



**UNIVERSITY OF
BATH**

PLAY START SERVICE REVIEW

SWINDON SURE START (PINEHURST AND PENHILL)

REPORT

APRIL 2003

Dr. Rita Chawla-Duggan
Department of Education
University of Bath in Swindon
Marlowe Avenue
Swindon
r.c.duggan@bath.ac.uk

THE REPORT

This is a report of a review commissioned to the University of Bath into the Play Start service, offered by Sure Start in Swindon (Pinehurst and Penhill). The review focussed upon the knowledge, delivery and experience of the service, and their relationship to Sure Start targets.

The author would like to acknowledge University of Bath members – Louise Brown, Felicity Wikeley and Jane Batchelor, for their valuable advice in the review process.

CONTENTS

1. Background
2. Evaluation Methods
3. The Referral Process
4. Purpose and Expectations of the Service
5. Access and Barriers for Take-up of the Service
6. Knowledge, Delivery and Experience of the Service
7. Summary of Findings
8. Implications and Recommendations
9. References

Appendices

- Appendix 1. The Play Start Service (Extracts from Service Agreement)
- Appendix 2. Monthly Monitoring Information: November 2001 – February
2003
- Appendix 3. Interview Schedules

1. BACKGROUND

The University of Bath was contracted by Swindon (Pinehurst and Penhill) Sure Start to conduct a review

of its Play Start service, as part of a local evaluation.

The service review was carried out between November 2002 and March 2003, for a period of twenty days.

The aims of the service review were to:

- Identify the strengths and limitations of the Play Start service from the perspectives of referrers (including self-referrers), users (parents) and providers in terms of their expectations, knowledge and experience of the service.
- Explore the process for accessing and taking up the 'Play Start' service, including existing barriers for take-up.
- Explore the process by which Sure Start national targets are delivered and the extent to which the service adds value to existing familial relationships and children's learning from the perceptions of referrers, users and providers of the service

Data was collected using documentary evidence, telephone interviews and face-to-face interviews with users, non-users, providers of and referrers to the service. The documentary evidence was used:

- a. to compose the evaluation brief. It identified the service review aims and objectives based on impact and process that could be explored within the time frame of the service review.
- b. to provide contextual information regarding the Play Start service.
- c. in comparative analysis against interview data

The interview data was analysed in order to identify issues concerned with the purpose, delivery, process, take-up, value and effectiveness of the service

This document provides a report of the review. It is divided into the following sections:

- Data Collecting Methods
- Evaluation Methods.
- The Referral Process.
- Purpose and Expectations of the Service
- Access and Barriers for Take-up of the Service
- Knowledge, Delivery and Experience of the Service
- Summary of Findings
- Implications for Future Development of Play Start Service.

2. EVALUATION METHODS

2.1 Sampling

Sampling strategy:

The Play Start service comprises both a home-based service and play courses. Two play courses had been delivered during the preceding year, (June and November 2002), as part of the Play Start service agreement between Sure Start and the NSPCC.

The final sample consisted of:

- 33 Users –of which:
 - a) 12 Play Start cases were open (5 using the home based service only; 6 using the home based service and had also attended a play course
 - b) 22 Play Start cases were closed (completed) (16 used the home based service; 2 used the play course only; 4 used both the home based service and the play course)

- 15 Non –users:

The non-user sample was selected from the 102 families who were ‘willing to take part in research’, according to the baseline survey supplied to Sure Start by ‘Mori’, prior to the service review. As such, they had given their consent to be contacted for the purposes of the review.

The criteria for selection from the 102 families, was based on information available from the Sure Start data base and included families who:

- a) were not using the Play Start service
- b) resided in the Sure Start designated area with children between the ages of 0-4
- c) represented the range of contrasting social and familial circumstances of families in those areas in terms of parental status (pregnant/lone/teenage/with disability) ethnicity; number and age range of children, and whether children were with, or without, special educational needs
- d) were from hard to reach groups
- e) had provided Sure Start with contact telephone numbers

- 4 Referrers:

Documentary data that was provided for the review identified the following professional referrers for the home based service only:

5 health visitor referrals (3 referrers)

3 Sure Start referrals (2 referrers, one of which was not located at Sure start at the time of the evaluation)

1 school start member referral (NSPCC education worker, who was no longer in post)

The remainders of the referrals for the home-based service were self-referrals. All of the referrals for the structured play course were self-referrals.

- 4 Providers:

5 family support workers delivered the Play Start service (one of whom was on maternity leave at the time of the evaluation). All were based at the NSPCC centre.

Sampling and data protection:

To overcome data protection issues concerned with the sharing of confidential information between NSPCC and the University of Bath; the NSPCC contacted all users of the Play Start service by letter in order to obtain consent to be contacted by the University. The letter ensured that families could reserve the right to not have their names disclosed to the University for research purposes. Subsequently, one user of the Play Start service requested not to be contacted for the service review.

Data Collection

Data was collected using both face-to-face interviews and telephone interviews. The interviews were semi-structured and used a series of general questions to provide some direction to the discussion, and to elicit particular information about the following areas:

- Expectations and purpose of the service
- Access/ take up and barriers for take-up
- The referral process
- Knowledge/delivery and experience of the service
- Relationship to national targets (views on how it helps families and individuals within families - managing children/ supporting special educational needs / preparation for school/ language and social skills/ family relationships)
- Effectiveness of the service
- Improvement, needs and similar existing services

Telephone interviews were conducted with users, non-users and referrers looking at their perception of the purpose, delivery, process, take-up, value and effectiveness of the service. Face to face interviews were conducted with providers of the service.

In the case of two of the Play Start users, face-to-face interviews were conducted, at their request, given that they were located in the Sure Start centre at the time of interview. Similarly, one face-to-face referrer interview was conducted, given that the referrer was located within Sure Start.

A total of 29 interviews were conducted.

15 users were successfully contacted and interviewed (a response rate of 45%).

6 non-users were successfully contacted and interviewed (a response rate of 40%). A maximum of five attempts was made at contacting respondents. These were made on different days and at different times. A number of respondents were interviewed in the evenings, as they deemed this more convenient.

All referrers and providers that were contacted were interviewed. In order to maintain the confidentiality of informants, their names have been replaced.

2.3 The Service Agreement and the Key Interview Questions

- **The Agreement**

Sure Start currently funds the NSPCC to deliver a Play Start service to families in the Sure Start area with children under the age of 4. The period of the service agreement lies between July 2001 and 31st March 2004.

- **Purpose and Principles**

According to the service specification:

Play Start is a preventative service for families and communities, aimed at supporting families to develop their children's language, concentration and social skills through play. Family relationships will be strengthened and children's development encouraged with long-term positive affects on the well being of all family membersThe service is designed to.... increase the skills and self-confidence of families in caring for and managing their own children. It will encourage self-reliance rather than dependence. (Part B: service Specification – purpose and principles of the service p.1)

Since, it was beyond the scope of this review to examine the long-term impact of the Play Start service, the review focused on the extent to which the delivery targets, within the Service agreement (see Appendix 1) to achieve the Sure Start objectives, were met. It also examined the extent to which the principles and purpose of the service (also within the Agreement) were being met. In this respect, the Service agreement was used to develop the following set of broad questions, around which the interviews were constructed:

- How and why are referrals made?
- What are the expectations and purpose of the service?
- How is the service accessed and taken up, and what are the barriers for take up?
- How and where is it delivered and experienced?
- What is its relationship to national targets (managing children, supporting children with special educational needs, preparation for school, language and social skills, family relationships)?
- How effective is the service?

(To refer to interview schedules: see Appendix 3)

3. THE REFERRAL PROCESS

The users, professional referers and providers were asked how referrals were made, and the reasons for referral to the Play Start service.

Within the home-based service, there was a combination of self-referrals and referrals from professionals. Data received for Play Start referrals from August 2001 – December 2002 identified nine professional referrals and twenty-three self-referrals. Users of the structured play course were self-referred.

3.1 Self-Referrals

Parents informing providers at the NSPCC that they would like to use the service made self-referrals. This was a fairly informal and swift process. In many of the cases, the process was initiated through conversations with Play Start providers who would be present at the drop-in sessions that parents and toddlers would attend at the NSPCC. In other cases, conversations with a friend, a teacher at Pinehurst School, and the health visitor initiated the process of self-referral. Typically parents would ‘chat’ about difficulties they were encountering with their child, at which point the Play Start service would be recommended.

