Sure Start

Austin Sunnyhill

Child Health Clinic: Evaluation report October 2004
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This report contains the findings of the Child Health Clinic focus group. The evaluation is structured in terms of looking at the processes within the health clinic i.e. how has child health care has been provided in the last year. The findings reveal parents’ views on the venue, staff support and the adequacy of available resources. In light of the CHC relocation, it is expected that the evidence will help stakeholder assess the need for any changes in future Child health Clinic provision.

Introduction and background
Sure Start Austin/ Sunnyhill endeavours to offer services that best serve the social, developmental and health needs of children in the local catchment. To ensure that the services we deliver represent as high a standard as possible means that they require evaluation. The opportunity of evaluation allows the programme to address two central questions: ‘what are we doing; and how well are we doing it?’ (NESS: 2002). By addressing both these points, we can use the results from local evaluation to improve services.

This report represents an evaluation study of Sure Start Austin/ Sunnyhill Child Health Clinic (CHC). The CHC was an early addition to Sure Start services in the area. Although initially, the CHC offered the standard service, i.e. a base for parents to seek advice and weigh their baby, in the last year Sure Start workers have also ran a stay-and-play session (SPS). This allows parents the opportunity to meet other parents as well as for the children to have guided play.
Objective focus
Central to Sure Start evaluation is the task of examining services to see if they meet national objectives. What we learn from evaluation feeds back into services, by way of possible improvements in resources and changes in workers practice. This ensures that Sure Start’s work remains focused on improving the life chances of children by fulfilling objectives.
With regard to the CHC and SPS, both services are offered as part of a local strategy to meet two of the national Sure Start objectives. These are:

- **Objective 2: Improving Health**
  - *In particular, by supporting parents in caring for their children to promote healthy development.*

- **Objective 3: Improving the ability to learn.**
  - *In particular, by encouraging high quality environments and childcare that promote early learning...[and] ...provides stimulating and enjoyable play.*

The report will have more to say on particular aspects within the objectives later in relation to the findings.

Terms of reference
At this moment, the CHC takes place on Mondays at the local community centre. However, for some time parents who attend have commented on the unsuitability of the building. Whilst acknowledging these particular complaints from parents, Sure Start has considered that the use of the community centre was a temporary solution until a dedicated Sure Start base could be established.
Fortunately, Sure Start Austin/Sunnyhill has recently opened its new Homelands building. In addition, in the next few months the Austin Sunnyhill programme will open a drop-in centre situated at the south end of the Sure Start catchment, both sites will have potential to offer new venues for the CHC.
For these reasons, i.e. parents growing dissatisfaction with the current CHC venue and the potential of the new building, the members of staff who run the CHC felt it was necessary to consult parents on the future development of the service. From the
initial meetings set up to discuss the terms of reference for the evaluation, four themes emerged in which to seek the views of parents:

- Parent’s views on current provision in terms of the venue at Sunnyhill Community Centre; staff support; toy and equipment
- With the new building due to open parents were asked about suitable times for the new CHC.
- Consultation on appropriate health advice for parents
- Consultation on the types of play offered during SPS session.

With reference to the national objectives described earlier, the last two evaluation themes: health advice and play have a direct bearing on local targets. With regard to objective 3: ‘improving the ability to learn’, local targets indicate that all children in the Sure Start area are to have access to good quality play and learning opportunities.

In terms of objective 2: ‘Improving Health’ the local targets advise that there be parenting support and information available for all parents in the Sure Start area. The evaluation exercise attempted to define both these areas through consultation with parents.

Evaluation strategy
To achieve the desired outcomes from the terms of reference the following research design was planned.

- ‘Wish-cards’ would be distributed among parents asking them to indicate, from a list, the health advice they felt important.
- A focus group was devised to seek the advice and views of parents on the CHC; with particular focus on the areas mentioned in the terms of reference.

Wish Cards
The use of ‘wish card’ as a consultation exercise with Sure Start parents started in December 2003 and carried on until April; health staff distributed wish-cards to parents setting out possible areas of health advice that could be offered during the clinic. Parents were asked to place a tick next to the topics they needed more advice
on; a double tick if it was ‘really’ important. CHC staff gathered parents’ responses to
the card during clinic sessions, Sure Start events and on home visits.
Parents are often consulted for their views and opinions; they also often take issue
with the fact that they seldom see the outcomes of data gathering. With this
important concern from parents in mind, it was appropriate that a segment of the
planned focus group was used to feed back to parents the results from the ‘wish
card’ survey. As a result, the data from the wish cards was coded and analysed; and
then reported to the focus group through the presentation of bar charts indicating the
preferences for health advice.
As an outcome of the ‘wish card’ exercise, health staff will plan a rolling programme
of advisor who will visit the CHC to give health information and advice.

