

Sure Start Brierley Hill

Cost Benefit Analysis of Two Services – Play Talk and First Steps



Centre for Research in Early Childhood

Christine Pascal, Tony Bertram, Christine
Brain, Jane Gledhill, Mike Gasper, Sue Rice

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Sure Start Brierley Hill Programme – Cost-benefit Analysis of Play Talk and First Steps

1: Introduction

1.1 National background

Vulnerable children growing up in disadvantaged areas are a focal point of Government policy. The Sure Start Programme is a major programme directed at improving the life chances of such children and is part of the wider set of initiatives to combat social exclusion. It originated in the consultations for the treasury-led Cross-Departmental Review of Provision for Young Children, and was announced in 1997 as part of the Comprehensive Spending Review. The aim of Sure Start is to improve the health and well being of families and children before and after birth, so children are thriving and fully prepared when they begin school. It is a major part of government strategy to counter the cumulative disadvantage that leads to social exclusion. (From: Sure Start Evaluation Development Programme. Report to Sure Start Unit November 1999)

In 1998 a number of Sure Start Programmes were designated in areas of high deprivation and poverty across England. The aim is to develop improved and coordinated local services for families, owned by the local community. The Sure Start Programmes were given funding in return for capacity building of services for children under four and their families. These Programmes were also given clear national and local targets to work to, and were required to put in place a rigorous evaluation of the functioning and outcomes of the Programme services over time. Brierley Hill was one of the early programmes, and others in the Dudley Borough have now followed.

1.2 Local background

Dudley is a large metropolitan borough located in the West Midlands conurbation. It lies at the heart of the Black Country, and is comprised of small townships, each having their own identity and culture. The chosen catchment area for the Sure Start

Brierley Hill Programme takes in most of the Brierley Hill Ward and part of Brockmoor and Pensnett, and is an area with high levels of need for support services among families. It includes nine enumeration districts spanning out from Brierley Hill High Street, which provides a common focus for shopping, library and leisure facilities. The Joint Planning Board chose Brierley Hill as the focus for the Sure Start Programme in 1999. NCH are both the lead and accountable body for the Programme.

This is the Sure Start Brierley Hill vision statement:

“Over the next ten years, Sure Start in Brierley Hill aims to provide the best possible services to support all children under four and their families, through positive commitment and partnership between those working and living in the area. This means creating a gateway to affordable opportunities for safe, practical and fun services which reach all families, and which really help to realise every child’s potential in ways which are identified by the local community.”

(All information taken from Sure Start Brierley Hill Delivery Plan Approved July 2000)

1.3 Cost-benefit analysis proposal

As part of a two-year evaluation of the Sure Start Brierley Hill Programme it was decided that a cost-benefit analysis, at least of some of the provision, would be appropriate. A full cost-benefit analysis of everything Sure Start Brierley Hill was involved in was rejected, and a pilot project was set up, to look at the costs and benefits of two of the services offered. The idea was that a pilot project would be more manageable in the first instance, and that lessons learnt from that would be useful when looking at other provision.

The two services chosen were First Steps – the drop-in provision – and Play Talk. Play Talk involves individual families for approximately thirty-minute sessions focusing on language development, and as such it is relatively easy to measure, as the sessions are discrete ones. First Steps, being a drop-in facility, is also fairly easy to measure. Attendance at sessions can be counted, and there are fixed sessions, so again this service has measurable elements. First Steps is also a central provision for

the Sure Start Programme, indeed the First Steps committee will form the committee for the new Children and Family Centre and the drop-in provision will be a main focus. For these reasons Play Talk and First Steps were the two services chosen for the cost-benefit analysis.

1.3.1 First Steps

Sure Start is currently funding the drop-in facilities for parents and their children provided by First Steps in order to sustain this provision. Provision includes the drop-in facility, ESOL, an Asian Women's Group, keep fit, and also training and one-off sessions. When the new Children and Family Centre is built First Steps will move into the new building.

1.3.2 Play Talk

The language team are in place and at present are supporting a project funded by Sure Start. Play Talk takes place in Hawbush, Brierley Hill, Brockmoor, the Information Shop and via home visits. It is aimed at helping parents to support their children's language development through play activities.

2. Methodology

Cost-benefit analysis appears simple as the costs of a service are set against the benefits of that service to see if the benefits are worth the cost. However, this is deceptively simple as there are many issues to consider. These issues are outlined below. Firstly, issues about measuring the costs are outlined, and, secondly, issues about measuring the benefits are looked at.

2.1 Measuring the costs

Measuring the cost is not easy at all as some examples show. For example, volunteers sometimes help. They tend to be over 22-years old so a minimum wage would be £4.20, even though they are obviously volunteers so not paid. A cost seems reasonable, as without them, a paid member of staff would be needed. Staff, building rent and equipment costs should all be included, however, this might not give an

'actual' cost, as in practice some elements might be given without cost. These issues are discussed later.

2.1.1 The value of a partnership

Costs for each of the two services were calculated using figures gathered as part of the Sure Start Programme. For example, rent, equipment and other running costs could be calculated, as could staffing costs and the costs of any resources. As already mentioned, it is not that easy to decide on how to allocate costs. The main point about the Sure Start Programme is that it is a Partnership. When people from different agencies work in partnership in this way, there is a lot of give and take – giving of services, time and commitment, for example. So some things do not cost anything in 'true' terms, but should be given a cost, as if there were no Partnership, those things would have to be paid for.

2.1.2 Decisions made for this analysis

There is more than one way of allocating costs to the two services, Play Talk and First Steps. One way is to put a 'true' cost to everything, even if it is in fact given free because of Partnership working. One way is to give information about the 'actual' costs, taking into account what is free and what the outlay costs are. Another way is to look to the future and see what 'future' costs are, as these could change. Defining terms might help:

- 'Outlay' costs are those actually paid out.
- 'Imputables' refer to what is donated by other agencies. Imputables are in fact costs that do not occur in practice, however, a cost is added as without the donation that cost would have to be paid.
- 'True' costs are what the service would cost if there were no Partnership - that is, if nothing was given free (no imputables).
- 'Actual' costs are what the service costs taking outlay costs into account, not giving a cost to what is given free. This cost, therefore, is what the service actually costs at the moment excluding imputables.

- ‘Future’ costs are what the service will cost in the future, given more volunteers, and, therefore, lower staff costs.

Not only are there imputable costs regarding staffing, because there are volunteers and staff time is donated by other agencies, but also there are other imputables too. For example, the building rental costs. Three of the Play Talk sessions are in primary schools and there is no cost of the use of the buildings, although without the Partnership working there would be, so a cost is included in this analysis (the standard cost of £28 per hour).

2.1.3 Imputable costs and outlay costs

The cost of a project can be with or without imputables. Estimating the costs of an early childhood development programme involves many factors. Costs are the value of resources used, and an early childhood development programme involves, for example, caregivers, educators, health personnel, buildings, materials, transportation, utilities, administrators. Measuring the effect of a service on a child is not simple. The idea is that the child starts a programme, there is some form of input from the programme and the child is affected by this input. However, the programme affects the family and the community as well as the child. A report on Early Years (House of Commons, Education and Employment, First Report, 2001) gives an example of how intervention in early childhood brings later savings, and these sorts of costs are hard to estimate – even though acknowledged by most people. The report says that:

“The delivery of integrated early childhood services brings considerable benefits in the form of cost savings from reduced spending on other services: for example, research suggests that for every £1 invested on integrated services, £8 is saved on alternative services. Early intervention for children with special needs leads to greater likelihood of the child being successfully integrated for compulsory education in mainstream school, a saving of some £7,000 per child-year.” (House of Commons, Education and Employment, First Report, 2001, Section 39)

The transformation of the child, from entering the programme to leaving, incurs costs, and these are the costs to be measured. Costs are calculated for each element of the programme and multiplied by the time input into the programme. For example, staff

hourly rates are multiplied by the time they give, and the cost of materials is multiplied by the number of those materials used. Usually costs are annual ones, although in this analysis monthly figures are used. Some costs are registered in the accounts and can be audited – they involve actual expenditure. These are often called outlay costs. It seems tempting to include only outlay costs, and these are the costs that show, and that people tend to know about.

However, there are other costs, as has been hinted at above. If a programme runs in a different environment perhaps, for example, without the Sure Start Partnership, then something that is given free may have to be paid for, and this would then become a cost, when previously it was not counted in outlay costs. For example, if a building is donated for a provision, then it is not going to be included in outlay costs, as it is free. However, there is cost to the community as that building is no longer available at that time, for example. Also if the donation were withdrawn, a building would have to be paid for. Non-outlay costs are called imputable costs and should be included in a cost-benefit analysis such as this. If the analysis is to inform future policy, and if programmes such as Sure Start are to be replicated, some imputable costs will probably become outlay costs and this should be known about. It is likely that outlay costs will be considerably lower than if imputable costs were included, and this can lead to a false impression about a programme. The largest imputable costs tend to involve contributions of labour, services, and the use of buildings. They can involve no cost, or cost at below market value.

An example of including imputable costs in this analysis is where general running costs are involved, for example, staff training and recruitment costs. Play Talk takes up 27% of staff time within the Sure Start Health budget. We have, therefore, allocated 27% of the overheads within this budget – e.g. telephones, training etc. – to the Play Talk project. These costs are imputable costs in that they are not directly associated with and paid for by Play Talk.