The reasons parents referred themselves for the service were primarily associated with two areas with which they were concerned; first their child’s behaviour, and/or second, their child’s speech and language difficulties. The provider or the self-referrer would then complete a referral form. The referral form required that the self-referrer identified why they wished to use the service. After a short period of time, the self-referrer would be contacted either by telephone or through face-to-face meeting at a drop-in group, to inform them if they had been accepted for the service. A mutually convenient time and date for the first visit would be arranged.

The following comments from users of Play Start, illustrated the process and reasons for self-referral to the Play Start service:

He wasn’t very good with people, couldn’t put sentences together and wasn’t ready for nursery. It’s when Mary said she could do activities with him, and he was quite bored at home. They filled in a load of forms to take my son on (self-referrer)

I went down to the NSPCC group and was talking to Maggie and I was telling her he was banging his head against the wall, every time he had a paddy. She said ‘do you know why?’ and I said ‘I had no idea’. Maggie said ‘maybe we could work it out why he’s doing it’. She said if she came out (or Esta). I know both of them, so I was quite comfortable. Maggie gave me a form to fill out there and then, to say why I wanted to use it. Then not long after, we met at the group (drop-in group) and we agreed a time and date (self-referrer)

Shirley told me about it and I said I'd like to do it. She said they come to the home and get Henry to do a lot of other things like cooking and painting. My older son didn't do a lot of things and I'm having a lot of behavioural problems and I don't want this one to have the same problems (self-referrer)

I went into the centre and spoke to Rose and she filled out a form, the referral form. I think she has to ask the manager and she asked why I wanted to use Play Start and I said for speech. Then she rang me, and said it would be fine and I started a week or two later. Quite quick. (Self-referrer)

In one case, the parent explained that her child had been deaf for a number of years and as a result the mother had found it difficult to manage the child's behaviour. Again at the suggestion of the NSPCC provider, the mother chose a self-referral for this service as she explained:

I was at the drop-in centre. Mary was there. They used to know I had trouble, and they used to try and help me by getting Hanna to do different things and she would not do them. So Mary said 'would you be okay about me coming to your house to start to talk to you and play with Hannah?'. I said okay. She said Hannah does need help. I said, I know. She said we've got to try and build her confidence. I said how? She said we do play start. We had to get permission from the manager and he said yes, I think it would do the child good to have Play Start. They fill out a form to say you're willing to do Play Start for 6 months. Then they say can we put some stuff down to say what we're aiming for – confidence, concentration, speech and language (self-referrer)

3.2 Professional Referrals

Professionals referred parents to the home-based aspect of the Play Start service.

The process was approached in an informal and swift manner. The professional would visit a family, identify a need, and speak to the parent about the Play Start service, enquiring as to whether they would be interested in taking up the service. The professional would then complete and return a referral from Play Start to the NSPCC, by providing information about the family, the age of the child and the reason for referral. An informal telephone call might be made to the NSPCC to ask if a provider was available to take on the case, and if spaces were available. As one health visitor explained:

HV (Vivian): I talk to the referral before referring them, and say maybe you're having difficulty and if they (Play Start providers) come, it'll be a nice way to sit down (with your child). I fill out a special NSPCC form and go down and ask if they have any spaces. They ring me and tell me they've allocated a place; is there anything she should know? It's quite an informal process.

Professionals would identify a 'need' for referral by using their professional judgement and knowledge of the family circumstances. The following comments from health visitors illustrated the process:

RC-D: How do you decide if there is a need for a referral?

HV (Vivian) I think its your basic health visitor assessment. One I referred, she has 3 children under 4, no toys in the house and she's always shouting and they're sitting there bored. And over the 3 visits (new birth visits), I built up a relationship and then said there's someone, that brings toys and they will support you.

HV (Elizabeth) ...I went in for a new baby visit. Mum has an older child and mum was talking about his behaviour and there were just a few toys around. I talked to mum about socialising. She doesn't go out a lot. We talked and she said they haven't got much, but they just have to get on with it. So she wasn't very confident about going out. The boy was below his chronological age – in his co-ordination, in his level of concentration, responses to things. So I said 'what about somebody coming to you and helping you to develop his skills?'

HV: (Jane) the child wasn't attending playschool, and being challenging in behaviour at home and having tantrums. Mother was at her wits end and reluctant to send him to play school, so I suggested Play Start. In another case, the family had 4 young children. Mother was at wits end and had post-natal depression. There was very little play and I thought they would benefit from structured play.

Reasons given by professionals for their referrals, included - supporting mothers in managing their children's behaviour; supporting mothers to develop their self-confidence; delayed developmental needs of the child; supporting mothers to help with children's learning (more ideas), inadequate social skills of the child.

3.3. Getting the Right Referral: The Family Context

Interviews with providers of the Play Start service confirmed that self-referrals for Play Start often occurred as a result of parents accessing 'other' services at the NSPCC's Swindon Family Centre, where providers would suggest, recommend or inform parents of the Play Start service. In addition, a parent may simply telephone the 'Centre' with a 'problem'. The provider would complete a referral form after discussion with the parent. The form would provide information about the reason for self-referral. Provider and parent would arrange a time and date for a first visit.

One of the problems encountered by providers of the Play Start service was of 'getting the right Play Start referral for the family at that time'. This applied to self-referrals as well as professional referrals. Family context determined whether an appropriate referral had been made.

In a self-referral for example, a parent might refer himself or herself to the Play Start service, but the provider subsequently discovers that there are 'other' family issues that need to be approached before work on play may begin. After helping to solve those 'other problems', the parent may then decide that the Play Start service is not required. One of the providers, Shirley, explained:

A lot of them refer themselves to Play Start but play isn't their problem, it's everything else. Because they think, oh that could be good for him, because all this is going on and he needs it. But you need to sort all that out, and sometimes, when it's sorted out, they don't want Play Start, because they never thought it was a problem or a need. I had a young mum, 21 at the time. She had two young children, partner just walked out; left with debts; lots of problems. So I went in. She wouldn't sit and concentrate. So we had to deal with that before Play Start. So I referred her to appropriate agencies. Then by the time Play Start came around, we did one

session and then she didn't want it (Shirley : Play Start Provider)

Professional referrals were of two kinds. First, general referrals and second, Play Start referrals. In a general referral, the professional would inform the NSPCC that the family was in 'need' of support, as one of the providers, Esta, explained:

What happens is, somebody might phone in to say 'I've got this family. Mum's not going out much; she's quite isolated at home with her child. Would someone go out to visit?' So we visit the family. We talk to them and find out the ways we can offer our services; if we think that mum will benefit from Play Start, to develop confidence (Esta: Play Start provider).

The general referral would be followed-up by the first visit to the family's home, where the Play Start provider would assess whether Play Start would be a suitable service to help the family. It is in the second kind of professional referral, the Play Start referral, that the issue of 'family context', was raised by providers.

In this situation, providers would 'pick up' the referral, conduct the first visit to the family's home, and after discussion with the parent, discover that existing problems were related to family support issues, and would not be helped by providing the Play Start service, as Mary, a provider, explained:

Some professionals refer families to play start, and when you get there, this is family support work. It could be marital break up, mental health and you think, mother has more needs than the whole family. You need to get the right referral. I've had a couple where the needs were huge compared with the child's needs (Mary: Play Start provider).

In this respect, one of the providers pointed out that it was important for professional referrers to have some knowledge of the family context, in order to judge whether 'Play Start' was a suitable service to help the family, at that time, before making a Play Start referral.

The issue of family context is crucial to understanding the kinds of help Play Start providers would give to the parents using this service. Providers expressed the opinion that in their experience, most of the families they would visit, to provide the Play Start service, also had a number of family problems that they needed to 'talk about' with someone. In order to satisfy that need, some of the providers would reserve the last 15 minutes of the 'Play Start' session for time with the parent, whilst the child was given a play activity to amuse themselves. Mary, one of the providers, explained:

Sometimes, when it's been a Play Start referral, that isn't quite correct. There are issues in the home. So you have to split your session; and do your Play Start, but then give mum ten or fifteen minutes to deal with the issues that are in the home, or affect their lives; because if you don't get that right, the Play Start will never work (Mary: Play Start provider)..

