the sessions started to discuss the children attending. This meant that key workers were not assigned until the second week. This had the knock on effect of delaying the target setting process, leaving less time to work toward the goals.

The process of co-ordinating staff will hopefully be easier in the future, having done it once. In addition the programme now has a more realistic view of how long they should allocate for this.
2 Attendance – as mentioned above, all children missed at least 2 sessions, again, reducing the time available to work toward the targets. In addition, several members of staff had to miss certain sessions due to other commitments. This is explored in more detail below.

3 Time spent with parents – the aim was for parents to attend ‘training’ for the first hour & work with their child & his/her key worker for the second. This structure proved unrealistic as it didn’t give parents time to settle their children. After the second session, the structure was changed so that the ‘training’ was in the middle of the 2 hour session. This fragmented the time the key worker had with the parents.

The workers co-ordinating the session have suggested that for future sessions, ‘training’ sessions for parents should be held every other rather than every week. This will give key workers more time with parents, make parents more aware of what is happening in the play part of the session, and, hopefully, reduce the impact of parents missing some sessions.

Children did not meet the learning goals it was hoped they would. In retrospect, 6 weeks is probably too short a time period over which to see marked change, particularly when the sessions are first introduced. A longer pilot will need to be undertaken before we are able to see if such an approach really does have the ability to assist child development.

2 Moms felt it was a good idea for the children to have specific learning goals & 1 was not sure. Those who felt it was a good idea said that it was useful to specify the specific areas to be focused on so that they and the workers were aiming for the same things and giving consistent support to the children. Unfortunately, the mom who wasn’t sure whether or not they were a good idea didn’t give further comment.

Both moms who answered the question felt the learning goals set were appropriate & one, whose child is in contact with other agencies for support, mentioned that she was pleased to see that they were consistent with the learning goals set by other
None of the 3 moms who answered the question felt they had a say in the goals set for the children. One was happy with this arrangement but one said that whilst she was happy with the targets set, she would have liked to have been asked if she happy before the goals were finalised. The other didn’t comment.

As previously highlighted, parents should be better informed about the process of setting & working toward targets. In addition, efforts should be made to ensure parents feel involved in the target setting process, because research shows that people are more committed to goals they have helped to set than ones that have been given to them.

Do parents have a clear pathway for continued support at the end of the 6 weeks?

At the planning stage, the intention was to assess children’s progress toward their goals after the final session. The parents of children who have achieved their goals would then be informed of play sessions in their area that it might benefit their child to attend. The parents of children who have not achieved their goals would be referred to the appropriate mainstream services for additional support.

As outlined above, the 6 week period has proved too short to make the difference anticipated. As a result, at the end of the pilot, all parents were offered the chance to attend Makaton (very basic sign language) training – a need identified during the sessions to support children with language delay. In addition they were invited to attend further enhanced play sessions in the autumn school term.

Do Professionals feel the sessions have been a success?

5 of the 7 professionals who supported the sessions completed a questionnaire to feedback what they thought of the sessions. A detailed summary of their feedback is given in appendix D, the key points are detailed below.

Overall, professionals have positive views of the sessions and all feel that they have
been better for the children than a general play session would have been and all would recommend that this sort of group is run again.

However they acknowledge that the group hasn’t been quite as effective as they would have hoped and they were all unsure whether or not attending the group would make it less likely that children will need to be referred for intervention at a later date. The following suggestions fall out of the comments made:

1. **Assign key workers before the sessions start** - some professionals feel that they didn’t know enough about the children, or what would be expected of them before coming along to the session. They suggested it would be useful to meet before the sessions to discuss the needs of the children and match these to the skills of the key workers.

2. **Hold more sessions** - professionals felt that the 6 week period didn’t give them enough time to make a real difference to the parents and children.

3. **Improve the target setting process** - 1 of the 3 workers involved in target setting didn’t feel fully equipped or supported in relation to setting targets. One also mentioned that the targets set didn’t take full account of the skill & resource actually available to support the children.

4. **Aim to keep the session small** - None of the professionals feel the session would have worked with 20 children attending as planned. They feel that 8-12 is the ideal size for the group, naturally depending on staffing levels. They feel the current staffing level was ‘about right’ and that the opportunity to work 1:1 with children was one of the best things about the group.

Overall, professionals hold positive views about the sessions and appear to have faith in the overall approach. They acknowledge that the pilot hasn’t achieved all it set out to and have identified room for improvement in relation to:

5. The method of assigning key workers

6. The process for setting targets

They have also identified that initial views about the number of sessions needed to
effect change and the number of children the session should aim to serve should be reviewed.