2.1.4 Figures for this analysis

For this analysis data were collected over four separate months – October 2002, January 2003, April 2003 and July 2003. Therefore, costs were for four months.

Costs were divided by four to get monthly costs. These four months were seen as typical – for example, summer months were largely avoided as were months that involved half term holidays. However, October 2002 was a five week month, and there are rarely typical months really. For one month a member of staff may be off sick, for example. So when monthly or annual calculations are made, it is acknowledged that the figures are only representative rather than actual ones, and this should be borne in mind. Figures are averages, and in some ways can have no meaning – for example, the average number of children per hour can be 2.13!

A main calculation, both for Play Talk and First Steps, is the cost per hour per child per hour. This is the unit cost. It is useful to know the cost per hour for the provision, but it is more useful to include the number of children served in that hour by that provision. If the cost per hour is high, and the number of children who benefit is high, then the provision is more cost effective than if the cost per hour is high but the number of children who benefit is low. So it is important to include the number of children who benefit.

There are other useful calculations too. For example, calculations take into account the number of children counted as being there at the time, however, especially with Play Talk, which is a one-to-one provision, it is interesting to consider the number of children who should have attended – that is to consider the take up rate – and this is done in this analysis.

2.2 Measuring the benefits

If measuring the costs is seen as difficult, measuring the benefits is perhaps even harder. It is important to note, firstly, that there is a difficulty in assuming that benefits come directly from the provision. A service costs a certain amount to provide, and then through some input, there is some output which is some form of added value for the child (and family). However, a causal link between the service (and its costs) and the benefits cannot be ‘proved’. There are many other influences such as environmental factors relating to home, job and local community that affect a child’s development, and these must not be overlooked. For the sake of a cost-benefit analysis it is necessary to simplify such issues, and to claim that at least to some

extent, benefits discussed are ‘caused’ by the service under review, however, at all times this problem with proving cause and effect must be noted.

Play Talk provides language help and support, and parents then work with the child at home, continuing with what has been suggested in the session. It is difficult to measure the benefits that the Play Talk session gives, as language development takes place in many different settings and at all times. Similarly, the benefits of First Steps are hard to pin down. For this reason, qualitative data are included in this analysis.

2.2.1 Case Studies

As part of the main two-year evaluation case studies were carried out both at Play Talk and at First Steps. Children and families were observed in the two settings, interviews took place with them, and there were also interviews with the staff at the settings, to get their perspectives. Qualitative data were gathered and analysed using themes generated from the data. Some of the data are given in section 3 to illustrate what families and members of staff think are the benefits of the services being looked at. More about the method used when carrying out the case studies is given in section 2.3 below.

2.2.2. Quantitative benefits

Some benefits are measurable, for example, the numbers of children and adults attending a particular setting. Cost per hour, for example, calculated from all the costs, can be set against number of users per hour, and this figure is a useful measure of the costs and benefits of a provision. There are problems here, just as there are problems in working out costs. Problems, for example, include deciding whether to count adults as users when the provision is childcare, or whether only to count adults when the provision is for adults (such as ESOL). Many decisions had to be made and conclusions need to be drawn with this in mind. For example, where Play Talk is concerned, which is a one-to-one provision where the child is the focus, it would be expected that the child is the one to benefit. However, the adult benefits too. As discussed earlier, these benefits are hard to measure as they include the benefit to the

adult of having, for example, a child who is happier now that he or she can communicate better.

Where Play Talk is concerned the number of adults attending were not counted as benefitting, and the number of children was the main focus. In fact the number of sessions matches the number of children as the provision is one-to-one.

With First Steps the children are the main focus and the adult is there with the child or children, so counting the children is the obvious thing to do when looking at benefits of the provision. This means that some sessions, for example, ESOL, are not counted as benefitting anyone even though clearly adults do benefit, and children would benefit if the adult benefits. ESOL is often for adults without children, and First Steps is there for children, however, some adults attending ESOL courses would not be able to attend if there was not a crèche for their child or children, so this is a benefit. This benefit is not counted in the cost-benefit analysis though, and the cost of providing an ESOL tutor is not counted either, because First Steps is primarily for children. Keep fit classes are also run and not counted for the same reason. So when a number of children attending a provision is considered, it should be borne in mind that there are other benefits of First Steps too, and these are not counted in this analysis.

Also the number of children counted for the analysis was the number of children at a First Steps session. Each session lasts from between 2.5 and 4 hours. If, for example, 8 children attend the session, all 8 are probably there for all the hours (say a four-hour session, for example), but when the number of children per hour is worked out, it comes to just over 2 per hour, even though there would be 8 in the room. This is because for cost purposes the 8 children would only be counted as attending once. So a statistic such as that there are just over 2 children per hour that attend First Steps is very misleading, even though having such a statistic, for cost purposes is useful. These are the sorts of points that need to be considered throughout this report.

2.2.3 Reliability of quantitative methods

Information about costs and benefits were gathered and can be checked as many figures are available. However, a check was made by asking the lead persons in the

settings to read the conclusions of this report and to make any necessary corrections. This has an effect of giving an acceptable level of reliability for the purposes of this study.

2.3 Case study method

2.3.1 Choosing interviewees

Case studies of three families had been started as part of the first year of the evaluation. It was decided that this would be extended. Particular families would be chosen, and then more than one visit each would be undertaken, so that the case studies were longitudinal, and progress of a child could be followed.

One researcher would carry out the case studies, and would rely on the leaders at the Play Talk settings and at First Steps to identify suitable families. It was important that each family was willing to take part and was comfortable with being the subject of a detailed case study. It is felt that sufficient material has been gathered to examine the impact of these types of provision on users of the services – and this is the aim of the case studies.

Apart from interviews with the leaders of the sessions, interviewees were in almost all cases the mothers of the child. There was one interview that included a father as well.

2.3.2 Case study methodology

2.3.2.1 Observations of children

A main purpose of the case studies was to observe the child in the relevant setting to consider the impact of the service on the child. EEL (Effective Early Learning Programme, Centre for Research in early Childhood) observation sheets were used for this purpose (Appendix One), and chosen categories included social competence and self-concept, attitudes and dispositions to learn, and emotional well-being (Appendix Two). Each child was observed with these categories in mind.

2.3.2.2 Interviews with parent(s)

During the course of a case study parents were talked to, to find out what they felt about the impact of the service. There were no formal interviews, and questions were not structured. Specific issues included asking about the family set up, to see, for example, how many children there were in the family, and whether there was extended family support. Questions were asked about personal perceptions of the service, and how the family used the service, as well as about attitudes to child rearing, for example, to find out what the parent's hopes were for the child in the future. Where appropriate the parent was asked about how they heard about the provision, and what they thought of the Sure Start Programme.

2.3.2.3 Interviews with lead person(s) at the setting(s)

Those managing the provision were also interviewed. This was to find out the background to the provision, as well as to see what was felt about the job itself and the aims of the provision. Children were discussed too, to find out what the lead person thought about what was needed for each child, and what problems there might be. Some questions were asked around professional practice, and where relevant there was a discussion about the Sure Start Programme, its support and other related issues.

2.3.2.4 Recording data

The EEL (Effective Early Learning Programme, Centre for Research in early Childhood) tracking sheets were used to record data from the observations of the children. Information from interviews was taken down in note form at the time and written up at a later date.

2.3.3 Participants

2.3.3.1 Practitioners

There is one main practitioner at First Steps and she was interviewed more than once during the time of the case studies. Two of the Play Talk venues were visited, and a lead person interviewed at each of these.

2.3.3.2 Mothers and children

In the First Steps setting seven children were observed at various times and the children's mothers were interviewed. One of the mothers (and child) involved in the case studies at First Steps was an asylum seeker. One mother (and child) was involved in the case study at one of the Play Talk venues and one mother and father (and child) was involved in the case study at the other Play Talk venue.

2.3.4 Ethical issues

Permission was obtained from the lead person at each setting and the purpose of the case studies was explained. Permission was also obtained from each parent, and the purpose of the study was explained to them too. The parents consented for the child. Although the settings are identified, care is taken not to identify individuals. Families are not identified, and neither are the children. No names are used.

There was no interference in any interactions with the child at any time. It was occasionally the case that the researcher was involved in interaction with a child herself, as this was initiated by the child. However, a child would be accustomed to adults being in a playgroup-style setting, and the researcher would be accepted as yet another adult to play with and to interact with, so there should be few ethical issues that arise from any interaction that took place.

2.3.5 Reliability, validity and generalisability with regard to the case studies

2.3.5.1 Reliability

Only one observer carried out the studies. There is some check on reliability in that those being observed are asked to check the accuracy of what is recorded. Tracking forms were used and the observer is trained in the use of these forms, so would be careful when recording data not to influence findings. Each situation is unique and so cannot be reproduced to test reliability. To an extent reliability can be claimed as the findings from the different observations do complement one another. The observer needed to be unobtrusive to avoid affecting the situation. Clearly it was not possible to be 'invisible' so the observer chose to sit to one side and was prepared to act as another adult helper, in order to blend in with the surroundings, and not to affect the reliability or validity of the findings.