For providers, the referrals were sometimes an on-going process. As a result of 'other family issues'

further referrals might be made to help with those problems. In addition, in the process of providing, or having provided, the 'Play Start' service, a special educational need might have been identified, in which case, a referral would be made to another organisation, who would provide specific help that was required, for example, for speech and hearing difficulties or for behavioural difficulties.

4. PURPOSE AND EXPECTATIONS OF THE SERVICE

The user group in the sample identified the purposes of both the home based Play Start service, and the structured play course. They explained why they chose to use the service.

Purpose of the home-based service

Users:

Users perceived the purpose of the home-based Play Start service in terms of fostering and supporting good family and social relationships; developing children's learning abilities, in particular the ability to persevere, communicate verbally and interact in their relationships with others; providing help to parents in order to manage behavioural problems and to help in the transition into nursery school. Their comments included, for example:

..for family relationships...to get closer

..for children to learn to do things

..so they learn to concentrate

it's general help on children's development and how you can interact and play

. to help with speech and behaviour and gives us ideas so we can help them

to help with speech and behaviour and what sorts of things you can ask them (the children)

..to help with problems like behaviour

..for behaviour – so they listen

..to help him get into nursery

One parent claimed that she '..didn't really understand the purpose'.

Providers:

According to providers, the home based Play Start service was as much about helping the parent (usually mothers) as well as the children, as Esta, one of the providers explained:

We look at it as a kick start for the children and with the parents as well. Its to give their parents a deeper understanding of child development, how it should be; so that they're not over estimating their children. So it's a way of educating the parents; what they could do at home with their children. Also giving them an understanding of their children as well (Esta: Play Start provider).

Its main purpose was to help the relationship between the parent and the child. This was achieved through helping the parent (usually the mother) so that s/he had the confidence, knowledge and skills to use play to help his/her child with learning difficulties and manage his/ her child's behaviour. The providers, Mary

and Maggie, explained:

If parents were struggling; some mums have not had play experience themselves; some mum's lack confidence. We talk to mums; see where she thinks she's at, give her ideas, increase her knowledge, so her and her child can enjoy play together...to enjoy their children with confidence and not to be frightened to play.(Mary: Play Start provider)

It provides a service in the home. Anyone's entitled to apply for the service. More often than not, the referrals that come in are because people have specific needs...parents who don't feel confident about play; or might have some concerns about their child's development; perhaps they feel their child's behaviour is quite difficult; perhaps through play they want to be able to improve their relationship with their child; they might have concerns about general development, physical or intellectual; or problems with language (Maggie: Play Start provider).

Referrers:

Like providers, referrers also saw the purpose of the Play Start service in terms of helping both parent and child. It aimed to develop children's learning skills and confidence, alongside helping the parents to learn how to play and strengthening their relationship with the child. They commented:

To develop children's skills – their hand-eye co-ordination, their concentration. And also to give the parent play ideas for their children (professional referrer 1)

I would say it's to give mums and children the opportunity to learn and explore about play and to actually get the couple closer (professional referrer 2)

Purpose of the structured play course

Users:

The structured play course was primarily seen as a way of providing new ideas for children's learning through the vehicle of play. Parents stated:

- ...it's to give us new ideas
- ...it's to help William do a lot of things,...it's to help me get a few ideas and what to do with the children
- ...it was finding out about different ways you could do it, because I was doing Play Start (home base) at the same time and I thought it would be double information

Providers:

Providers of the structured play course explained that it was a general course covering the age span 0-4, rather than being tailor made. It aimed to provide parents with hands on experience of play and some understanding of the child's perspective.

With the 'Play to Learn Course, it's a general course...not specifically the age of your child at that time. The parents have hands on experience and the children are at a crèche at the time. After the hands on we discuss the skills, really to help parents with child development. We use everyday things that might be found in the home..And we do more sensorial and imaginative play (Maggie – Play Start provider)

Expectations of the home-based service

Users:

Parents expected the home based service to help with two concerns, language and behaviour (which included social skills). Their comments reflected those concerns and for example, indicated that:

...the child demonstrated behaviour problems, so it was difficult to come out.
...the child demonstrated behavioural problems – banging his head against the walls when having tantrums.

...the child had a lack of social skills and so ‘wasn’t very good with people’, along with poor language skills.
...the child was demonstrating speech and behaviour difficulties

Providers:

According to providers, parents expected the service to help both the parent and the child. For example, it would help the mother’s confidence in childcare alongside developing the child’s language skills and behaviour difficulties, and moreover, providers expected the service, to help the parent, to help the child with those problems. The providers explained:

If a child had challenging behaviour; through play we can actively give positive re-enforcement and help that mum to control their behaviour. (Mary: Play Start provider)

To build mum's confidence in childcare. This little boy is in a one parent family and mum has got 5 children now and she’s actually adopted this little boy. This is a challenge to her because when he came to her he had no skills...he was lying in a cot all the time. It was neglect. So he lacked a lot of skills and he doesn’t speak properly (Esta: Play Start provider)

In addition, because this service was home based, it allowed those parents who lacked confidence in leaving the home to build social networks for their child, to begin to develop their confidence to go out, as one of the providers explained;

Sometimes, it’s a way of getting into the home, engaging, building up the parent’s confidence, and then perhaps developing the social networks for the child to play in; not just in the home (Maggie : Play Start provider)

Referrers

Referrers chose to refer parents to the service, because they expected play start to help the family with the referral problem. This ‘problem’ was usually couched in terms relating to the development of children’s social skills, the relationship between parent and child, developmental needs and knowledge for the parents.

One referrer chose the service because she expected the provider to ‘model’ how the mother and child could interact using play, so that the mother would be able to manage the child’s behaviour. She explained:

I'm expecting Play Start to go on their visit, give mum ideas on how to play with baby, and sit with mum and model play. And also if there are behavioural problems in the hour, they can model how to use play to help people manage their children

Another referrer chose the service because she expected the provider to prepare the children for entry into nursery school, as she explained:

They were children with difficult behaviour. One of them wasn't in playschool and had medical problems. I thought it would help them to concentrate on task and prepare them for nursery school.

5. ACCESS AND BARRIERS FOR TAKE-UP OF THE SERVICE

Providers as Information Centres:

Providers were the main source of access to information about the Play Start service, which they advertised, in a number of ways for example:

- Speaking about the Play Start service at drop-in sessions, both through a welcome pack which introduced all the services at the North Swindon Family Centre alongside approaching individual parents who were having difficulties with their children
- Distributing leaflets at: the doctor's surgery/to health visitors/ door to door/ the Sure Start office/ playgroups
- Setting up displays about the different services at the centre
- Holding; fun days' where the NSPCC would advertise their services and the different agencies that they work with such as the family centre worked with School Start and Sure Start
- Holding a 'children's day' where they would visit schools to advertise their services
- Giving a presentation about Play Start at the Sure Start 'Celebration Day'
- Speaking to parents about the Play Start service on visits to families (for other reasons)

5.1 Accessing the Service:

The Home Based Service

The data from the user group in the sample suggested that most of the parents accessed the Play Start service through using other services at the NSPCC. Most predominantly, the 'drop in' sessions were mentioned; although mother and toddler group and coffee groups were also a source for finding out and accessing the service. In such groups, providers would approach parents, to let them know about the Play Start service. They would let them know by perhaps offering a welcome-pack, that would give a summary of the list of services that the Swindon Family Centre was offering. Alternatively, providers may let parents know during conversation with each other, where the parent had expressed particular difficulties that they were experiencing with their children.

Aside from access to Play Start through the use of other services at the family centre, parents accessed the service by initially finding out about it through a friend who had successfully used the service, or through reading the leaflets about Play Start (which users stated were usually to be found at the Swindon family NSPCC centre). They would then approach a provider, through telephone or visiting the Swindon Family Centre and discuss the possibility of a self-referral.

The Structured Play Course

The structured play course was also accessed through the use of other services, primarily, the home based 'Play Start' service. As Mary, a provider explained:

It's a package that goes hand in hand. So if you go on a course, you get knowledge that you can implement on the Play Start, and so the knock on effect is much smoother (Mary: Play Start provider)

Sometimes we feel that they might be interested and let them know about the additional

service...sometimes we get requests, asking if we've got any courses coming out. The majority of people who come – perhaps they might be using some other service. (Maggie: Play Start provider)

Leaflets and fliers, giving details about the 'Play to Learn, Learn to Play' course also allowed access to the structured course. One parent explained:

I saw a poster outside the family centre. It was eye catching. It had the sorts of things I wanted to learn about (Play to learn course user).