Do Professions feel the sessions offer a cost/time effective intervention?

All 5 professionals feel attending the sessions has been a good use of their time. The key reason for asking this question was to find out if specialists feel such a group session is an effective use of their time. Unfortunately, the feedback we have is primarily from generalist early years workers, which is valuable, but does not provide the information we sought. The question of whether specialists find contributing to such a group a good use of their time should be considered in the future.

We were planning to assess the cost of providing the enhanced play session. Given that we have determined that 6 weeks is not sufficient to bring about the differences we hoped to effect in the children attending the session it does not make sense to assess the cost effectiveness of an intervention like this on the basis of the current pilot.

The professionals feel the sessions were a good use of their time, but we don’t currently have data available to assess this objectively, or information from specialists such as speech & language therapists to assess if such sessions are a good use of their time.

Was the appropriate mix of skills available at the sessions, through the various professions attending?

Hands on deck

As mentioned earlier, the aim was to have a staff: child ratio that meant each key worker would be working with no more than 2-3 children & their parents. Various agencies were invited to provide staff for the sessions. The staff attending the sessions are detailed below:
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<th>Role</th>
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Given that there was a maximum of 6 children at each session, it can be seen that there was a very high ratio of staff to children – to the extent that it could be argued that the staffing level was not cost effective. This is something that will need to be monitored in the future.

The other thing that the grid shows is that there wasn’t consistent staffing each week.

It is obviously very difficult to ensure all staff are able to attend all sessions. However given that the aim was for children to have designated key workers, and that parents were told their child would be left with the same member of staff each week, efforts should be made to aim for greater consistency in future sessions, or certainly to try and make parents aware of who will be attending each session.
Specialist skills

In terms of the skill base present at each session, it can be seen that in weeks 4 & 5 neither the health visitor nor either preschool inclusion worker was able to attend. This raises a further issue, that when managing staffing, it is important to consider consistency of individuals, but also of the skill & experience represented at the sessions.

Six children attended at least one session. The key issue for 4 of these children was speech & language delay, one had motor problems & difficulty crawling, the other had speech & language delay & motor problems leading to difficulty walking.

The programme initially thought it would be possible to have a physiotherapist attend at least one session, however this was not possible due to cost implications. Whilst the staff present had the skills and experience to offer basic support to the children attending the session they felt that their advise/ support was not as credible/ reassuring to parents as advise from a trained physiotherapist would have been.

The programme would have ideally liked a speech and language therapist at each session. Unfortunately this was not possible. Given that the workers who were present have some speech & language skills it was possible to provide a level of support to the children, although this was not as comprehensive as the children maybe needed.

The implication is that the programme needs to think creatively about how to offer the specialist support children attending the session need. If it is possible to bring in visiting specialists, all well and good, but the programme can not rely on this & should ensure it makes good use of the skill base present amongst the other staff attending the session.

Conclusions & recommendations

The pilot has been a very useful learning exercise, but was held over too short a period to judge the value of the approach.

It is true to say that the children attending did not make the developmental
advances anticipated but it is not possible to say whether this was due to the programme expecting too much in a short space of time, barriers such as irregular staff & child attendance or because an enhanced play session is not a sufficiently effective source of support.

The key observations & recommendations made throughout the body of the report are summarised in the executive summary and have been discussed by the staff involved in running the 6 week pilot. They have decided to run a further 12 sessions, making various adaptations to their approach on the basis of their experiences to date. These adaptations are also detailed in the executive summary.
Appendix A – The wider factors associated with the enhanced play session

As a Sure Start trailblazer project, we identified that a key element of our targets i.e. the early identification and intervention of children with mild development delay was not being effectively delivered. In order to meet the Sure Start objectives to enable children to flourish at the end of the foundation stage, a structure of support needed to be put in place to address the needs of this particular group.

Initially the present Child Health Surveillance operating in the Borough was failing to identify these children with mild delay. To address this the implementation of a more sensitive assessment tool to identify these children needed to be introduced.

Various tools were looked at and the 'Schedule of Growing Skill' (SOGS) assessment tool was considered to be the most appropriate screening tool available that was well researched and validated.

**Schedule of Growing Skills (SOGS)**

The Schedule of Growing Skills is a developmental screening procedure that is firmly based on the well-known and well-respected developmental sequences designed by Dr Mary Sheridan (From Birth to Five, 1985). The main purpose is to provide an accurate, reliable method of developmental screening and set a standard that encourages common practice.