2.3.5.2 Validity

If data are said to be valid this means that the evidence gathered is appropriate. By going to an actual setting and observing the child playing as they normally would, valid data should be gathered. The setting will be natural, and the interactions will be those that normally take place. The presence of the observer is likely to affect the situation, and in practice children did interact with the researcher. However, as suggested earlier, children and parents would be used to adults in such settings, and would assume that the adult is there to play with the child, as are the other adults in the setting. There was nothing about the appearance of the female observer that would suggest that they were other than one of the adult helpers at the setting. As far as the data gathered by interview are concerned, these are likely to be valid too as the interviews were unstructured and could be led by the interviewee.

2.3.5.3 Generalisability

The case studies at First Steps seem typical of the sorts of experiences that a child would have in that setting. Sufficient children were observed to suggest that findings can be generalised to others at that setting. There were also enough mothers asked for

their views to think that a cross-section of opinions is likely to have been found, although these views are clearly going to be subjective. It is thought that the findings of the First Steps case studies could be considered a reasonable snap shot of what a mother and child would experience in that setting. The findings cannot be generalised to other settings, however, as First Steps is a particular drop-in facility. Other types of provision such as playgroups and parent / toddler groups would differ.

Only two case studies were carried out at two of the four Play Talk sessions, so it is doubtful whether findings could be generalised to include all Play Talk users. Indeed one of the important features of Play Talk is that it offers specialist language support to particular individuals who need it. Some of the children will have other difficulties, as indeed is the case with one of the families studied, where the child has a congenital disorder. The two case studies do illustrate what Play Talk offers and provide two very interesting and useful stories. The provision is structured and the play leaders are trained in the same techniques, so it can be assumed that each child receives the same overall experience, albeit tailored to each particular child's needs. Therefore, although the actual findings are not generalisable to all Play Talk users, they do represent what is offered within this particular provision.

2.4 Choosing the settings

Both First Steps and Play Talk are services that to a large extent can be seen as discrete provision, and this is partly why they were chosen to be the subject of these case studies. It was thought that to attempt this analysis over all the Sure Start Programme would be a very detailed undertaking, so it was decided that a small-scale cost-benefit analysis would be undertaken in this instance. It was decided that First Steps and Play Talk were two of the services that could be analysed separately to look at costs and benefits. Also these two services form quite a central part of what the Sure Start Brierley Hill Programme offers, it was decided that in-depth case studies would be carried out looking at both First Steps and Play Talk. The qualitative information gathered can be used to inform the cost-benefit analysis, and was also used in the main evaluation Report.

2.4.1 About First Steps

First Steps provides a drop-in facility for parents and babies / toddlers. The Sure Start Programme has enabled this facility to continue. First Steps had to move out of premises into a temporary one, and this is not ideal. However, First Steps will form a main part of the new Children and Family Centre and everyone involved is awaiting the move into the new building, so that they can offer an even better experience for families. The move is scheduled for August/September 2003.

There have been some problems regarding recruiting people onto the First Steps Management Committee, and there has also been some anxiety about the position of First Steps once the new Children and Family Centre is open. The Management Committee have been assured that First Steps will continue, and that the First Steps Committee will have a large role to play in the running of the new Children and Children and Family Centre.

At the time of writing this report First Steps is housed in a church building. There are problems with having to get materials out of their storage area each time, and it is said that the building is not suitable. For example, large play items have had to be stored until the move to the new building, and this limits what can be offered. Data from the case studies also suggests that using a church building might not be suitable given the range of different cultures and religions represented in the users of First Steps.

2.4.2 About Play Talk

Play Talk was begun in the area by Dudley Speech and Language Department in one of the schools – a school not within the Sure Start Brierley Hill area. Play Talk is used when there are concerns about a child, particularly children whose first language is not English. It was started eight years ago in the summer holidays for those children who were going to nursery the following year. Now, in the original venue, there is a designated room at the school for the Play Talk sessions. The Sure Start Manager was aware of the Play Talk sessions and ‘liked what he saw’. The service was copied, and Play Talk operates in four venues in the Sure Start Brierley Hill area. Three venues are primary schools within the Sure Start area and the other venue is the

Sure Start Information Shop. Sure Start funds Play Talk in terms of equipment, staff time, management of the service, and other costs incurred by staff.

A speech and language therapist was involved with the original Play Talk project, and was able to carry out some training so that trained staff could run the four Play Talk sessions. Members of staff are trained to play with the children, to encourage parents to observe and learn by modelling, and to introduce elements of language where possible. Themed boxes of toys are set up in each setting and one box is used for each child. They may use the same box for a little while, or may choose a different box each time. The lead is taken from the child wherever possible. The child chooses what to play with, and the play worker picks up on that and adds in elements of language. The children take toys home too, and parents are encouraged to play with the child as the play worker has done, so that the work is continued at home.

3. Results - cost-benefit analysis and case study evidence

Qualitative data come from case studies, which concentrate on gathering information by observing children, interviewing practitioners and talking with parents. Interest is focused on what is thought about the provision – for example, asking whether it is useful, and what users think of what is on offer. Focus was on looking at the benefits both of First Steps and Play Talk. Quantitative data come from costs. When benefits are measured as number of children attending, then this is quantitative data too. The findings are presented according to cost data, and according to benefit data, which are both quantitative and qualitative.

3.1 Cost-benefit analysis of Play Talk

The following analysis makes the simplistic assumption that input from the service (and the costs) have a direct causal link to the benefits of that service. However, it should be noted, as outlined earlier, that there are of course other factors, such as issues within the family, that will affect a child's development. Both costs and benefits have to be considered in a fairly simplistic way in order to carry out such an analysis, and results should be judged with these factors in mind.

The cost-benefit analysis is carried out, firstly, looking at Play Talk and, secondly, looking at First Steps. Figures are given and calculations made. The main calculations involve the cost per hour for each of the two services and the cost per hour per child per hour. The cost per hour of service is one figure calculated. The number of children per hour is also calculated. Then the cost per hour per child per hour is found by dividing the cost per hour by the number of children ‘served’ per hour. The cost per hour means that the two services can be compared, and the cost per hour per child per hour is an important figure too, as the cost per hour is high or low depending on how many benefit from that service in that hour (see Section 2.1.4). Other calculations involve looking at different figures for the cost (for example, in Play Talk, using, firstly, the ‘actual’ calculation, and, secondly, the cost if all imputables were allocated costs – called here the ‘true’ cost). Figures are presented in each case, and then the calculations are explained and explored.

3.1.1 Details of the cost-benefit analysis of Play Talk

There are five settings: the Information Shop (in Brierley Hill High Street), Hawbush Primary School, Home Visit, Brierley Hill (Primary School), Brockmoor (Primary School). Data were collected from each of the settings over four months: October 2002, January 2003, April 2003, July 2003. The number of children attending a session was recorded, as was the time of each session. Other figures were the number of sessions provided and the total minutes provided too. The total minutes provided was the figure used for the hours provided (as the actual time used was less, however, the cost was for the total time scheduled, as this is what is paid for). The actual number of children attending was the figure chosen, rather than the children scheduled to attend, as the children in the actual sessions were the ones that benefitted. Calculations are rounded to two decimal places each time.

When arriving at a cost for Play Talk factors considered included staffing, recruitment and training, premises, equipment, transport, communication and other costs. Overheads were included. For example 10% of the total staffing costs was added for health and education overheads regarding personnel. Also the proportion of staff hours doing Play Talk as a proportion of the total staff hours in that budget was calculated, and then that same proportion was used to find out how much of the health

budget running costs should be included – for example, for staff mileage, recruitment, printing, telephones and so on (27% of the health budget, see section 2.1.3). A proportion of the Sure Start running costs was also added on, for the same reasons. Table 3.1.1.1 shows how some of the imputables were calculated.

Table 3.1.1.1 Play Talk – imputables added to costs

(Imputables are costs donated by other agencies and, therefore, not costing anything, but to be counted as a cost)

| Overheads | Cost |
|--|--------------|
| Training | £505 |
| Advertising | £3000 |
| Staff mileage | £2366 |
| Design and production | £1962 |
| Telephone / Fax | £380 |
| Total | £8213 |
| 27% of staff time is allocated to Play Talk, so 27% of this cost is added as a Play Talk cost (£2217) | |

It is interesting to note the range in staffing costs. ESOL workers, language link workers and volunteers, amongst others, all contribute to the service. Hourly rates for the different roles vary quite considerably and range from £18.48, through £7.79 to £4.20. These figures are based on a 37-hour week.