Providers re-iterated that in order for parents to access the 'Learn to Play' course, they would need to approach providers to discuss the possibility of using the service.

Professional Referrers and Access.

Referrers found out about the service through their previous links with the family centre. For example one, referrer had worked with the family centre and attended the planning meetings about play Start. For others, it was the information provided in the fliers and leaflets about the service. They would then access the service by contacting the NSPCC through the referral process.

5.2. Barriers for take –up of the service:

- Users' Views

Lack of knowledge about the service, fear of being perceived as an 'inadequate parent', and 'stigma' associated with using NSPCC, prevented parents from using the home based aspect of the service. For example, parents commented that:

I don't think many people know about it. There's not enough leaflets. They've got them in the NSPCC centre, but not everyone goes in there.

Some parents may think that they are failing by acknowledging a need for help. Because they might think they might be failing a bit; because I did. Because they think 'I don't want to use it' because they think 'I'm not coping'

I don't think a lot of parents know a lot; and that NSPCC do Play Start. And I've got friends and I say 'Jill does Play Start' and they say 'who's that with' I say NSPCC. They say 'I don't want that for my child', as soon as they hear NSPCC. I say 'you don't have to batter your child to use NSPCC'. A lot of people don't know what NSPCC do for us.

- Providers' Views

Stigma and a lack of awareness about the kinds of work NSPCC does remained predominant issues that providers believed affected take-up of the service. One of the providers explained how the NSPCC had tried to reduce the stigma:

We had a bit of stigma here with our NSPCC on the door. That put a lot of people off because they thought their children would have to be abused to come and join in with our activity. So we talked to people in drop-ins; the play day and took out leaflets; talked about the different agencies we work with (at the fun day) (Esta : Play Start provider)

What was apparent in the interview data was that, as a consequence of accessing the North Swindon Family Centre and the range of services available to parents, the stigma associated with using the NSPCC was reduced. Parents used Play Start as a result of using other services such as the 'drop-in' service.

Two other factors raised by providers that may have prevented take-up were: first, parents may assume they have to have a problem to use the service. Second, parents may assume that the kind of play that they do with their child, is interpreted in the same way by providers of Play Start service, as Shirley explained:

Families that don't have a problem may not think they need it; but their child could do with it. A lot of parents think they do play; they sit and play with their toys. But we're talking about a different kind of play. (Shirley : Play Start provider)

The last two factors are relevant, because in examining the reasons that users gave for using the service and their perceptions of the purpose of the service – there lies the assumption that the service is for those families who's children were experiencing difficulties with language, behaviour and social skills. In only one user case, was the service chosen as a way of introducing another way to play in the home.

- Referrers' Views:

Referrers also identified 'stigma' as a factor preventing take-up. For example, one referrer stated:

I have had one person I was going to refer, and her friend put her off because she said 'the NSPCC, you don't' want to go there'. Some people have even though Sure Start was social services and I've put them straight.

Referrers also cited practical issues of 'time' and an inability to maintain a weekly commitment. If for example, the mother had suddenly been offered a lift in a car to go to the supermarket; then that would take precedence over the Play Start session.

Stigma, lack of awareness of the value of play and knowledge of the service, were the predominant issues raised by users, providers and referrers that prevented take-up of the Play Start service. How did the interview data from the non-user group compare with this?

- Non-Users' Views:

All of the non-users had used Sure Start services. None of them held any detailed knowledge about the Play Start service. One of them held incorrect knowledge of the service, and half of them had never heard of the service.

The Sure Start services that those parents used were listed as:

- The under 3's groups
- Talk and toys
- Family support
- Play and learn
- Talk more

Non-users had found out about the Sure Start services that they used, through:

- Local school
- Recommendation from friends
- Health visitor referral
- Receiving information about services through the existing mailing list
- A new baby visit from a Sure Start health Visitor

Yet, their knowledge and lack of knowledge about Play Start (which included confusion with other services) was reflected in the following comments:

..yes, it's if you want to interact with your child

. I think you can get toys to bring home

..I've heard of Sure Start, not Play Start

..I don't know about it

..I get the leaflets but I don't know about it

None of the parents had any knowledge about the structured play course – 'Play to Learn, learn to Play'.

Non-users of the Play Start service were asked whether, if they had known about the service, they would have been prepared to use it. A number of non-user parents expressed an interest in the structured play course. There was little interest apparent in the home based aspect of the service, from this group. One parent indicated that the different groups available for children caused confusion for parents.

Parents were asked why they were not interested in using the home based service. The two reasons given, were limited time, and a lack of need.

- A lack of time. For those non-user parents, their children were occupied on a daily basis; and used Sure Start services such as 'talk and toys'.
- The perceived lack of need. These parents 'played' with their children and assumed that the Play Start service was for families who needed help. Their comments included:

- I play with my children. I do colours, reading...all three of us play. I think its for people who don't have the confidence to play'

...I do it any way

...there's no need

.. I always get the impression it's for people who didn't know how to play; to encourage them to learn and they didn't have the time. I always did it and now I take them to nursery.

...the impression I got, was that if your children were a handful, then come for help. Its for people who need help.

Whilst non-users expressed a lack of knowledge about, or need for the home based service , but an interest in the structured play course; Play Start users, providers and referrers were asked about their actual experiences concerning the delivery of the service.

6. KNOWLEDGE, DELIVERY AND EXPERIENCE OF THE SERVICE

The Home-Based Play Start Service

The home based Play Start service was usually delivered once a week, for a period of one hour and for a duration of six weeks, at which point, parent and provider would evaluate the extent to which their planned objectives had been achieved. The service was available for six months. The arrangements were adaptable. For example, in one case, the mother had required more than six months, and this extension had been granted, on the grounds that she would benefit from continued help in this area. In another case, a fortnightly visit was arranged, rather than a weekly visit, given that the parent held other responsibilities. Finally, in one case, due to other responsibilities of the carer, the Play Start service was provided to the child in the context of the nursery situation, alongside a childminder.

The Structures Play Course

The structured 'Play to learn, Learn to play' course was a five week course delivered once a week for a period of two hours. A provider and a co-provider usually delivered it, and a crèche was provided for the children.

6.1 The Home Based Service: The Initial Visit and Subsequent Planning and Assessments

Having received a referral for the home based service; the provider would make an initial visit to the family's home. During the initial visit, an assessment of the child's needs would be conducted. This would involve identifying the existing skills and gaps in those skills from a list of skills which were located on a colour wheel (see Appendix 1). This would inform the planning for six subsequent sessions. A general assessment of the child's development needs, parenting capacity and family and environment factors based on a triangular 'framework of assessment' would also be conducted. Agreement forms for the service would be completed. This process would be conducted by the provider, using specific forms and in discussion with the parent as Maggie, a provider, explained:

First we do the referral form, then we go into the home...we look at where the child actually is, and go through a list of different skills and ask the parent if the child is currently able to do it. ...We also use a triangle that is used for the assessment framework because it could be passed on that a family doesn't have any play materials or social networks so that the children might not have opportunities to be with other children. So we like to get a general picture of the child. And then we draw up an agreement with responsibilities we each have. Also we have our own NSPCC policies, the child protection complaints procedure. (Maggie : Play Start provider)

The provider, parent and child would assess subsequent Play Start sessions. At the end of each session, the provider would write an account of the session. The parent would be asked to sign the form in acknowledgment of the account; and the child would be asked to complete a child friendly assessment form. Parent and provider would discuss the choice of activity for the following week.

One referrer had knowledge of this planning process, as well as delivery. She was a health visitor and was

aware of the process through being informed by her patient. Another referrer had some knowledge of the delivery of the service, as she had attended a 'presentation' about the service, at the 'Sure Start Celebration Day'.