It has been designed to be quick and easy to use and will give information on whether the child is developing in an age appropriate manner and whether there is need for referral for a more detailed assessment or therapy.

Children with low birth weight in Sandwell were already being assessed using this assessment tool, which was considered by the practitioners as very effective in early identification of developmental delay.

It is also known to be used widely both locally and nationally by other Health Authorities, as it provides an accurate and reliable method of developmental screening and supplements child health surveillance programmes.

Furthermore, SOGS can identify strengths and weaknesses in different areas of the Child's development i.e. locomotor, speech and language etc. and this would also provide an invaluable opportunity to observe and assess children at play.

Working directly with families around areas of development enables a more family
focused approach to child development and coupled with an interagency approach (see enhanced playgroup) the family will be able to be given support and opportunities for further development.

The SOGS assessment tool also fits in well with other Health Promotion, Health Education activities, and gives a base line for child protection issues

The Schedule of Growing Skills will be used to assess all children from birth to five in any childcare setting whether Health, Education, Sure Start, or other relevant agencies or activities, where potential developmental delay is identified. A multi-agency care plan (Care Pathway), which includes the families, will be developed, and for the first time, and a joint assessment tool will be used which will allow children to be supported from pre-school into nursery and on to reception.

**Training**

An initial ½ day training day programme co-ordinated by Rowley Sure Start for all local workers i.e. Health Visitors, Early Years Workers and Speech and Language Therapist etc provided basic training in the use of SOGS tool. SOGS packs were also purchased for each person that attended the training.

Feedback from the participants identified a few gaps in the current SOGS training programme and it was agreed to hold a further training day to address these issues.

**Enhanced play**

It was also recognised that children with moderate to severe delay could be referred to the Child Development Centre or Pre-school inclusion team, however there was a gap in service for children with mild developmental delay as these children did not meet the criteria for referral to these agencies therefore receive no input.

In order to meet the needs of these children and provide a service to meet these needs locally the Rowley Sure Start team has facilitated the development of “Enhanced Play sessions” providing access to quality play and specialised inputs from Speech and Language Therapists, Special Education Needs Teams, Early Years and Health Visitors (Sure Start) in partnership with parents.

**Care Pathway**

It was recognised that it was not ethical to identify these children without providing a service to meet the children’s identified needs therefore to address this issue a working group was set up which included members from all the following
agencies:

1. Health Visitors and Early Years Workers (from Rowley Sure Start) and from Rowley and Tipton PCT
2. Child Development Centre
3. Speech and Language Department
4. Pre-school inclusion team (special education needs)
5. Community Paediatrician
6. Clinical psychologist
7. Family support worker (Sure Start) looking at children with disabilities
8. Early Steps Parental Support Service

In order to progress, it was important to identify existing services and how well these services worked together. The objective was to develop a ‘Care Pathway’ for the management of pre-school children with developmental difficulties. Over a course of 5 meetings the working group facilitated by the Rowley Sure Start team developed a ‘Care Pathway’ and a training programme to update all local community staff. Please contact Rowley SureStart on 0121 559 9916 if you would like more information about the care pathway.

The Next Step

Negotiations are currently underway to “roll out” this approach to a Neighbouring PCT where training would be offered to suitable workers as appropriate.
Appendix B – Parents Views Prior to the Pilot

Child’s Age:

29 months, 12 months, 24 months, 33 months, 42 months, 16 months

(comments that follow are in a random order and a different order per question)

What made you decide to come along to the session?

1 Health Visitor suggested I come as child is not speaking much - I don't feel there is a problem but thought I'd give it a go, if it could help him.

2 I mentioned to my Health Visitor that my child was speaking very little, the 2 year assessment showed the child was behind in relation to speech & so she suggested I come along to this session.

3 Health Visitor suggested I come along. When I found out more about the session I decided to come because I thought it would benefit me and my child.

4 My child hasn’t really started speaking, he just makes noises. I thought it would be useful for him to come along to have a chance to interact with other children - something he doesn’t really get at home to help prepare him for nursery.

5 Health Visitor mentioned there might be a physiotherapist at the session & it would be quicker to see one through the session than individually, also that my child might catch up quicker if she attends the session than if not.

6 Health Visitor asked me to bring my child - she said the session was for children with problems and so my child might benefit.

Do you have any concerns about your child’s development?

Yes - 5  Not Sure - 0  No - 1

If yes, what things are you concerned about?

1 Doesn’t speak a great deal - appears to feel embarrassed about speaking (puts hand in mouth). Has always been quiet - even as a baby.