Table 3.1.1.2 Play Talk sessions for four months showing actual no. of children, actual minutes per session for each month, scheduled no. of children expected, and scheduled no. of minutes per session for each month.

| The Shop | | | | |
|--|------------------------|--------------------------------|------------------------|--------------------------------|
| <i>Actual</i> | | | <i>Scheduled</i> | |
| | <i>No. of children</i> | <i>Mins provided for month</i> | <i>No. of children</i> | <i>Mins provided for month</i> |
| Oct 02 | 19 | 450 | 43 | 1290 |
| Jan 03 | 15 | 385 | 40 | 1200 |
| Apr 03 | 14 | 430 | 27 | 810 |
| July 03 | 24 | 720 | 37 | 1110 |
| | 72 | 1985 | 147 | 4410 |
| Home Visit | | | | |
| <i>Actual</i> | | | <i>Scheduled</i> | |
| | <i>No. of children</i> | <i>Mins provided for month</i> | <i>No. of children</i> | <i>Mins provided for month</i> |
| Oct 02 | 9 | 200 | 8 | 200 |
| Jan 03 | 3 | 40 | 3 | 40 |
| Apr 03 | 1 | 40 | 2 | 70 |
| July 03 | 0 | 0 | 0 | 0 |
| | 13 | 280 | 13 | 310 |
| Brierley Hill | | | | |
| <i>Actual</i> | | | <i>Scheduled</i> | |
| | <i>No. of children</i> | <i>Mins provided for month</i> | <i>No. of children</i> | <i>Mins provided for month</i> |
| Oct 02 | 8 | 165 | 11 | 330 |
| Jan 03 | 0 | 0 | 0 | 0 |
| Apr 03 | 5 | 165 | 6 | 180 |
| July 03 | 3 | 90 | 5 | 150 |
| | 16 | 420 | 22 | 660 |
| Hawbush Primary | | | | |
| <i>Actual</i> | | | <i>Scheduled</i> | |
| | <i>No. of children</i> | <i>Mins provided for month</i> | <i>No. of children</i> | <i>Mins provided for month</i> |
| Oct 02 | 6 | 105 | 10 | 300 |
| Jan 03 | 4 | 120 | 7 | 210 |
| Apr 03 | 2 | 60 | 8 | 240 |
| July 03 | 1 | 30 | 2 | 60 |
| | 13 | 315 | 27 | 810 |
| Brockmoor | | | | |
| <i>Actual</i> | | | <i>Scheduled</i> | |
| | <i>No. of children</i> | <i>Mins provided for month</i> | <i>No. of children</i> | <i>Mins provided for month</i> |
| Oct 02 | 3 | 90 | 6 | 180 |
| Jan 03 | 8 | 200 | 8 | 240 |
| Apr 03 | 5 | 130 | 12 | 360 |
| July 03 | 7 | 210 | 11 | 330 |
| | 23 | 630 | 37 | 1110 |
| TOTAL NUMBER OF MINUTES PROVIDED – ALL 5 SETTINGS, OVER 4 MONTHS = 7300 minutes | | | | |

3.1.1.1 Play Talk cost analysis – ‘True’ costs, that is including cost for imputables

Table 3.1.1.3 Play Talk analysis to calculate cost per hour per child per hour. Note that Play Talk planned sessions are 30 minutes each. Figures include all imputables.

| | |
|--|------------------------|
| Cost for the year including imputables | £26,269 |
| Costs per month (£26,269/ 12) | £2189.08 |
| *Time (scheduled) over 4 months (7300 minutes / 60 to give hours) | 121.67 hours |
| Time per month in hours (121.67 / 4) | 30.42 hours |
| Children in actual sessions over 4 months | 137 children |
| Children in actual sessions per month (average) (137 / 4) | 34 children |
| Adults in actual sessions per month – 1 adult per child | 34 adults |
| Cost per hour (£2189.08 / 30.42) | £71.96 per hour |
| Child per hour of service (34 / 30.42) | 1.12 children per hour |
| Cost per hour per child per hour (£71.96 / 1.12) | £64.25 |

*Note time over 4 months is found by adding the minutes per month for each of the five settings see Table 3.1.1.2.
4410+310+660+810+1110=7300

3.1.1.2 Play Talk cost analysis – using staffing costs at full speech therapist rates ('clinic' staff costs) and other costs + all imputables

Table 3.1.1.4 Play Talk analysis to calculate cost per hour per child per hour. Note that Play Talk planned sessions are 30 minutes each. Figures include staff costs at 'clinic' rates.

| | |
|---|------------------------|
| Cost for the year including 'clinic' staff costs and imputables | £33,817 |
| Costs per month (£33,817 / 12) | £2818.08 |
| Time (scheduled) over 4 months (7300 minutes / 60 to give hours) | 121.67 hours |
| Time per month in hours (121.67 / 4) | 30.42 hours |
| Children in actual sessions over 4 months | 137 children |
| Children in actual sessions per month (average) (137 / 4) | 34 children |
| Adults in actual sessions per month – 1 adult per child | 34 adults |
| Cost per hour (£2818.08.75 / 30.42) | £92.63per hour |
| Child per hour of service (34 / 30.42) | 1.12 children per hour |
| Cost per hour per child per hour (£92.63 / 1.12) | £82.70 |

3.1.1.3 Play Talk cost analysis – without imputables, so ‘actual’ costs

Table 3.1.1.5 Play Talk analysis to calculate cost per hour per child per hour. Note that Play Talk planned sessions are 30 minutes each. Figures are without imputables. This is a table of the ‘actual’ costs

| | |
|---|------------------------|
| Cost for the year are outlay costs without imputables | £19,641 |
| Costs per month (£19,641 / 12) | £1636.75 |
| Time (scheduled) over 4 months (7300 minutes / 60 to give hours) | 121.67 hours |
| Time per month in hours (121.67 / 4) | 30.42 hours |
| Children in actual sessions over 4 months | 137 children |
| Children in actual sessions per month (average) (137 / 4) | 34 children |
| Adults in actual sessions per month – 1 adult per child | 34 adults |
| Cost per hour (£1636.75 / 30.42) | £53.80 per hour |
| Child per hour of service (34 / 30.42) | 1.12 children per hour |
| Cost per hour per child per hour (£53.80 / 1.12) | £48.04 |

3.1.1.3 Some conclusions regarding Play Talk cost-benefit analysis

- a) *Clinic rates, compared with current Partnership rates, compared with rates if more volunteers are used.*

The above figures show that, as would be expected, it costs more to provide sessions if the Sure Start Partnership is not involved. This is shown by using staffing costs calculated at the full speech therapist rate (a ‘clinic’ rate). This would then cost £82.70 per hour per child per hour compared to £64.25 per hour per child per hour if the Partnership is involved. A further point is that as more volunteers are used (which is the plan) the cost per hour per child per hour will be even lower.

- b) *‘True’ costs compared with ‘actual’ costs*

‘True’ costs are what the service would cost with imputables – that is with nothing donated and given free. The ‘true’ cost for Play Talk is £64.25 per hour per child per hour. The ‘actual’ cost represents what is actually paid out, and includes the free services that come with Partnership working, so the ‘actual’ cost is the cost without imputables. The ‘actual’ cost for Play Talk is £48.04 per hour per child per hour. It can be seen, therefore, that the ‘true’ cost is around one third more than the actual

cost, so Partnership working saves one third of the cost, which is a great deal. Not only that, but if ‘clinic’ costs were used, and all staff were paid at the speech therapist rate, the cost for Play Talk is £82.70, which is almost one third as much again. It is the Partnership that saves this cost, in that Play Talk can be provided and users can access language support without attending a clinic setting, so the Partnership saves around half the cost of the service in the case of Play Talk. The figure mainly used in this analysis is the ‘true’ cost as imputable costs should be included, as they would normally have a ‘cost’ allocated to them if it were not for the Partnership.

c) The cost if the take up rate was higher

It should be noted that the take up rate is around 50%. 147 children benefitted over the 4 months, whereas time and sessions were scheduled to benefit 246 children (55.7% take up rate). If the take up rate were 100%, the cost would be approximately halved. Taking the cost at the ‘true’ rate, which means with all imputables, the cost of £64.25 per hour per child per hour would be then approximately £32.13. It should be concluded, therefore, that the take up rate needs to be improved. Then two children would benefit per hour (sessions are for thirty minutes) so the cost would be around £32.13 per child. Note that it is not only the child that benefits, but the family too, and also note that if this service is not available it could be more expensive to support the child’s language development at a later stage, as suggested earlier in this Report (p9). Therefore, £32.13 per child for this service could be seen as a reasonable cost – given too that this includes imputables, which are not currently paid for, due to Partnership working. If the ‘actual’ cost is considered, and if there were 100% take up, then the cost per child is £24.02.

The national take up rate both for groups and one-to-one working is lower than 55.7%. This means that the Partnership should be congratulated on their success in encouraging participation – whilst it is still acknowledged that the take up rate needs to be improved.

d) The cost if it is recognised that adults benefit too

Another way of calculating the cost is to take into account that adults benefit as well as the child. Assuming that Play Talk sessions are one-to-one, and in most cases there is one adult per child, if the adult was counted as benefitting too, the cost would be 50% less. Play Talk sessions aim to focus on the adult and child, working on a variety of means to improve a child's use of language. As the child's command of language improves, the whole family can be said to benefit, and this benefit needs perhaps to be noted in a cost-benefit analysis. If take up were 100% and adults were said to benefit as well as the children the cost of £64.25 is halved because of the take up rate being better, and the cost is around £32.13, and then halved again as both the child and the adult is said to benefit, so the cost would be £16.07 per child + adult per half hour session.

e) The cost if the time is better used (if there is a better take up rate)

Another way of calculating the cost is to use the actual time used. For this analysis the time used was the scheduled time. The idea was that the practitioner was available and paid, with the facilities paid for, even if the session was not filled. So costs must be calculated using the scheduled time. In practice, on many occasions a thirty-minute session lasted twice as long, and even longer, as the practitioner gave the time to the adult and child who did attend. It would be more cost effective if each session was filled and lasted the thirty scheduled minutes. If the actual time provided were the time used in the calculation, again the cost would be reduced by 50%. The time used in the calculation was 7300 minutes over the four months, and the actual time used was 3630 minutes (49.7%). This is the same as saying that the take up rate needs to be improved, and with a 100% take up rate the cost per hour per child per hour is then approximately £32.13 as explained above.

f) A question of averages

It should be noted that the above calculations involve the use of many different averages. Five settings were used and the figures totalled, whereas this masked differences between the settings. For example, the 13 home visits were all successful

and the take up was 100%, and in Brierley Hill take up was 16 out of 22 session (73%). So when it is claimed that take up is around 50%, this figure masks these differences.