The Focus Group
The evaluation team sent out eighteen letters to current users of the CHC clinic.
Possible members were included to form a representative sample of people from
across the catchment area: corresponding to the ethnic and racial mix within the
community. As a further strategy to ensure a reasonable turnout, candidate also
received a telephone call inviting them on to the focus group. Of the eighteen
parents approached, nine took part in the group.
As an exercise in process evaluation, the data gathered represented parents’ views
on the clinic’s current provision i.e. what is deemed to give parents and children the
greatest satisfaction. Responding to the views expressed by the parents who took
part in the focus group, the report throughout, offers recommendations in parallel
with the findings.
The meeting opened with an over-view of the purpose of Sure Start, with particular
focus on the health and Play objectives. The information was included as it was felt
that it would allow parent a context in which to respond to later questions. To ensure
that the group remained focused on the tasks planned, parents were given a clear
explanation of expected outcomes of the meeting with regard to the evaluation
themes mentioned below. Following the context setting, parents were guided
through the themes with the use of IT presentation. As part of the process parents
were given the opportunity to openly discuss any matters surrounding the themes.
Then after discussion time was given for participants to completed sections of the
questionnaire.
The questionnaire

Like all research methods, the primary purpose of the CHC focus group was to gather data. In order to collect evidence from the meeting, a brief questionnaire was devised to gather parents’ views and opinions. Verbal comments were recorded in note form and are used in the findings below as a qualitative expression of the statistical output.

The questionnaire offered to the group members focused themes covered in the terms of reference, these were:

- Views on the venue/hall
- Views on staff support
- Views on toys and equipment
- Views on play activities.

The each theme was then divided into related sub-questions. For example, the ‘venue’ questions mined for people’s opinions on the comfort, cleanliness and safety of the environment. By adopting this approach the evaluation endeavoured to reach a more subtle response to the issues covered. Focus group members were asked to respond using Likert scales with opposite views at each end of the scale. Again this allows for greater subtlety than the obvious choice of yes and no.

Focus group findings

The findings will be presented below corresponding to the themes outlined in the terms of reference.

Graph 1 below allows an overview of the Scores from the CHC provision. At a glance, the graph demonstrates the general levels of satisfaction from parents with regard to the provision and resources of the CHC. The graph was constructed by giving points of disagreement with questionnaire statements a negative score i.e. minus one (-1) for disagreement and minus two (-2) for strong disagreement with statements. Similarly, responses agreeing with the statements were given a positive score i.e. agreeing was scores plus one (+1) strong agreement scored plus 2 (+2). On each of the sub questions, scores were added from all respondents to give an over figure. So, themes represented with a bar below the mid point show a general
dissatisfaction with this component of the CHC service; those above the line show degrees of satisfaction.

Parents' general satisfaction with the CHC

![Graph 1]

From the table we can see that the CHC venue did not score highly on peoples’ estimation. The conduct of staff members on the other hand, in the area of welcoming parents, scored the highest. Each of the evaluation themes is presented in more detail below.

**Venue environment**

As has been already mentioned above, parents had previously voiced their concerns over the building that hosted the CHC. First, parents were asked whether the felt the venue was comfortable or not. 50% of parents disagreed that the venue was comfortable; 37% expressed the view that it afforded some comfort, and 13% neither agreeing nor disagreeing on this matter (graph2). A view expressed by parents was that the place could at times be “either too hot or too cold”. Comfort can be described in many forms. Interestingly, there was comment on the “un-social” seating arrangements.
On the building's cleanliness parents held strong negative views with 88% of people of the opinion that the cleanliness was below standard; one parent describing it as “dirty”. Parents were then asked to respond to the safety of the building as a place to bring children to. There were a number of verbal responses to this question. Overwhelmingly, a 100% of parents questioned believed that the venue held a risk to their children; that there was inadequate storage space for push chairs causing extra hazards for toddlers. Similarly, parents also expressed concern that there was no physical divide between boisterous toddlers and young babies. However, this issue was expressed in the focus group, as parents needing to take control of their child’s behaviour at times.

The group had a great deal to say about the venue as a whole. One important point, additional on the questionnaire, was the lack of private space where parents could address personal issues in confidence with health professionals. Added to this, and perhaps a general comment on the comfort of the hall, the noise level made it difficult at times to hold a conversation. On observing the group, the hall’s echo appeared to heighten the noise level. By a majority, the responses gained through the questionnaire, certainly reinforce parent long-held view that the hall was a less than favourable site for the CHC.