2 Speech & potty training
3 Use of one arm, crawling
4 Speech
5 Speech and walking

Do you think your child will benefit from coming along to the session?

Yes - 5 Not Sure - 1 No - 0

If yes, in what way?

1 By interacting with other children x 4
2 learning new things
3 improving speech
4 Experience of being left with someone else (without mom) x2
5 having children to play with other than his younger sister
6 by quietening down a bit - he is quite boisterous

It is interesting that at this stage parents appear to feel that the key benefit of the session will be to give their child a chance to interact with other children - something they might get from a regular play session. Only one spontaneously suggested that the session will help their child develop in the specific area they are currently weak in. However two did mention that the smaller size of this group, in comparison to others appealed to them as it should be calmer and enable more interaction with the staff.

Do you think you will benefit from coming along to the session?

Yes - 5 Not Sure - 0 No - 1

If yes, in what way?

1 Meet new people, a chance to get out (x2)
2 If child is getting something out of it, then so do I (x2)
3 Give me ideas about how to play with my child (x2)
4 Help keep me up to date about how child is developing

5 Inspiration about how to support my child - to do the same things in different ways

6 Support from other parents whose children are not developing as quickly as normal

7 Remind me that all children are different

Finally, do you think you were given enough information about the sessions and how things are going to work?

Yes - 3  Not Sure - 0  No - 3

What would you have liked to know more about?

1 Introduction and leaflet given out has clarified things x2

2 Didn't know about the speakers, or that there was a specific programme of activities

3 The programme of speakers should have been advertised - led to believe would be a focus on physiotherapy, but doesn't seem that way from the programme

4 Would have been useful to have the leaflet prior to the session (x3)

5 Didn't know would need to leave child alone with worker - feel comfortable about this having met the workers, knowing it will always be the same worker and having seen the playroom, but might not have come if had known before hand - so might be a good think I didn't know

6 Wasn't sure what to expect at first was simply told that it was a play session that was smaller than usual - to offer more intense attention on the children

7 Found the assessment worrying - wasn't sure what it would show or what the results would mean

8 Concerned that if Health Visitor thought child should come to this session that there must be something really wrong
Appendix C – Parents views after the pilot

The 4 parents attending the 6th session were asked to complete a questionnaire about the play session to find out what they thought of the sessions.

Overall impression:

All of the parents said that they, and their children, enjoyed coming along to the session and that they would recommend the session to other parents. The things they said they liked the most were that:

1. Her child enjoyed playing,
2. It was good for her child to mix with different children/play with different toys
3. It was a chance to get out of the house and come to a different environment.
4. It was a chance to meet other parents.
5. It was good for her child to interact with adults other than those in his immediate family.

Only one parent mentioned something they hadn’t liked about the session – the lack of consistency in staff members, meaning that the children were left with different people on different weeks, whereas parents had been told that each child would be assigned a key worker who would be their main point of contact each week.

Talks

3 parents said the talks were useful & the other felt they were OK.

2 found the session on speech most useful, another said she found both of the talks she had attended (the one on play and treasure baskets) very useful and the other said she found the video on play particularly useful. The last mom also mentioned that she would probably have found the speech session useful but that unfortunately she hadn’t been able to attend on that day.

One mom mentioned that it would have been useful to have a talk on child behaviour.
Targets

2 Moms felt it was a good idea for the children to have specific learning goals & 1 was not sure. The other mom didn’t answer this question.

Those who felt it was a good idea said that it was useful to specify the specific areas to be focused on so that they and the workers were aiming for the same things and giving consistent support to the children. Unfortunately, the mom who wasn’t sure whether or not they were a good idea didn’t give further comment.

Both moms who answered the question felt the learning goals set were appropriate & one, whose child is in contact with other agencies for support, mentioned that she was pleased to see that they were consistent with the learning goals set by other agencies.

None of the 3 moms who answered the question felt they had a say in the goals set for the children. One was happy with this arrangement but one said that whilst she was happy with the targets set, she would have liked to have been asked if she happy before the goals were finalised. The other didn’t comment.

Have the children benefited?

All 3 moms who answered the question feel their child has benefited from coming along to the session. 2 said their children have mixed and come out of themselves more and the other feels it has helped her child to play with other adults and be left alone with other adults.

The 2 moms who answered the question said that they have noticed a change in the area of development being focussed on since the sessions started. Both felt that this change would probably have happened anyway, but that the sessions have probably helped.

Has the session been better for the children than a general play session would have been?