Similarly, four different months were chosen, then totalled. There were differences within the months, for example, in January there were no sessions at Brierley Hill, and with regard to the Home visits there were 9 in October using 200 minutes, whereas the other 4 visits were spread over the other 3 months. So it can be seen that using all four months and then averaging by dividing by 4 masks some of the information. Also sessions lasted a different length of time. All were scheduled for thirty minutes, but the low take up rate meant that some sessions lasted as long as 100 minutes. On average though there is one child per hour, which represents the approximate 50% take up rate, as the sessions are thirty-minute ones.

g) Cost per child per session

The cost per child per session involves the scheduled time that was paid for and the number of children per session. In theory there are two children per hour so the cost per hour can be halved to give the cost per child per session. However, in practice, there was almost exactly one child per hour who benefitted, so the cost per hour is the same (almost) as the cost per child per session. Given a better take up rate, the figure of £64.25 could have been halved and the cost per child per session should have been £32.13 as outlined above. Note that if imputable costs are not included the cost is £48.04 per hour per child per hour, which if the take up rate is 100% becomes £24.02 per hour per child per hour, and two children would benefit each hour for this amount.

h) If adults and children are both said to benefit and if the take up rate is nearer 100%

If adults and children are both said to benefit and if the take up rate is nearer 100%, then, firstly, the cost per session (£64.25) can be halved as two children would benefit in an hour instead of one, so the cost would be approximately £32.13. Also, secondly, within that half hour if the adult is said to benefit too, again two people benefit not one so the cost would be approximately £16.07 per session and per family. If

imputables are not included the cost per hour per child per hour is £48.04, so if the take up rate were 100% the cost would be £24.04 per child per session. If it was claimed that the adult also benefitted, cost would be £12.02 per person per session.

- i) Cost per hour per child per hour – clinic rates, and actual rates (rates without imputables). Clinic rates are where staffing costs are all taken at a full speech therapist rate, whereas in practice, with Partnership working, this is not the case.*

It can be seen from Tables 3.2.1.2, 3.2.1.3 and 3.2.1.4 that the clinic cost per hour per child per hour would be £82.70, the ‘true’ cost per hour per child per hour (outlay costs plus imputables) is £64.25, and the ‘actual’ cost per hour per child per hour (with imputable costs removed) is £48.04. It has already been said that the cost is halved if the take up rate is 100%, and halved again if adults are counted as benefitting as well as children.

3.2 Cost-benefit analysis of First Steps

As with Play Talk, First Steps sessions were monitored over the same four months and then this was taken to represent a standard year (if multiplied by three). It should be noted that October, January, April and July are chosen as ‘standard’ months, but of course there is really no such thing. October 2002, for example, had five weeks. Other months have more holiday days and there are other reasons for disruption within particular months. All these reasons should, of course, be taken into account for this analysis. It was, however, decided that four ‘typical’ months would be a fair way of doing the analysis, although not necessarily a ‘real’ way. First Steps sessions last from 2.5 hours to 4 hours, although the hours used in this analysis are total hours for the month, so these differences in length of sessions over each month are masked by putting them together. Also the number of children for each month is totalled and then an average taken for each hour. As sessions vary from 2.5 hours to 4 hours, this averaging means that there is not a ‘real’ figure for the number of children attending each hour. It should be noted too that the average number of children per hour (2.13) is actually only a figure for the purposes of working out the cost per hour per child per hour to compare that figure with the Play Talk provision. In fact if there are 8

children attending over a four-hour session, there are 8 children in each hour, but for the purposes of cost, there are 2 children per hour.

The cost of providing the First Steps service is more straightforward than calculating the cost of the Play Talk provision because there is one site and the sessions are more easily measurable. Costs for one year come to £23,686 and this total is made up of various costs as given in Table 3.2.2.1 below.

Table 3.2.2.1 Total costs in one year to provide First Steps service

Note there are additional costs for volunteers and for Sure Start staff hours

| Nature of the cost (annual) | Cost itself |
|------------------------------------|--------------------|
| Staff | £13,677 |
| NI | £1,068 |
| Rent | £5754 |
| Water | £45 |
| Insurances | £319 |
| Light and heat | £360 |
| Telephone | £74 |
| Stationery | £121 |
| Repairs | £14 |
| Vol Exp | £54 |
| Toys and equipment | £1,419 |
| Sundries | £652 |
| Depreciation | £129 |
| Total | £23,686 |

Staffing is also more straightforward in that the situation with using a speech therapist on some occasions, and then training volunteers, does not arise. Staffing of First Steps is fairly fixed, with full-time staff and helpers. For the analysis of First Steps there is no need to calculate the ‘clinic’ costs to compare them with the Partnership costs. Having said that, it is important still to emphasis the value of the Partnership. For example, if there are staffing problems, perhaps if someone is unwell, the Sure Start staff can (and do) cover and the costs are included as imputable costs.

Table 3.2.2.2 shows the number of children attending for each of the four months (October 2002, January 2003, April 2003 and July 2003), the number of adults attending, the number of hours per session and the number of staff hours. There is

also a column showing where there were adults with children, and where there were adults alone. This column is useful as it clearly shows that occasionally there were adults without children. This may seem odd, given a drop-in for early education, however, First Steps does provide other services for adults only, such as ESOL, Keep Fit and an Asian Women’s Group. These groups are not taken into account in the costs, which is an important point that is discussed below.

Table 3.2.2.2 Table to show number of children and adults attending First Steps provision over four selected months.

| Month | Number of children | Number of adults | Number of adults with children | Number of adults alone | Hours of sessions provided | Hours provided by staff |
|-------------------------------|--------------------|------------------|--------------------------------|------------------------|----------------------------|-------------------------|
| October 02 | 129 | 84 | 82 | 2 | 62 | 155.5 |
| January 03 | 122 | 110 | 83 | 27 | 55.5 | 122.5 |
| April 03 | 103 | 69 | 66 | 3 | 45 | 110.25 |
| July 03 | 102 | 67 | 65 | 2 | 52 | 164.25 |
| <i>Total</i> | <i>456</i> | <i>330</i> | <i>296</i> | <i>34</i> | <i>214.5</i> | <i>552.5</i> |
| Average per month (/4) | 114 | 82.5 | | | 53.62 | 138.12 |

Table 3.2.2.3 shows how the overall annual cost of £27,793 was arrived at, and it is helpful too to see the imputable costs. It can be seen that the imputable costs are to do with staff, where, for example, volunteers are considered to be paid £4.20 an hour, which is the minimum wage for those over 22 years old.

Table 3.2.2.3 Outlay and imputable costs for First Steps drop-in over one year

| Details | Outlay per year | Imputable costs per year | Total costs per year |
|---------------|-----------------|--------------------------|----------------------|
| Staff costs | £14,799 | £4,107 | £18,906 |
| Premises | £6,492 | 0 | £6,492 |
| Communication | £195 | 0 | £195 |
| Equipment | £1,419 | 0 | £1,419 |
| Sundries | £781 | 0 | £781 |
| Total | £23,686 | £4,107 | £27,793 |

Table 3.2.2.4 shows the calculation to arrive at the cost per hour per child per hour. This amount can be compared with the cost of Play Talk, and it can be seen that Play

Talk costs considerably more. As Play Talk provides a one-to-one service, it is of course expected to be more expensive.

Table 3.2.2.4 First Steps analysis to calculate cost per hour per child per hour. Staff costs are actual ones, hours per session are totalled for each month (session length varies between 2.5 and 4 hours).

| | |
|--|------------------------|
| Cost for the year including 'actual' staff costs and all other costs | £27,793 |
| Costs per month (£27,793 / 12) | £2316.08 |
| Time (scheduled) over 4 months | 214.5 hours |
| Time per month in hours (214.5 / 4) | 53.62 hours |
| Children in actual sessions over 4 months | 456 children |
| Children in actual sessions per month (average) (456 / 4) | 114 children |
| Cost per hour (£2316.08 / 53.62) | £43.19 per hour |
| Child per hour of service (114 / 53.62) | 2.13 children per hour |
| Cost per hour per child per hour (43.19 / 2.13) | £20.28 |

The cost per hour per child per hour for First Steps is £20.28. There are some interesting points to raise.

a) Number of staff hours compared with session hours provided

It can be seen that there are 138.12 staff hours on average per month compared with 53.62 hours of sessions provided. This means that on average there are 2.58 staff members for each hour provided.

b) Number of children in each session

There are on average (for cost purposes) 2.13 children per hour of each session. This suggests around 8 children for a four-hour session and 6 for a three-hour session. These numbers are rather low, given an average of 2.58 staff per hour per session. If the figures for individual sessions are considered, to see how many children there are, it can be seen that there is considerable variation. For example, in July 2003 on 1st July there were 9 children for a four-hour session, and on 2nd July there were 2 children for a three-hour session. There were 9 again on the 4th and 2 again on the 7th.