6.2 Delivery and Activities

- The Home Based Service

Play Start users and providers identified some of the experiences in the home-based Play Start service. The experiences encouraged personal attitudes to learning, practical learning experiences that encouraged creative ability, language skills, mathematical skills and concepts, motor skills and hand eye co-ordination. The kinds of activities and experiences that were cited by users included:

- sticking and cutting
- building bricks
- making models

- a PE session
- doing cooking

- reading books that made noises
- doing the story of Goldilocks and the three bears with toys
- copying things, writing them
- role play

- games to do with colours and counting
- making shapes
- doing jigsaws
- doing numbers from 1-10
-
- finger painting
- playdough

- encouraging the child to do a bit, then a bit more

Providers also identified some of the activities conducted in the sessions. They included:

- Flash cards relevant to the setting (for example, a spoon in the home)
- Activities with nursery rhymes
- Threading cotton reels for hand eye co-ordination
- Following instructions
- Using imaginative play to change behaviour

Some providers planned a main activity for a session. It would focus on a particular objective, and would be followed by two shorter activities. Users and providers were asked to give accounts of sessions that they recalled. The following are examples of those accounts:

She'd come through the door, say hello; chat with James, how he was, ask him to help her to get the toys out and they'd do painting, finger painting. She'd like talk to him as he was painting; like 'what colours do you want to use? What are you painting?'

Then they'd wash hands, then some singing, puzzles and a story... Then she'd write a form to say what she did and what we'd do next week Every week it was something different. One time we played with cornflour and water, using his hands to feel it; playing with cars, trains bricks. Things like a garage and a train and do like 'lead play', what he wants...(user)

I'd say, arrive at 9.15. We'd have a brief chat when I was there, talk to the child, and give him good eye contact.

And then inviting the child in the correct manner to come and sit on the table now. Because that's directive – I'm not giving him a choice, I'm asking him to come.

Invite mum to join us, and often the baby's in the bouncy chair.

And I would have a programme made out. If I was looking at a child who needed basic concept 1-5, had poor hand function.

I would start with threading cotton reels and would show them how to do it. Concentrate on my hands, giving lots of language; 1,2,3, counts; then I'd build up to 5.

Then we'd perhaps do nursery rhyme 1,2,3,4,5 – again that's re-inforcing the number and mum would join in too and I'd give praise all the time 'well done Johnny, good boy, you're singing well today. Always giving them good eye contact.

I then would move on to perhaps five bricks. I'd count 1,2,3,4,5 and get the child to stack, knock them down.

Then I'd go into another activity which would link in with what I was trying to do; what a child needed – perhaps playing a game.

Then a story and finger rhyme and actions at the end. ...(Mary : Play Start provider)

- The Structured Play Course: 'Play to Learn, Learn to Play'

In contrast to the home based Play Start, the structured play course was a general course, rather than planned for specific needs. The course was structured to cover five particular topics:

Week 1. what is play

Week 2. SPICE (acronym for different learning experiences)

Week 3. Imaginative Play

Week 4. Sensory Play

Week 5. A Child's Eye View

Users and providers cited accounts of sessions, for example:

The first session was the most nerve racking. We had the icebreaker. We had to pick a toy and say why we picked it up.

We were given a load of boxes and empty containers and had to make a house. You didn't need any money. We were put into groups...

...We had cold and warm spaghetti and had to put our feet in it and say what we thought it felt...

...We had boxes with different things in and we were getting reactions...

Although we were there to learn about children, we were looking at our memories of childhood and play. After we left the group we were all chatting to each other (Play Start user – structured course)

The parents would arrive and we'd have some sort of icebreaker and it's related to theory. So for the sensorial things we said look back over your childhood. Are there particular tastes or smells that you recall?

After the icebreaker, we'd go into the main part of the session...for the sensory work we had a feely box.... We'd talk afterwards- how did that feel? We talk about what the child would be achieving from that – the relevance of the sensors. The next part of the session for the sensorial work. We had lots of covered containers with different smells. We'd pass it round, talk about the development of language...descriptive language; how to incorporate that into

daily living or creative play situations.

Then we might have things like play dough, mix cornflour and water – different textures and about how its good for the child’s emotional development, self-expression and also keep talking about the language you can be developing with it. (Maggie : Play Start provider).

In general, the users of the structured play course claimed that the course achieved its main purpose, which was, they stated, to provide them with ideas for play...One parent stated ---‘I did more art activities with James. Another stated that it ‘was a real eye opener to see how children look at things’...’It was different to Play Start...it was watching expressions on other mums’ faces. In this respect, the course also fulfilled the aim ‘to examine experiences form a child’s perspective’ and parents enjoyed the dynamics of the group experience, gaining in confidence in the process.

6.3 Relationship to Sure Start National Targets, and Purposes and Principles of the Service

Both users and providers explained how activities helped in managing children, in supporting Special Educational needs, in preparation for school, in helping to develop language and social skills and in helping to strengthen family relationships with particular reference to helping the parent. In this respect, the Sure Start national objectives – improving social and emotional development, and improving children’s ability to learn were apparent in the kinds of activities and the purpose behind those activities, as perceived by users and providers.

6.3.i. Improving Social and Emotional Development

Users and providers felt that the home based Play Start service had helped them to manage their children’s behaviour, and therefore to help with improving children’s social and emotional development. This was achieved by, for example, providing role discussions, role play and creative activities, in order to elicit appropriate behaviour in given situations. A provider cited an example of this kind of help:

Well, mum was finding when she took her out in social situations; her baby was very difficult. They’d go into town, she’d be running all-round the shop; and on the bus aswell; her daughter wouldn’t sit on the seat (she was 3 at the time)...she would refuse to sit down. She’d be shouting. She knew her mum would get very embarrassed in this situation; so her mum would perhaps behave differently on the bus to home. You can’t really have any ‘time –out’ on the bus.....So what I was doing with the child, I was using books, and obviously ‘the wheels on the bus go round and round’ (song). We discussed the pictures in the book, talked about that...and we used to take a doll along, and we used to pretend to go shopping, And we’d be sitting on the bus talking about how important it was to sit down, why we had to sit down; what would happen if we didn’t sit down. Afterwards there would be a creative activity.... I made like a double decker bus with some paperclips, so you could open it...there were seats and the little people I’d cut out. She stuck some bits on to dress them ...we talked about how people should behave on the bus.....(Maggie: Play Start provider)

The parent, whose child was the recipient of Maggie’s play bus activities, expressed a great deal of satisfaction at the way the activities had helped the relationship between mother and child.

6.3.ii Supporting Special Education Needs

Users expressed how special educational needs had been supported by the Play Start service. This was achieved by providing parents with practical strategies to help children's abilities in for example, their dispositions towards learning, and also helping parents to find educational settings that were appropriate to their child's special educational needs. For example, one parent explained:

...it's helped us to understand what it feels like to lip read, and not hear properly. Mary tried to explain to us what it's like to be partially deaf and not hear properly- it's frustrating. She'd suggest things so that we could handle Jill with her temperament. We'd sit and encourage her with a book, and as time went on, she'd sit longer and longer...

It tried to prepare her for school. While Jill was at nursery, Mary still came to work with her, to encourage the nursery in developing her drawing and colouring. Because the nursery said they were concerned, because she wouldn't communicate; the other children didn't want to know her, because they didn't know what she was saying. School is finding it tuff to work with Jill, and Mary again, has spoken to the school; to say this is what's happened with Jill and you've got to try and be patient, and work with Jill, the way she's going. Mary came to school with me, because it just got Jill to a point, and stopped. Then Mary spoke to another school and said this is what her previous school does. They said no, we do this (instead). She's done really well! (Play Start user).

6.3.iii Improving Children's Language And Preparing Them For School

Users and providers also expressed how the experience of the Play Start service had helped improve the children's language and social skills and had helped to prepare the children for school. In terms of improving language and social skills users made the following comments:

...she started to talk more and it opened up a load of doors
...it brought her out because she was a little shy and so she talked more
...he did calm down quite a lot and when he went into nursery, he wasn't scared of leaving me and it got him into nursery easily.
...his speech got better. It helped me to learn different things to help his speech, like lead play, asking him questions. Now he'll talk properly – put the words together.

...it was a relief that he could play with a strange person and not a family person. It improved his language skills because English isn't his first language and helped his social skills for when he was going to go to school.