It is evident that parents have as much concern over the environment that they bring their children into as to other areas of the service. At the same time, demonstrating
that Sure Start cares about these matters, through timely repair and regular cleaning goes someway to show respect for those that use Sure Start services.

**Recommendation: safety and cleanliness is important to all parents. As a demonstration of staff members’ commitment to a high standard of service, the CHC should be monitored on a regular basis for safety and cleanliness.**

**Staff involvement**
The next series of questions asked for parent’s views on the staff members’ input to the CHC. The responses covered three areas: were staff members welcoming? Were they supportive of parents? And were they organised? On the first question, 62% of respondents gave a high endorsement to the conduct of staff in terms of welcoming parents to the group (graph2). However, this leaves 38% of parents, if not totally unhappy with staff conduct, willing to express the view that hospitality could be better.

The figures for staff members' level of support are similarly encouraging. Thus, 83% of parents were of the opinion that staff offered suitable support. In such a group as the CHC support comes in many forms. With regard to support on child health
matters, the proposed programme of health advice topics may go someway to reducing the number of people (13%) who believe that more support is needed.

To enable the smooth running of the CHC there is a need for the staff members involved to be more organised. An organised programme by its nature helps relieve any anxiety that parents might have about coming to such a session. In response to the questionnaire however, 50% of parent expressed the view that the CHC could be better organised. That half of the focus group respondents were of this view may be down to the general layout of the equipment and the lack of time to set-up the hall of the room before parents arrive. From the parents’ perspective, disorganisation from the staff may have a bearing on CHC users’ discomfort and lack of safety.

Recommendation: to enable the smooth running of the CHC there is a need for staff members involved to be organised. An organised programme by its nature helps relieve any anxiety that parents might have about attending such a session

Recommendation: Staff members should reflect on their professional practice in terms of dealing with service users. This is particularly true when working with individuals and families from minority ethnic groups.
Toys and equipment

The following graph gives an over-view of parents' satisfaction with the toys and baby equipment at the CHC.

The chart above is presented in the same way as graph 1; the bars represent accumulated scores for each sub theme of toys and equipment. On a positive note, none of the thematic areas have a negative score. The highest accumulated score was given to parents' opinion that the toys available at the CHC were age appropriate. Although not a negative result, the general quality of toys gave the least satisfaction. The CHC has in the past used toys and equipment belonging to the community centres, which on inspection appear beyond their best condition. Staff members however, did ensure that toys and equipment were cleaned regularly. Another concern expressed by parents was that the baby changing facilities were inappropriate: presenting a significant risk to the well-being of babies. For example, one parents was of the opinion that there was “inadequate changing facilities for babies”, and that it was unsafe changing babies’ nappies on tables without appropriate ‘roll-off’ prevention.

Recommendation: adequate and appropriate quantity of baby changing equipment should be provided.
Recommendation: if further play and stay is to be offered, Sure Start Austin Sunnyhill needs to provide new toys. Furthermore, the overall condition of toys should be inspected on a regular basis, replacing all breakages.

Play activities
For those parents who wished to stay during the CHC, play activities were organised for their children. The purpose of the ‘added value’ of facilitated play reflects the Sure Start objective of supporting children’s ability to learn through play. By introducing a variety of play activities it was intended that parents, with staff facilitation, could gain some knowledge of appropriate developmental activities for children. Given the ethos underpinning the play component of the CHC it was appropriate that the focus group questionnaire asked parents opinion on the quality of play activities.
Parents were first asked if they believed the play activities were age appropriate. 50% of the responses to the question though the activities age appropriate; with another 25% disagreeing and 25% neither agreeing nor disagreeing (graph 4).

One parent commented on the question: that it depended on the age of the child. This is true, in that parents often brought along older children as well as their new babies to the CHC. From week to week the total age range of the children could vary, making it difficult to plan appropriate play activities. Under these circumstances it is perhaps understandable that some parents felt that activities were not suitable.
The next graph represents parents’ view on the variety of activities; was adequate variety provided or was planned activities the same most weeks?

![Graph showing parents' view on variety of activities]

Parents were asked if the play activities were varied enough?

Of all parents responding to the question, 50% agreed that there had been variety across the weeks. However, just fewer than 40% disagreed. This question has some bearing on the next response from parents. In that the variety of activities should lend itself to parent reporting that play offered stimulation. That is to say, with just 50% of people agreeing that play was varied, we could expect a similar amount agreeing that the play on offer was stimulating. Interestingly, 60% of parents felt that play activities during the CHC offered stimulation to their child, with 25% of respondents disagreeing.