On 11th April there were 12 children for a four-hour session, and on 9th April there were 2 children for a three-hour session. This is important as it shows how averages can mask particular variations.

c) Staffing of First Steps

Staff include one coordinator, a volunteer, a family support worker and occasionally a social worker and early years worker. The coordinator is a continuous figure for the children, and many form an attachment to her, as seen by the case study evidence. The family support worker is the same person usually too, and continuity seems to be a good thing for the children's confidence, as shown by the case study evidence.

d) Adult only provision

As can be seen in January 2003, there are occasions where First Steps provides or supports other services such as ESOL, Keep Fit, a course for parents as evaluators and the Asian Women's Group. Table 3.2.2.2 shows that in January 2003 there are 83 adults present, and 27 of those are there without a child. This represents an adult only session (ESOL). These adult services can be provided as First Steps provides the crèche facilities, without which some of the adults would find it harder to attend. These sorts of benefits are hard to include in a cost-benefit analysis such as this. One reason for the difficulty is that the Sure Start funding is to benefit children. For this reason costs in this analysis have focused on the service for children, and, for example, the cost of an ESOL tutor for January 2003 was not included in the staffing costs. Nevertheless there is benefit for adults in attending provision such as ESOL, and such benefits must be noted when carrying out a cost-benefit analysis such as this. The cost of an ESOL tutor for one month at £18.48 per hour for 6.75 hours is £124.74.

e) Benefits and the Partnership

As has been mentioned, benefits to children are considered in this cost-benefit analysis, rather than benefits to adults. Not only that, but it is concluded that the cost per hour per child per hour is £20.28, which for a four-hour session is £81.12. This

£81.12 is the cost for around 8 children, with 8 parents and at least 2 members of staff for the full four hours. This might seem expensive. However, the importance of the Partnership must not be overlooked. The family support worker in that time will be able to work with the family, and, together with the coordinator, they can help to uncover any additional support or needs of a child. The drop-in should not be seen as early years provision on its own, but seen as part of a full provision offered by the Sure Start Partnership. It is a central service, and will be even more central, given its role in the new Children and Family Centre.

3.3 Case study evidence

Results are presented by setting. The first is First Steps, then Play Talk.

For each of the settings the analysis was carried out in the same way. From the detailed notes arising from interviews and observations, themes were generated. Themes were suggested from the data. Analysis began after the case studies had been fully written up. The detailed write-up was read through, and interesting and useful comments were considered. As these were listed they were coded for the central point made. For example, a lot of the time comments focused on what was provided at the setting, and ‘provision’ became an obvious theme from the start.

It should be noted that a separate report has been written and it gives more quotes and examples than are presented in this report. Here examples have been selected more carefully to provide an overview of what is said, and if more detail is required, please read the separate report.

3.3.1 First Steps

3.3.1.1 Generating themes

As has been suggested, ‘provision’ became an obvious theme from the start. The mother often commented on how she heard about the provision, so ‘communication’ became a theme. Occasional comments were made about staffing and staff training, and they were separately coded. Often comments concerned the progress of the child

rather than focusing on the provision itself, and as the impact of the setting was the main interest of the case studies, the child's progress became a theme. Quite a few comments concerned the way the play leader seemed to be an attachment figure for the child, and other comments discussed interactions between the mother and child, so 'attachments' became another theme. In this way the following themes were noted and used to analyse the data.

Themes concerned:

- Provision
- The progress of the child
- Patterns of attachments
- Communication about the provision
- Training needs and staffing
- Other issues such as what the parents want for the child in the future, issues about culture and customs, and a few comments about how agencies work together

3.3.1.2 Provision

There are various aspects to the provision. Comments include discussion of provision for the child, and also provision for the adult. As far as the child is concerned, parents appreciate what is on offer for the child and feel that it is a suitable environment. Most comments are favourable.

Parents appreciate what is on offer for the child

Comments from parents and from the observer show that what is provided at First Steps is appreciated, and is what is wanted by parents. One parent summed this up, saying 'care and education is what you'd expect.'

Comments include:

'The leader is brilliant with the children and they all love her. The fact that she has rules helps and the children are learning the difference between right and wrong. The children have lots of experiences.'

'It (First Steps) is one of those places that if you come for a long time you feel more part of it.'

It is a suitable environment for the child

Various comments about the children show that the First Steps environment is considered suitable.

'He found things in the environment to interest him.'

'He was exploring the immediate environment, touching objects, waving them...'

'She appeared at ease in the environment.'

Interactions between child and play leader

Part of what is provided is interaction between the child and other adults, more specifically the play leader:

'He (the child) initiated an exchange with the leader to help.'

'Another adult treated the child as a conversation partner.'

Child learns to share with others, and other social skills

One important aspect of the provision is that the child learns to share with others. This reflects what the parents say they want for the child in the future (see later in this analysis). The child also learns other social skills.

'He accepted he had to wait and take turns.'

'She was confident to try something new and willing to share with others.'

'Sharing lunch together helps teach manners and social skills.'

Other aspects of the provision for the child

More specific examples of what is provided were referred to and are of interest.

'He watched what others were doing.'

'She was involved in pretend play, feeding the doll, and giving the leader pretend food.'

'The mother would like x to come to First Steps for as long as possible to build her confidence and help her speech. X needs to learn things that will prepare her for nursery. She is getting a lot of that at First Steps.'

What is provided for the adult

First Steps is not seen by mothers as being exclusively for the child. Part of what is provided concerns support for the adult. Often this support is what draws the adult to First Steps in the first place, although provision for the child is also an important consideration.

'Talking to other mothers helps you to realise that everyone has problems. A problem shared is a problem halved.'

'They live in a flat and she needed to get out. She needed some adult company. X enjoys having people around – some human contact. First Steps is good for both of them. When x cries it is good having someone around who can take her for a while.'

'At first she came mainly for herself to get out of the house with a new baby. It was important for her to be with others who knew about babies. She was only 16 at the time and lived in a poky flat, and it was a "bit of a lifeline".'

'She comes (she is an asylum seeker) to make friends for x and to give him somewhere to play. They have no one in this country. It also helps them to learn English. They are alone at home and it is difficult.'

Some difficulties and / or suggestions for improvements

There were few negative comments, although almost everyone commented about the facilities and the move to the new premises was awaited eagerly. Comments from parents included:

'A play worker would give more opportunity for focused activity.'

'It would be nice if it were more inclusive, for example, for those with disabilities. There are groups like the Asian Women's Group but there is reason to be "all chucked in together".'

One mother talked about her own experiences.

'The service meets my needs to an extent. It was difficult coming and not knowing anyone. People were friendly at first but it is difficult to build on that. People are different where she comes from – she is used to a country town. People are not so open and friendly here and are more guarded. You have to make a real effort.'

One mother said she would like the opportunity to go swimming, and another commented that her child was not so happy with schoolgirls there as he did not know them.

Another mother made an interesting comment separating playing and learning:

'The children get an opportunity to socialise. She would not expect them to learn much here. It is for playing.'

3.3.1.3 The progress of the child

Children have a variety of activities from which to choose. For example, during one observation there was felt board and shapes, small bricks on the floor, puzzles, activity toys and a floor puzzle. On another occasion there was play dough, dolls for hairdressing, activity toys and a 'ball run', and during a different observation they were doing a collage using magazine pictures, dolls for hairdressing, giant duplo, cars

and a mat, and a train and track. Much of what is said about the provision for children above indicates their progress. Children do progress well. Some illustrations of this follow:

'The children at First Steps seem more forward than children who do not come – compared with children she (the mother) knows who don't go to anything.'

'The children become more independent.'

'X seems to be coming on. His speech is developing well. He gets more involved and is not so clingy to his mother.'

'X is coming on in every way. He is quieter here than at home but is becoming more outgoing and talking more in company. He is saying more words and getting to know colours and shapes. He joins in with more structured activities where before he used to watch. He is concentrating more.'

The children respond well in the environment as the following example of an observation of a young baby shows.

'X made overtures to other mothers, responded happily to another child, and was clapping to gain the play leader's attention. He used noises and laughter to engage with others and was happy for the play leader to pick him up. He showed curiosity about the toys around him, moved away from his mother and pulled himself up on her skirt to see more. He used lots of laughter to gain attention of those nearby, clapping his hands to show pleasure. He responded positively to others and allowed the play leader to take him into another room. He moved independently to get things he had noticed and showed lots of energy, crawling to fetch toys and clapping his hands.'

Part of what is offered includes support, and the need for support is picked up sometimes as the play leader observes family interactions and observes the children at play. This is part of what is provided – to enable a child to progress and to help to uncover any issues that need to be addressed. An example is given below, where there were some concerns, and a Family Support Worker who also works at First Steps is going to do some home visits.