Other parents also expressed how the service had helped prepare their children for some of the skills required for nursery and used in playgroups. For example cutting, gluing, co-ordination, fine motor skills, writing skills, using hands. Comments such as 'she picked things up before going to play group'...'it helped in nursery because she was in a group situation and so she was able to (had learnt to) have a conversation with other children'. The following extract illustrated how one user felt it had helped her child in preparation for school, but also held the added impact of developing family relationships:

He had a lot of trouble with sharing; it helped with sharing. He wouldn't let anyone touch anything, now he's a real luvvy. His speech is much better. He's in play school now. Talk more group helped him, but (for Play Start) Shirley would ask him questions – if she was reading a book she'd ask him 'how many cars or dogs were on the paper.... I join in more. I'll get the paints now, put a sheet down and we'll sit. Sometimes; I find rather than telling them, I

ask them, and give them the choice instead of 'go and do this', say 'would you mind doing this'. With his brother he's learnt to share more. (Parent user)

6.3.iv Helping Progress Towards Early Learning Goals for When They Get to School

In order to deliver the Sure Start objective – to improve the children's ability to learn, the Play Start programme aims to help progress towards the 'Early learning Goals'. The Early Learning Goals were originally outlined by the Department for Education and Skills in the year 2000. They have since been developed for practitioners and framed within the foundation stage curriculum (QCA 2003) in recognition of the fact that children enter school having spent considerable time in different kinds of early years settings. The foundation stage identified the goals for children who are aged three to five, and who are to experience six areas of learning. Those six areas of learning are:

- personal, social and emotional development
- communication, language and literacy
- mathematical development
- knowledge and understanding of the world
- physical development
- creative development

The early learning Goals lie within those six areas of learning. Each goal is allocated nine points. The Qualification and Curriculum Authority (2003) stated:

The first three points describe a child who is still progressing towards the achievements described in the early learning goals.....the next five points are drawn from the early learning goals and the final three points work beyond the early learning goals (QCA 2003 p.2).

The activities and their subsequent impact that were expressed by users and providers suggested that all six areas of the early learning goals were being implemented within the Play Start programme. In some cases, activities worked towards the early learning goals (points 1-3); in other examples cited, activities worked at the level of the early learning goals (points 5-8). Figure 1 illustrates extracts from points 1-8 and the six areas of learning that matched some of the impact and activities cited by the users and providers of the playstart service: The list is not exhaustive, but aims to demonstrate that this service has helped progress towards the Early Learning Goals.

Figure 1: The Early learning Goals and Activities cited in the Play Start Service

Personal, social and emotional development

a) disposition and attitudes

7. Is confident to.....speak in a familiar group
8. Maintains attention and concentration

b) social development

1. Plays alongside others
2. Builds relationships through gesture and talk
3. Takes turns and shares with adult support, for example, playing card games such as picture dominoes
5. Forms good relationships with adults and peers
6. Understands that there need to be agreed values and codes of behaviour for groups of people, including adults and children, to work together harmoniously. For example that running in a

classroom (user cited different context – on a bus) could cause an accident

c) *Emotional development*

8. Understands what is right, what is wrong and why. S/he is beginning to control his/her behaviour to reflect this understanding

Language, Communication and Literacy

a) *language for communication and thinking*

1. Listens and responds – for some children this may be a recognised sign language
2. Initiates communication with others, displaying greater confidence in more informal context
3. Listens with enjoyment to stories, songs, rhyme....
4. Uses language to imagine and recreate role and experiences – for example, during role play, the child uses language to imagine, act out or develop experiences

b) *Linking sounds to letters*

1. Joins in with rhyming and rhythmic activities

c) *Reading*

1. Is developing and interest in books...for example, listening to stories with interest
3. Recognises a few familiar words
5. Shows an understanding of the elements of stories, such as the main character, the sequence of events and openings for example, the child identifies the main characters and sequence of events.

Mathematical Development

a) *numbers as labels and for counting*

1. Says some number names in familiar contexts, such as nursery rhymes
2. Counts reliably up to three everyday objects
3. Says number names in order
4. Recognises numerals 1 to 9
5. Counts reliably up to 10 everyday objects

Physical Development

5. Demonstrates fine motor control and co-ordination. For example, threading large beads

Knowledge and understanding of the World

2. Observes, selects and manipulates objects and materials for example, stirs cornflour and water to mix them together; builds a tower with bricks

Creative Development

1. Explores different media and responds to a variety of sensory experiences....For example, explores colour and texture by means of finger painting; joins in with songs

One of the main purposes of the Play Start service was to ‘support families to develop their children’s language, concentration and social skills. The learning elements of this purpose, is also contained within the Early Learning Goals. The evidence suggested that the purpose was being met by the service.

6.3.v. Purposes and Principles

One of the most commonly cited impact of the Play Start service by the users, was its affect upon family relationships, and in particular its affect upon the parent. They were given ideas for play as a vehicle for learning, ideas for play as a vehicle to manage their children’s behaviour, and a greater understanding of their children’s social, emotional and educational needs. Users comments included:

...It’s helped me with his learning problems; he’s more sociable

...It helped me, the girls and the children we do different ways of sign language with my son, because he's got hearing problems

.. It's helped us to understand what it feels like not to hear properly and to lip read

...It's helped me (mum) because it's given me ideas like match dominoes

...I (mum) got to find out what he likes, dislikes, without buying anything. It's helped to manage him

...He listened to me and it's helped him with his younger brother...

...It gave me a rest...

...It's helped me (dad) on how to bring up children and look after them...

...It's helped him to share with his brothers and sisters; and there's been a change in me.

...It's given me ideas for the older one and they do things together...

Strengthening family relationships and encouraging children's development is one of the main purposes of the Play Start service, and in this respect, the comments cited by the users of this service reflected that this purpose was met. In addition, the fact that the service clearly helped the parents, mostly mothers (through practical support strategies), as well as the child's development, reflects the principles of the service. That is, to encourage self-reliance rather than dependence and to increase the self-confidence of families in caring for and managing their own children.

7. SUMMARY OF FINDINGS

In general, the review revealed that the Play Start service had many positive features and solid foundations have been built for this part of the Sure Start programme.

The following section highlights the strengths, limitations and effectiveness of the service, as identified by users, providers and referrers to the service; alongside the extent to which the objectives of the Play Start service are met, in terms of short and medium term impact.

7.1 Strengths

- **Multiple impacts to users of service.** Whilst users often took up the service for a particular purpose, for example to help their child's language skills; there were often multiple benefits that were gained from using the service (for example on family relationships, developing parental confidence and managing children's behaviour).
- **Easy access without the stigma of 'NSPCC'.** Analysis of access to Play Start service suggested that users found it easier to access the service, because of the existence of other services, mainly the drop-in sessions. As a result of this access route, those users did not identify use of the Play Start service with the 'stigma' associated with the NSPCC.
- **Simple and swift referral process.** The referral forms were easy to complete and deliver to the NSPCC. Similarly self referrers found that providers were accessible, and completed the forms swiftly, through discussion with the self-referrer
- **Tailor-made.** The identification of goals and subsequent planning of activities in discussion with parents, ensured that individual parents' concerns, as they defined them, with the provider, were met by the Play Start service.
- **Flexible.** The service retained a degree of flexibility in term of negotiable times and frequency of sessions that are held. Users found this aspect of the service helpful in that it accommodated their practical needs.
- **Informative.** The service provided users with play ideas, so that they were able to help their children with specific difficulties with learning and behaviour, without incurring additional expense. In the context of the structured play course, parents were provided with more ideas, alongside an insight into the child's perspective, through taking part in different play experiences.
- **Encourages and empowers parents to be self-reliant.** The service actively encouraged parents to resolve their concerns, by suggesting ways forward for resolving their problems.
- **Strengthens relationships between parent and child.** The service helped to develop better relationships between parent and child by using specific strategies. First, to improve behaviour and second, to develop different kinds of interaction between parent and child. This also held implications for how siblings behaved with one another.

- **Identifies and supports special educational needs.** One of the implications of the individual attention given in this service was that particular special educational needs could be identified and supported (for example, by using a speech therapist) before the child was to start nursery; support was also given through informing, liaising and identifying the appropriate early educational setting that the child would subsequently attend.
- **Encourages children's learning and works toward the development of early learning goals in preparation for school.** All users of the service expressed the view that the service encouraged the children in their learning, and in increasing the child's confidence. In addition the activities and impact of the service (from the users and providers perspective) suggested that the service worked towards the early learning goals.
- **Individual help for parents from the home.** Given that group settings are not suitable for everyone, the home based service fills a valuable gap for different needs. For example, those parents who lacked the confidence to attend groups with their children, sometimes because their children showed behavioural problems, benefited from individual support in the home to help with managing behaviour, so that they were then able to attend group settings. Other parents who benefited from the home based aspect of the service were mothers with a new baby alongside an older child. In addition it was also useful to parents who found it practically difficult to leave the home setting, given that there were a number of children in the household.
- **Value added.** The one to one aspect of the home-based service allowed parent and child to be given the time and patience that can only be achieved through individual assistance. In this respect, the service provided the 'extra' attention to users, that would not be available in a playgroup or nursery setting.