As an evaluation comment on observed play activities at the CHC, the types of activities on offer could range from working with arts and crafts materials to simply colouring in posters. On occasional observations of the CHC children were seen joining in on picture making to celebrate seasonal and festive events (e.g. Eid, Christmas, Halloween). On these particular occasions, the activity available demonstrated levels planning and preparation.

One comment made by staff involved with the play session was at time it was difficult to motivate parents to participate with their children; choosing instead to take
the opportunity to have conversations with other parents. This must be acknowledged has an important need when isolation can be an issue for many parents.

In addition to the data from the questionnaire, other matters in terms of safety had some bearing on parents’ views on the play-and-stay input. Parents, in discussion over activities, felt that it was unsafe to run the clinic at the same time as the play-and-stay. It was expressed, by some parents, that it would be better if separated from the CHC activities. The reasons for this relate back to the age range of children turning up to the CHC, added to the lack of separation between older and younger children.

Given that the inclusion of the play and stay was intended to give ‘added value’ to the CHC session, it is unfortunate that parents felt a split was necessary. An evaluative observation would be that the decision was rightfully based on the environment at Sunnyhill Community Centre. However, It might be suggested that the relocation to the new building might offer the opportunity to establish boundaries, which were not possible at the current venue. Thus making the play-and–stay component safer for younger children.

**Recommendation:** on relocating the CHC to the new Homelands site, the play-and-stay is reduced to providing toys only without formal play activities. It is planned that a satellite CHC will be set-up and run at the same time as the toy library. Parents who found the CHC and play-and-stay opportunities suitable to their needs can, when launched, make use of this service.

**Times for the Homelands based CHC**

As part of the focus group, Sure Start Austin Sunnyhill wanted to find out from parents when would be the best time for the relocated CHC. Parents were asked to place, on a grid made up of the days of the week (Monday to Friday), a tick representing their preferred time and date. The following graph shows the spread of choices.
From the graph we can see that Tuesday pm had the greatest response. It should be noted also, that any future plans to increase child health care consider the beginning of the week as a suitable time for further provision.

**Recommendation:** when the CHC relocates to the new Homelands building, the CHC should be timetabled for Tuesday afternoons.

**Conclusion and discussion**

As a conclusion to the consultation period those parents who attended the focus group were invited to attend a meeting to hear the findings from the focus group and any subsequent outcomes from the meeting. It was also an opportunity for parents to further feedback any issues that have arisen from the relocation.

The CHC has been running on Tuesday afternoons at Homelands since August 2004. In the time since relocating, one observation has been that due to the CHC new location at the north of the Sure Start catchment health staff have encountered some new attendants while older members who found the old site more convenient appear to attend less. Where it is encouraging to see new people attend, we should be mindful that relocation has resulted, for some people not attending. This situation will need to be monitored.

One outcome from the relocation was the hope that the new building would offer a more appropriate venue for the CHC. Parents do indeed express their appreciation of the new building, however, the feedback meeting gave parents the opportunity to...
voice any issue they had with the new provision. Facilitators encouraged parents to use the suggestion card available to record comments.

Of the comments made, several were concerned about the area given over to the CHC clinic. It was felt to be too small for the purpose. One parent commented that the CHC “needs a bigger room, may be the community room...needs reviewing A.S.A.P.” Other parents commented on the inconvenience of taking their shoes off and that there was too many pushchairs in the hall, but they were not happy about leaving their pushchair outside due to fear of theft.

One suggestion as to the layout of the new CHC included using a ‘ticket scheme’. Parents would be given a numbered ticket on arrival. They then could wait in the community room before being called to the crèche room for consultation. The idea was that this was a more comfortable area for parents to chat and afforded room for children to play. Also, the system would allow confidential consultation with Health visitors in the crèche room. The present problem being that the available room was too crowded, with little space for seating parents.

In conclusion, if sure Start evaluation is serious above parents views on the services we run for them, then the utmost effort should made to offer services and facilities that parents recognise as responsive to their needs. Of course service planning and delivery must be mindful of the constraints of limited resources. The report proposes that Sure Start endeavours to put in place all recommendations made from the findings and comments. Indeed some have already been carried out; other may require further planning. Providing quality services takes time to evolve, and parents and stakeholders should have an important role in determining the quality of provision.

Recommendation: the CHC should be evaluated again in April 2005. This will give time for the session to settle down in its new setting. This six-month period should also allow any agreed changes/recommendations to be implemented.