2 moms agree that it has been and the other disagrees. Those who feel it has mentioned the small size of the group and the high staff: child ratio. The other feels that a general session would have given her child more opportunities to interact with other children, rather than with other adults.

What have the parents got out of the session

3 of the 4 moms think they have got something out of coming along, the other isn’t
The benefits people mentioned were getting out of the house, having something specific to do with the children & having contact with other parents whose children have a specific problem.

What advice would moms give to people thinking of running a session like this?

Key workers - allocate key workers at the first session & try to ensure that the key workers attend most if not all of the sessions (One mom mentioned that her key worker changed several times and another that she wasn’t aware that she had a key worker until the second or third week).

Name - make more of introductions or consider wearing name badges so that people know who is who

Specialists - ensure appropriate specialists attend, in line with the needs of the children and are given information prior to attending about the children who might particularly benefit from their input. (This comment was from a mom who understood that there would be a physiotherapist attending who could assist her child, but unfortunately, it was not possible for a physiotherapist to attend).

Make targets clear - ensure all children have targets set & that moms understand what is going on in the play session to work toward the targets (one mom mentioned that she wasn’t sure how the sessions were supposed to benefit her child - although she did make it clear that she had not been able to attend all of the sessions).
Appendix D – Professionals views after the pilot

Do you think keyworkers were assigned to children appropriately?

Yes - 3  
Not sure - 2  
No - 0

Were you given enough information about the children you would be working with before coming along to the session?

Yes - 2  
Partly - 1  
No - 2

What, if any, additional information would have been useful?

To have a briefing prior to the first session to give details of child’s background & problems.

Were you clear about what would be expected of you before coming along to the session?

Yes - 3  
Partly - 1  
No - 1

Do you feel that coming along to the sessions has been a good use of your time?

Yes - 5  
Partly - 0  
No - 0

What makes you say that?

New way of working, able to offer 1:1 support & make a difference to children who need extra help

Do you think you got enough time to spend with the children to make a difference?

Yes - 1  
Partly - 4  
No - 0

Do you think you got enough time to spend with the parents to make a difference?

Yes - 2  
Partly - 3  
No - 0

QUESTIONS FOR KEYWORKERS INVOLVED IN TARGET SETTING:
Did you feel equipped to set appropriate targets for the child(ren) you worked with?

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Do you feel you received enough support in relation to target setting?

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What could we do to improve the target setting process?

Ensure the resources are in place to achieve the targets - at least one child’s involved using Makaton, but this training was not provided until after the pilot sessions.

Overall, how effective do you think the enhanced play session has been?

Not at all 1 2 3 4 (x1) 5 (x2) 6 (x1) 7 (x1) Extremely

What makes you say that?

4 - 1 session once a week for 6 weeks is not enough - particularly if children can’t come every week. Some only came for 2 or 3 sessions.

5 - feel slight progress made each week, with communicating with parents. Feel it would have made a difference if I had been made key worker from week 1.

5 - would have been better if group ran for longer - just getting to know one another when sessions came to end.

6 - no comment

7 - families have been identified, early intervention applied & good support network for staff & carers.

Do you think this session has been better for the children than a general play session would have been?

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<th>Yes - 5</th>
<th>Not Sure - 0</th>
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Why?

Focus on individual needs & methods to support these, 1:1 attention, working
Do you think attending the session will make it less likely that the children will need to be referred for intervention?

Yes - 0  Not Sure - 5  No - 0

What do you think about the ratio of staff : children at the sessions you attended?

Too many staff - 0  About right - 5  Too few staff - 0

How do you think the session would have worked if we’d have had 20 children attending as planned?

Better - 0  Same - 0  Worse - 5

Do you think an enhanced play session with 20 children attending is a viable option?

Yes - 0  Not Sure - 1  No - 4

If not, what do you think is the maximum number of children that should attend?

8, 10, 10, 12, 12 - depending on staffing levels

Would you recommend this sort of session is run again?

Yes - 5  Not Sure - 0  No - 0

What advice would you give to the team if they were thinking of running another session like this?

1. Have a group meeting before hand to plan & discuss children attending

2. Discuss targets before, share assessments, decide on key workers before sessions start

3. Brief key workers on children before session
Any other comments

1  Have enjoyed sessions & found them structured & more rewarding than general play sessions.

2  Helps to build a relationship with parents because they know you are set similar targets.

3  Overall play sessions went well.

4  If we try to keep the same staff for the full block of sessions & same key worker for children this will help as it will allow trust/relationship to build with child and parent.