7.2 Limitations

- **Confusion of play related services.** Both users and non-users showed confusion about knowledge of the service. A number of users did not recognise the service by its name, until the home based aspect was clarified by the researcher. Non-users claimed that parents were not aware of the differences between the different kinds of play related services.
- **Lack of association with Sure Start.** Most users connected Play Start with the NSPCC, but not Sure Start with the NSPCC.* Parents were not aware that NSPCC and Sure Start ‘worked together’ to provide the service.
- **Lack of communication between professional referrers and providers.** Referrers expressed the fact that they did not receive feedback from providers in term of whether the family had received help; or in terms of the level of improvement that had occurred. One of the referrers considered this feedback to be an important channel of communication, to prevent the child becoming because ‘lost in the system’ if there were no improvement. Providers expressed the view that on occasion they received Play Start referrals that were inappropriate for the family’s situation at that time..
- **Lack of clarity on waiting period between referral and first visit.** Whilst users who were interviewed expressed the view that the timescale between the referral and the first visit was less than a week; one of the professional referrers claimed that her knowledge from users was in contrast to that claim.
- **Perception of lack of visible advertisements outside the NSPCC.** A number of users expressed the view that they had not seen fliers about the service outside of the Family centre. Similarly, a number of non-users expressed the view that they had no knowledge of the service. However, the review also suggested that parents were much more likely to have knowledge and take up the service, when they had been given verbal information, in addition to posters or leaflets.
- **A lack of clarity as to who may use the service.** A number of non-users expressed the view that the service was for parents and children who needed help. Providers expressed the view that this was a service, which was available for any family within the Sure Start area. Providers also expressed the view that there were strong grounds for expanding the geographical boundaries of the service.
- **Lack of users who are fathers.** Mothers mainly used the service although one single father was receiving assistance from the NSPCC alongside the Play Start service.

7.3. Effectiveness

Whilst the strengths and limitations of the Play start service have been highlighted, the evidence suggested there were particular factors that made the service successful

- **Ease of referral.** The forms were simple to complete and the service providers were easily accessible.
- **Parent's relationship with the provider.** Parents appreciated the fact that providers gave their time and patience on an individual basis. Providers were perceived to be approachable, with 'time to give', so that users felt comfortable with them and were able to talk to them. This was particularly the case when parents were experiencing 'other' problems and needed someone to help them 'manage' their children at difficult points in their lives. One parent described the provider as a mother – 'she speaks to me like a mum'.
- **Children's relationship with the provider.** A further factor that made this service successful was the relationship between the children and the provider. This was crucial to the success of the service. In all the cases that were interviewed parents expressed comments such as '...she looked forward to it...she got on with (the provider)...she was very excited to see (the provider). In other words, if the children enjoyed the service, they let their parents know.
- **Useful and enjoyable activities:** Parents found the activities useful and their children found them enjoyable.

8. IMPLICATIONS AND RECOMMENDATIONS

In order to ensure that the existing level and quality of the Play Start service continues, the main recommendations for the Play Start service that are made on the basis of this evaluation are:

- **Developing strategies, which show parents that there is a clear relationship between Sure Start, the NSPCC and the Play Start service.** This is in recognition of the finding that parents were connecting Play Start with the NSPCC, but not NSPCC with Sure Start. Team workers from both the NSPCC and Sure Start, could for example, consider working together, at some level of promotion of the service.
- **Developing strategies to ensure non-user groups are aware and have knowledge about the service.** For example, by offering ‘taster’ sessions, about both aspects of the Play Start service, to families that have had contact with Sure Start for purposes other than Play Start.
- **Establishing a better understanding of the purpose of the service, so that existing channels of communication between professional referrers and providers are appropriate to needs.** Both groups can then receive the kinds of relevant information that they would find useful in referring and delivering the Play Start service swiftly.
- **Assessment of resources for special educational needs.** Given that one of the providers anticipated further cases of children with special educational needs, there needs to be an assessment of whether there are enough resources both in terms of trained staff (or if further training is required) and materials such as specialised toys, to fulfil this requirement.
- **An information leaflet for parents about preparing children for school, the early learning goals and Play Start.** One parent expressed the view that there needs to be explicit knowledge available about how the service helps the transition to school. Given that that the delivery content of the home based service ties closely with the Early learning Goals – the report recommends that their relationship to activities be made explicit in explanations to parents and the service aims to help children for school.
- **Use of ‘Birth to three Matters’ in planning.** Service providers may also consider incorporating more recent documentation in their planning. For example, ‘Birth to three matters A framework to Support Children in their Earliest years’ which is endorsed by Sure Start at the national level, and will need to be considered alongside Early Learning Goals.

9. REFERENCES

Department for Education and Science/ Qualifications and Curriculum Association

(2003) **The Foundation Stage Curriculum** DFES/QCA : London

Department for Education and Science/ Qualifications and Curriculum Association

(2000) **Curriculum Guidance for the Foundation Stage** : DFES/QCA :

London

Sure Start (2003) **Birth to Three Matters : A Framework to Support Children in**

their Earliest Years : DFES/QCA : London

APPENDICES

Appendix 1

The Play Start Service : Extracts and Brief Analysis of the Service Agreement

- **The Agreement**

Sure Start currently funds the NSPCC to deliver a Play Start service to families in the Sure Start area with children under the age of 4. The period of the service agreement lies between July 2001 and 31st March 2004.

- **Purpose and Principles**

According to the service specification:

Play Start is a preventative service for families and communities, aimed at supporting families to develop their children's language, concentration and social skills through play. Family relationships will be strengthened and children's development encouraged with long-term positive affects on the well being of all family membersThe service is designed to.... increase the skills and self-confidence of families in caring for and managing their own children. It will encourage self-reliance rather than dependence. (Part B: service Specification – purpose and principles of the service p.1)

- **Ways of Delivery**

The Play Start service may be delivered by using the following methods:

- Development of a range of play materials and activities to be shared with pre-school children and parents/carers.
- Home visiting to enhance parent/child relationships and parental skills through play and shared activities.
- Drop-in sessions and structured play courses at the Family Centre and other venues, using Family Centre Staff and volunteers.
- Linking families with other families, the community and outside activities (Part B: Service Specification p.2)

Sixty families per year (with thirty families at a time for a maximum of six months each) may use the service. Each family receives a weekly home visit as a minimum. In addition at least two play courses will be run per year, each for minimum duration of 6 weekly by 2 hour sessions. Each course will accommodate at least 6 families (Part B: Service Specification p.4)

- **Sure Start Objectives and the Play Start service – Its Delivery and Impact in the Short and Medium Term.**

The specifications for the Play Start service stated that:

The Play Start service is designed to contribute, in conjunction with other Sure Start activities, to the achievement of certain of the specific Sure Start objectives and targets in the last Public Service Agreement and Service Delivery Agreement (Part B: Service Specification -Objectives of the service p.1)

In this respect, the service addresses two Sure Start national objectives. They are objective 1 and Objective

3; to improve social and emotional development and to improve children's ability to learn.

Objective 1: This objective aims to improve social and emotional development: -

- by supporting early bonding between parents and their children,
- helping families to function and by
- enabling the early identification and support of children with emotional and behavioural difficulties (Part B: Service Specification -Objectives of the service p.1.)

In order to deliver Objective 1, Play Start programmes will have:

- agreed and implemented, in a culturally sensitive way, ways of caring for and supporting mothers with post-natal depression (ibid)

The long-term impact of this delivery is to reduce the numbers of children registered on the child protection register by 20% by 2004.