'They (two children from one family) are not sociable with adults or children. They have a short attention span and find it difficult to do things without support. They get cross if things don't go well and if they don't like something you have done they will shout "shut up". The play leader feels they are beginning to accept boundaries but don't like it. When they first did painting their mother would become distressed if they got paint on their hands. The play leader tried to explain that they are learning through this experience.'

3.3.1.4 Patterns of attachments

It was clear from the observations that the play leader(s) had an important role in the success of the First Steps service. There were many comments about how the children interacted with the play leader and parents clearly felt that this was an important part of the child settling in well in the setting. The children seemed to form an attachment to the play leader, and it was noted that their attachment with their mother was also an important part of the process.

'She felt safe to move away from her mother and approach other adults. Readily went to x (play leader's name).'

'She tends to come to her mother when she needs something. She has known the leader since she was tiny and loves her.'

'Showed attachment to the leader as he greeted her with a hug.'

'Very attached to her mother and as long as she (the mother) is close x (son) will respond to familiar others.'

'At First Steps he goes off and plays though he likes to know his mother is there.'

Sometimes there seem to be unusual patterns in the attachment between the mother and child, and this can be an indication of possible problems, so the play leader tends to note such issues:

'X (play leader) had concerns about the mother-child relationship. The mother is happy to hand the child to anyone.'

3.3.1.5 Communication about the provision

Communication patterns within Sure Start services were mentioned quite frequently by parents and are useful in showing how mothers first find out about First Steps, and what communication patterns are at work. It is interesting to note the wide variety of ways in which these parents had found out about First Steps – considering data come from a small number of case studies. Clearly information is widely spread, and this wide-ranging way of communicating seems to be necessary. Sources of information about First Steps include using the phone book, seeing adverts on a bus, talking to another mother, getting information from a Health Visitor, having a notice outside the building, and using the Shop.

'She (the mother) looked in the phone book...rang and asked how she could join.

'She felt nervous at first but was made to feel welcome.'

'People seem more aware of Sure Start generally, for example, they talk about popping into the Shop.'

'She met someone in the Post Office who used First Steps and after a couple of weeks she popped in to see the play leader. It was only later she heard about Sure Start.'

'When the Health Visitor visited for the first time, she said there was a parent group which would help them with English and where x (child) could play.'

'She had walked past and seen the notice outside so she walked in one day and asked about it.'

3.3.1.6 Training, and staffing

Parents undertake training and First Steps can help in this situation. One mother did a three-week First Aid course and left the children at the Brierley Bears Nursery (the Neighbourhood Nursery). When she did another course, however, it was run in a room adjacent to the First Steps room, and so the mother could leave the children there. The training in that case was part of this evaluation, and involved parents as evaluators. The mothers can go on other courses too, such as health and beauty.

3.3.1.7 Other issues

Other issues of relevance include comments about what mothers want for the future of their child / children, the influence of different cultures and customs, and how agencies work together.

What mothers want for their children's future

As part of each case study mothers were asked what they would like their children to be like in the future. There were similarities in their answers, which suggests that there is perhaps a general ideal, which each mother has in mind for their child. It might be interesting to explore this 'ideal' to see if the provision reflects these aims and goals.

'She (the mother) would like them to have good jobs, to be happy, and to have families of their own. She hopes they will not get into trouble.'

'She would like their manners to improve.'

'She (the mother) would like them to be happy and confident in themselves so that they can sort things out – she felt this was a hard question.'

'X (child) will be whatever she wants to be. She (the mother) would like them (her children) to be friendly and pleasant people.'

'She (the mother) would like her to be able to play with others and make friends.'

'The mother feels it is important for him to do things he enjoys, that he should know how to care for others and to love them back.'

'She hopes he will have a good life and future. She wants him to have a good education and fears he would not get that in their country. She would like to be a doctor.'

Agencies sharing

There is evidence of agencies working together, which is an important aim of the Sure Start Programme. The Health Visitors pass on information about Sure Start, as seen above. A Family Support Worker works at First Steps and picks up on some issues, such as carrying out a home visit for a family that attends First Steps. The First Steps Management Committee includes members of other agencies, as well as parents. First

Steps offers an Asian Women's Group and a Monday afternoon discussion group and the children are looked after in the First Steps setting. The training of parents as evaluators took place on a Wednesday morning and the children were looked after in First Steps.

Culture and customs

A few comments were made about problems involved in providing childcare across different cultures and customs. One person commented on the suitability of using a Methodist Church as this could cause difficulties for those of different religions. It seems that people get used to settings too, and it was said that the move took some getting used to. This could also be the case when First Steps moves to the new building.

General comments

General comments were made about the move to the new building. Parents and staff were looking forward to the move as there was a lot of equipment that could not be used in the temporary premises.

'This present situation is only temporary and she (the mother) is not keen on this building. The children have not got so much to do.'

3.3.2 Play Talk

Play Talk is a service run by the speech and language specialists as part of the Sure Start Brierley Hill services. There are three Play Talk venues that are in primary schools, and one Play Talk venue is the Sure Start Information Shop on Brierley Hill High Street. Two of the venues were visited. Each session lasts about thirty minutes and the number of sessions varies. This is decided by the speech and language worker. Sure Start has recruited and trained workers to use a non-directive approach. The leader at one of the venues at least is paid through Educational Action Zone (EAZ) money. Play Talk is funded by Sure Start in terms of equipment. Sure Start funds the training, delivers the training and provides the equipment. Sure Start also

checks up on the delivery of sessions and evaluates. The main purpose of Play Talk is to enhance the speech of younger children, especially those with delayed speech, and to build children's confidence.

3.3.2.1 Generating themes

Themes were generated in the same way as outlined for First Steps. As with First Steps the main theme is the provision itself. Regarding Play Talk provision can be considered in three ways. Firstly, looking at the objectives of the service from the viewpoint of the practitioners. Secondly, looking at what the service offers from the viewpoint of the parents. Thirdly, looking at how the provision has impacted upon the child. There are also some comments about staff members, including training and difficulties they have. Communication is also a theme, as parents talk about how they were referred to the service.

Themes:

- Provision – what staff say about the objectives of the service
- Provision – parents and the service
- Provision – impact on the child
- Staffing issues including difficulties
- Communication

3.3.2.2 Provision – staff view of objectives

It is probably the case that the practitioners running the sessions have different objectives from the parents that attend. The following examples of comments are, therefore, presented separately to represent what parents think and what the leader of the session thinks.

There are comments concerning what the leaders saw as the objectives of the thirty-minute Play Talk session:

'It is raising awareness with parents and professionals that early intervention is important.'

'It helps to build up parents' play skills and gives them good role models.'

'The mothers tend to want to chat but the workers want the parents to observe the child and this can be difficult (to balance the two).'

'To help parents to interact appropriately with their child and increase their confidence to get involved.'

'The idea is to take the lead from the child so that when he has had enough we stop.'

'Some children get referred to Speech and Language for more specialist help. One child, for example, is possibly on the autistic spectrum. This may also be true of x.'

'The priority is to build parents' confidence to play with their children.'

'As they model play for parents the hope is that parents will carry on in the same way at home.'

'During the session the parent should be the observer.'

'The play worker tries to offer a non-threatening environment, which is relaxed, friendly and caring. Something the parent and child will both look forward to. She wants parents to feel relaxed and have a sympathetic ear. Parents should be able to continue with the 'non-directive' approach at home.'

3.3.2.3 Provision – parents and the service

Some comments concern how the mothers see the service regarding what it provides and its objectives:

'The mothers see it more as a play session, rather than a therapy. It is non-threatening, as opposed to Speech Therapy which takes place in a clinic.'

Parents do appreciate the service.

'It's brilliant and it works. It is so easy and results are quick.'

'She (the mother) has really noticed a difference. He was not making sounds before, now he is babbling and beginning to say words. "He seemed to start and then stop, but now he's got going again".'

'Yes it is meeting the particular need. His Dad has noticed a difference, where it used to take a while to get him involved, now he sits straight down and gets involved.'

'They (parents) are happy with the service. He (child) is due to have an assessment to see if he can start pre-school sooner. That would be good for him. It would help to prepare him for nursery, helping him to mix with others but also giving him one-to-one support.'

Parents are part of the process and are part of the assessment too.

'Parents contribute to the questionnaire about how they feel about the child's progress and are informed about the assessments.'

3.3.2.4 Provision – impact on the child

The provision is looked at from the point of view of what is being achieved for the child.

'The main priority is to improve communication and play skills.'

'Even if it is not followed up it does seem to make a difference to the child, although you can tell if the mother has worked with the child. If they do two minutes a day that is a benefit.'

'He (the child) had gone through speech therapy at the children's hospital, but the mother was a persistent non-attende. Since coming to Play Talk she has attended every session. After a couple of weeks he got hold of the routine.'

'X appeared relaxed with the leader. He responded to her suggestions. At one point he briefly shared a book with his mother. He responded to suggestions and instructions about what he might do for some of the time. The leader gave a short commentary on his play using short phrases and lots of repetition.'

'Since coming x is starting to talk more. His speech is getting clearer and he is beginning to put two words together e.g. granddad's car and granddad's fishes.'

'When x started he was only saying small words. Now he says more and "the sentences just came".'

'It is really meeting the needs of the children. It is really good. The amount of time is just right, more would be too much.'

'He used to have tantrums and get very frustrated. Now he seems calmer and that has a positive effect on the family.'