Objective 3: This objective aims at improving children's ability to learn:

- by encouraging high quality environments and childcare that promote early learning,
- providing stimulating and enjoyable play,
- improving language skills and
- ensuring early identification and support of children with special needs. (Service Agreement and Supplementary Plan for New Public Service Agreement 2001-2004)

In order to deliver objective 3, Play Start programmes will:

- aim for all children in Sure Start areas to have access to good quality play and learning opportunities,
- help progress towards early learning goals for when they get to school (Part B: Service Specification -Objectives of the service p.1-2)

The Sure Start annual milestones to achieve objective 3 are that by the 4th quarter of year 1: (Feb-April02)

- Play Start will be working with 15 local families to encourage play skills and
- By the 3rd quarter of Year 2: (Nov 02–Jan 03)
- Play Start working with 30 families (Supplementary plan for new public service agreement 2001-2004)

The long-term impact of this delivery is to reduce the numbers of children with speech and language problems requiring specialist intervention by 5% in 2004.

The purpose and principle of the Play Start service can be understood in terms of medium term impacts of the service. They aim to:

- increase the skills and self-confidence of families in caring for and managing their own children.
 - encourage self-reliance rather than dependence (Principles of the Service)
-
- support families to develop their children's language, concentration and social skills through play.
 - Strengthen family relationships and encourage children's development
 - Provide long-term positive affects on the well being of all family members (Part B: Service Specification :Purpose of the Service)

(The extent to which those issues were raised in interviews with providers, users, non-users and referrers, was examined in the evaluation).

Appendix 2

Monthly Monitoring Information :

November 2001 – February 2003

PLAYSTART SERVICES

Service usage between November 2001 and February 2003 for Home based service only

Service Agreement from July 2001 (July to October 2001 was a start up period - no service users)

	New Users	Existing Users per month
2001		
November	3	0
December	1	0
Total 2001	4 new users	
2002		
January	8	0
February	7	0
March	3	18
April	3	20
May	0	22
June	4	20
July	5	23
August	1	23
September	2	19
October	1	16
November	1	17
December	3	15
Total 2002	38 new users	
2003		
January	2	15
February	5	13
Total 2003	7 new users	
Total Users	49	

Information about Playstart Children

Area live in n=49

Locality	Number	%
Penhill	33	67%
Pinehurst	16	33%

Ethnic Breakdown n=49:

Ethnic Group	Number	%
White British	44	90
White –Other mixed background	2	10
Mixed – white/Black Caribbean	3	

Age of child when first used PlayStart n=49:

Age	Number	%
Under 1	4	8
1 year	11	22
2 years	19	39
3 years	12	25
4 years	3	6
Total Children	49	

Children with a disability n=49:

	Number	%
Disability	7	14

Information about PlayStart Parents and Families

Lone Parents (n= 44 families)

Number	%
24	55

Pregnant Mums (n= 44 families)

Number	%
4	9

Parent with Disability (n= 44 families)

Number	%
4	9

(No families with both parents with a disability)

Other children over 4 (n= 44 families)

Number	%
8	18

(Number of families who have other children over the age of 4)

Appendix 3

Interview Schedules

Play Start Service Evaluation

Interview Schedule: Users

General information – which aspect of service used/ children's/child's age

Expectations/ rationale

- Why did you choose to use it?
- What's do you think its purpose is?

Access/ take-up and barriers for take-up

- How do people find out about it and take it up? (How it is advertised, accessed)
- Where, when and how often the service/course is run
- Who attends (e.g. People already involved in Family Centres, mothers, fathers, mainly mothers, other members of the family), how many? When? Drop out rates
- Who does not attend/ Views on what stops parents taking up the service

Referral process:

- How do parents make referrals (process) and why?
- **Knowledge/ delivery and experience of service:**
- Frequency (how often) and how long are sessions making up the Play start services
- What happens on a play course? Home based course? (What do they/ you do?)
- Materials and activities used to run the course, what its objectives/purposes are
- Explanation of specific sessions in either home based and play course: do sessions have a different focus? – what do you/they do and why? (e.g. Learn to play evaluation sheets from play course 'play to learn, learn to play' list 6 sessions what is play? SPICE; Imaginative play; sensory activity; a child's eye view).

National targets /value added/ effectiveness:

- Views on how it helps families and individuals within families (managing children/ supporting SEN / preparation for school/ language and social skills/ family relationships)
- Any formal or informal monitoring or evaluation of programmes that you've discussed/completed
- Views on effectiveness of service and its strengths and weaknesses (does it appear to meet its purposes?)
- Views on factors which make a programme successful (e.g. people already knowing service facilitators)

Improvement, needs and similar existing services:

- Views on how play start service could be improved, and where there are identified needs which are not currently being met (e.g. from hard to reach groups.)
- Awareness of any other similar service offered in the area

Play Start Service Evaluation

Interview Schedule: Providers

General information – background/ qualifications/ length of time working on playstart

Expectations/ rationale

- Why/how did it start?
- What are its purpose/ objectives?
- Where, when and how often the service/course is run

Access/ take-up and barriers for take-up

- How do people find out about it and take it up? (How it is advertised, accessed)
- Who attends (e.g. People already involved in Family Centres, mothers, fathers, mainly mothers, other members of the family), how many? When? Drop out rates
- Who does not attend/ Views on what stops parents taking up the service

Referral process:

- How do professionals/parents make referrals (process) and why?
- **Knowledge/ delivery and experience of service:**
- Frequency (how often) and how long are sessions making up the Play start services
- What happens on a play course? Home based course? (What do they/ you do and provide?)
- Materials and activities used to run the course, what its objectives/purposes are and its theoretical base
- Explanation of specific sessions in either home based and play course: do sessions have a different focus? – what do you/they do and why? (e.g. Learn to play evaluation sheets from play course ‘play to learn, learn to play’ list 6 sessions what is play? SPICE; Imaginative play; sensory activity; a child’s eye view).

National targets /value added/ effectiveness:

- Views on how it helps families and individuals within families (managing children/ supporting SEN / preparation for school/ language and social skills/ family relationships)
- Any formal or informal monitoring or evaluation of programmes with parents who have attended
- Views on effectiveness of service and its strengths and weaknesses (does it appear to meet its objectives?)
- Views on factors which make a programme successful (e.g. people already knowing service facilitators)

Improvement, needs and similar existing services:

- Views on how play start service could be improved, and where there are identified needs which are not currently being met (e.g. from hard to reach groups.)
- Future plans for further development of play start service

- Awareness of any other similar service offered in the area

Play Start Service Evaluation

Interview Schedule: Referrers

General information/knowledge – background/ aspect of service referred (home or course)/children's age (that was referred and what playstart covers)/ how many referrals made/

Expectations/ knowledge of service

- What do you expect from playstart when you refer?
- What's do you think its purpose/objective is?

Access/ take-up and barriers for take-up

- How do referrers find out about the service?
- Views on what stops parents taking up the service

Referral process:

- How do you identify if there is a need for a referral?
- How do/did you make referrals (process) and why do/did you refer?

Knowledge/ information about delivery of service/ relationship to national targets:

- Knowledge of where, when and how often the service/course is run
- Who attends (e.g. People already involved in Family Centres, mothers, fathers, mainly mothers, other members of the family), how many? When?
- Frequency (how often) and how long are sessions making up the Play start services
- Any information given on what happens on a play course? Home based course? (What do they do and provide?)
- Who provided information about delivery?
- Any information received on how it helps national targets – i.e. How it helps families and **individuals within families (managing children/ supporting SEN / preparation for school/ language and social skills/ family relationships)**

Effectiveness/value added:

- **Views on effectiveness of service and its strengths and weaknesses (does it appear to meet its objectives/ Purpose and expectations)**
- Views on factors which make the referral process in the programme successful

Improvement, needs and similar existing services:

Views on how play start service could be improved, and where there are identified needs which are not currently being met

Awareness of any other similar service offered in the area

Play Start Service Evaluation

Interview Schedule: Non-Users

Aim: to explore existing knowledge of the playstart service and reasons for non-take up and use

- **Existing use of/access to Sure start services:**

What Sure Start services do you use and for who?

How did you find out about those services?

- **Knowledge of Play start:**

Have you heard of playstart?

What do you know about playstart?

>From whom/ how did do find out about play start?

- **Reasons for non take- up**

Why don't you use it?

- **Gaps/needs to identify a different version of playstart:**

What would help you to use it? (e.g. Could it be organised differently: timing/location/ frequency)

- **General**

- What sort of service would make a difference to your life/child?