There was one negative comment when a mother said:

'She keeps hearing about things happening in Sure Start but they don't materialise. Sure Start has not lived up to expectations as far as she is concerned (e.g. in giving her support).'

There was also a suggestion for extending the provision:

'Thought could be given to extending the provision to older children and even to reception age.'

3.3.2.5 Staffing issues and difficulties

Staff also benefit from the provision and during the case studies some difficulties that members of staff face were mentioned.

'The workers have gained new skills and have had the opportunity to work with younger children.'

'It would be good to increase the number of venues offering Play Talk and to develop the resources building up the number of boxes (of toys). This would mean more workers are recruited. They are looking to train volunteers and parents to take on more sessions.'

'One of the main difficulties is in chasing up non-attendees. This is time consuming. It is also hard to fit in the form filling in between clients. It is difficult to find a way to get the message across in a non-threatening way that they can't spend much time talking to the mother. For example, they must let the child lead and must not put the child under pressure, but at the same time the mother wants to talk. Reconciling these different needs is hard.'

'Lack of time to plan is an issue – to coordinate resources and make sure things are where they are needed.'

'There is a problem with time to keep up with the paperwork and sort toys.' 'There is also a problem with people not keeping appointments. The overall organisation is fine and she has a good relationship with Sure Start.'

3.3.2.6 Communication

As with First Steps it is interesting to note patterns of communication, including how parents found out about the provision, or how they were referred.

'The health visitor referred x to Play Talk.'

'They do not advertise or promote the service with referring agencies as they have no places.'

'Sure Start had a special day in town and she (the mother) found out about it then.'

'She (the mother) says they rang her and invited her to come to Play Talk (but the leader says the mother was referred because of her failure to attend Speech Therapy).'

'Children are referred to the Speech and Language Worker by Health Visitors or Social Services. Children may be identified through nursery or mother and toddler groups if there are spaces.'

'The mother used Play Talk for her older child and noticed how he had come on. She wanted the second child to have the same chances.'

'The mother found out about the project from the Health Visitor when the mother phoned about his two-year check.'

4. Conclusions

- Comparing cost of Play Talk and cost of First Steps, Play Talk costs a lot more

It is clear that Play Talk sessions cost more than three times the provision at First Steps (based on cost per hour per child per hour). Play Talk costs £64.25 (with imputables) per hour per child per hour and First Steps costs £20.28 per hour per child per hour (with imputables). Play Talk provides a one-to-one service and currently one child benefits per hour (approximately). First Steps provides a drop-in facility and currently around eight children benefit from a four-hour session, which works out from a cost point of view at two children per hour (approximately). It can be seen,

therefore, that Play Talk is much more expensive, but then it focuses on the specialised area of language development and the sessions are very focused and structured compared with the First Steps sessions, and the purpose is different. Not only is the purpose different, but the value of the time is also likely to be, therefore, different.

- Take up rates for Play Talk and First Steps – both have low take up rate

In both Play Talk and First Steps the numbers of children benefitting are low. Play Talk has a 55.7% take up rate, and to give a more beneficial service (in terms of cost) this take up rate needs to be improved. The case study evidence also emphasises a problem with people not keeping appointments, and says there is a difficulty in chasing up non-attendees, so clearly this problem is recognised.

There is sometimes a good number of children at the First Steps drop-in provision, however, at other times there are very few children. Again this service would be more beneficial (in terms of cost) if more children attended (which is quite obvious really). It should be noted, however, that low numbers of children, for example, at First Steps, is likely to mean more intense input from adults, so there might be more benefit to the child if numbers are low. Although higher numbers attending would mean lower costs per child, it might also mean fewer benefits per child, and this should be noted.

- Partnership provision is seen as valuable, compared with a ‘clinic’ setting

With regard to Play Talk national take up rates of speech therapy provision are lower than the 55.7% found here. Case study evidence supports the claim that parents are more likely to use provision such as Play Talk than to use a clinic setting. For example, it was said about Play Talk that:

‘The mothers see it more as a play session rather than a therapy. It is non-threatening, as opposed to speech therapy which takes place in a clinic.’

This claim that parents prefer to attend the Play Talk sessions than a clinic setting is reinforced further when it is said that:

'The child had gone through speech therapy at the children's hospital, but the mother was a persistent non-attende. Since coming to Play Talk, she has attended every session.'

- Case study evidence is clear

Case study evidence clearly shows that parents are pleased with the provision, and children do benefit. Benefits are seen as short-term in that both parents and children seem to enjoy the sessions, and long-term in that parents see the provision as helping their children to learn social norms, to improve their language ability, to learn to interact with other children, and to learn in many other different ways. Parents benefit too, and, particularly in the case of First Steps, many of those interviewed said that they were the ones to benefit – they made friends, gained confidence, were able to get out of the house, and found a 'lifeline'. All these benefits must be taken into account when considering costs and benefits. With regard to Play Talk a comment about one child illustrates the benefits:

'He used to have tantrums and get very frustrated. Now he seems calmer and that has a positive effect on the family.'

- Benefits are wide and long-term

For both Play Talk and First Steps it is important to note the overall benefit of the service, rather than the benefit to the actual children. There is benefit to the parent, and provision now can save cost later if a child with additional needs and / or language difficulties is supported at this early stage.

- Benefits are very hard to judge.

As mentioned earlier in this Report (p9), it could be claimed that a relatively small cost at an early age (such as Play Talk costs) might be better than a relatively large cost of working with a child and family at primary school age. This is the principle

behind the Sure Start Programme – that early intervention is worthwhile and cost effective, even if the actual cost at the time seems high.

- Some benefits of First Steps are not counted

Some benefits of First Steps are not counted in this cost-benefit analysis. In particular the adult provision such as ESOL and the Asian Women's Group. These are, however, benefits. Much of this provision could not be attended by those with young children unless there is a crèche available, as provided by First Steps.

- The importance of the Partnership is also underlined when considering First Steps provision.

This is not really 'just' a drop in facility. As the case study evidence suggests, Sure Start workers can take the opportunity to talk with families and to become aware of any additional or special needs that a child (or family) has. Opportunities presented thus must be considered when looking at the benefits of such a provision.

- Partnership working should not be overlooked

Partnership working should not be overlooked. It can be seen from the three costs calculated for Play Talk that if speech therapists provided all sessions the cost per hour per child per hour would be £82.70, whereas with imputables and so 'true' costs the cost per hour per child per hour is £64.25. Without imputables (which after all are costs that don't occur as imputables represent services that are donated) the 'actual' cost is £48.04 per hour per child per hour. This is because agencies give their time free being part of the Partnership. The rent of the buildings at the primary schools is not charged, for example, volunteers are used, and other staff donate their time. Without the Sure Start Partnership and the organisation of services such as Play Talk and First Steps, such provision would either not exist or would cost a lot more – in practice, with a service like Play Talk, it would probably not exist.

- The Sure Start Programme should be looked at holistically

The Sure Start Programme does not provide discrete services but a holistic approach to supporting early education and childcare. It is hard to pick out two services offered by the Sure Start Partnership and to cost them separately, as the Partnership is an overall provision, not working in separate units and services, but working as a team to support children in the area. For example, where children with language difficulties and / or special needs were ‘found’ without the Partnership, now this ‘discovery’ is less random and is deliberate. Problems are looked for. Also solutions that are offered are widespread. For example, Play Talk helps children with language difficulties, but other services also have the same aim – for example, the course for parents (Parents as First Teachers) has as one of its aims helping parents to look for additional and / or special needs in their children.

5. Summary

Partnership working has allowed services such as Play Talk and First Steps to be provided at a less than ‘true’ cost. This is because various agencies work together as a Partnership so some services are donated. There is clearly great value in Partnership working. It can be seen by considering Play Talk alone that the ‘clinic’ cost would be much higher. Not only that, but the case study evidence suggests that attendance at a ‘clinic’ is lower than attendance at Play Talk, which seems to appear less threatening to users.

The cost of Play Talk seems very high – considering it offers one-to-one provision. However, the cost of intervention at a later stage is thought to be much higher indeed, and also although the cost is high, some of that cost involved imputable costs. Also the benefits seem very clear, as judged by the case study evidence.

The cost of First Steps is not quite so high, although might still be considered high. However, First Steps provides other services, such as those for adults, and these are not acknowledged in the costs presented here. Similarly there are benefits to First Steps that might not at first be considered, such as that there can be interaction with and between families, and other needs might be addressed through this interaction.

Although the benefits seem to outweigh the costs both with regard to the Play Talk and the First Steps provision, there is little doubt that if numbers at First Steps were higher and if the take up rate for Play Talk was higher, then this would be much more cost effective.

Finally, a point made in the introduction should be reiterated. The benefits of early intervention regarding early education are very hard to quantify. It is suggested that intervention later, which might involve many different agencies and/or full-time classroom support, would cost much more. Not only that, but the child and family, by experiencing early intervention, might benefit in many different ways. As the case study evidence suggests about First Steps:

'X is coming on in every way. He is quieter here than at home but is becoming more outgoing and talking more in company. He is saying more words and getting to know colours and shapes. He joins in with more structured activities where before he used to watch. He is concentrating more.'

And about Play Talk:

'It's brilliant and it works. It is so easy and results are quick.'

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