

SURE START LAVENDER: FINAL REPORT ON PUBLIC CONSULTATION WITH PARENTS AND CARERS

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1. Introduction

1.1 This report presents the final results from the public consultation with parents and carers in the Sure Start Lavender area. It follows an interim report submitted at the end of June that gave initial results from the postal survey and an updated 'further results' report in July/August. This final report includes the results from the postal survey and information on hard-to-reach groups.

1.2 The structure of the report is as follows. The first section details the research methodology and looks at who replied to the postal questionnaire. The following sections present the results from the survey on play facilities; childcare and education; health and family support; community links; and suggestions for improving support for families with children 0-5. The report then presents an analysis of this data, including consideration of wider Sure Start objectives, before presenting policy recommendations. In the appendices to the report further details can be found on the postal survey and questionnaire (appendix 1), the public consultation and national Sure Start objectives (appendix 2), list of organisations contacted during the public consultation (appendix 3), and monitoring and evaluation framework (appendix 4).

2. Research methodology

2.1 The public consultation with parents and carers was built around a questionnaire postal survey of all families with children aged 0-5. In addition, the public consultation also sought the views of hard-to-reach group including minority ethnic communities, special educational needs families and young mothers. The fieldwork preparation for this survey started with telephone and face-to-face contact with key figures in the Sure Start Lavender community, including stakeholders and organisations that operate in the local area. Extensive informal contact with parent and carers and observation of settings, such as parent/carer and toddler groups, was carried out to gather data on issues of concern to parents and carers. At this stage, dominant topics were allowed to emerge and for parents and carers to become participants in the development of the public consultation.

2.2 The design of the questionnaire was built around a series of closed and open questions (see appendix 1). Closed questions offer the respondent a menu of possible answers. Open questions invite the respondent to provide written answers. A preliminary face-to-face pilot was carried out with parents and carers in community settings during which various questions and questionnaire formats were tested. Drafts of the questionnaire were also circulated widely within the partnership. A postal pilot was carried out: six questionnaires were sent out and six returned. The questionnaire was redrafted, involving careful and thorough consideration of the issues raised by parents and carers, while ensuring that the questionnaire also addressed the aims of Sure Start and would be suitable for replication at a later date.

2.3 The database of families with children aged 0-5 in the Sure Start Lavender area was held by the Sutton and Merton Primary Care Trust. The research team had no direct access to this database. To conform to the Data Protection Act, the envelopes with the questionnaire were given to the PCT for posting. A pre-paid

return envelope addressed to the University was enclosed. On 13 June 651 questionnaires were sent by the Sutton and Merton PCT to all families with children aged 0-5 on their database. A further 30 were sent the following week, giving a total of 681 questionnaires. Families were offered a £10 Sainsbury supermarket voucher if they completed and returned the questionnaire. A tick box gave respondents the chance to opt out of further contact from Sure Start Lavender. A translation sheet in twelve languages was also enclosed advising anyone requiring interpretation of the questionnaire to contact the University of Surrey Roehampton Social Research Unit. By the 15 July deadline, 151 had been returned. The following tables presents profiles of the respondents to the postal questionnaire.

Table 2.1: Sex of respondents

Male or female?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	18	11.9	11.9	11.9
	Female	133	88.1	88.1	100.0
	Total	151	100.0	100.0	

Table 2.2: Age of respondents

Age?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-21	5	3.3	3.3	3.3
	22-25	16	10.6	10.6	13.9
	26-30	27	17.9	17.9	31.8
	31-39	85	56.3	56.3	88.1
	40-49	18	11.9	11.9	100.0
	Total	151	100.0	100.0	

Table 2.3: Ethnicity of respondents

Which of the following census categories best describes your ethnicity?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White British	85	56.3	56.3	56.3
	Irish	2	1.3	1.3	57.6
	Any other white background	16	10.6	10.6	68.2
	White & black Caribbean	1	.7	.7	68.9
	White & black African	3	2.0	2.0	70.9
	White & Asian	2	1.3	1.3	72.2
	Any other mixed background	6	4.0	4.0	76.2
	Indian	4	2.6	2.6	78.8
	Pakistani	3	2.0	2.0	80.8
	Bangladeshi	1	.7	.7	81.5
	Any other Asian background	8	5.3	5.3	86.8
	Caribbean	4	2.6	2.6	89.4
	African	8	5.3	5.3	94.7
	Any other black background	1	.7	.7	95.4
	Chinese	3	2.0	2.0	97.4
	Other	4	2.6	2.6	100.0
	Total	151	100.0	100.0	

Table 2.4: Employment status of respondents

Which of the following best describes your current employment situation?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Full-time	33	21.9	21.9	21.9
	Part-time	31	20.5	20.5	42.4
	Self employed	6	4.0	4.0	46.4
	Unemployed	13	8.6	8.6	55.0
	Student	3	2.0	2.0	57.0
	Looking after home or family	57	37.7	37.7	94.7
	Long term sick	1	.7	.7	95.4
	Other	1	.7	.7	96.0
	Maternity leave	4	2.6	2.6	98.7
	Looking after home or family & long term sick	2	1.3	1.3	100.0
	Total	151	100.0	100.0	

Table 2.5: Number of children in household of respondents

How many children currently live with you in your household?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	59	39.1	39.1	39.1
	2	60	39.7	39.7	78.8
	3	24	15.9	15.9	94.7
	4	6	4.0	4.0	98.7
	5	1	.7	.7	99.3
	6	1	.7	.7	100.0
	Total	151	100.0	100.0	

Table 2.6: The marital status of respondents

Which of the following best describes you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	26	17.2	17.3	17.3
	Married	88	58.3	58.7	76.0
	Separated/divorced	8	5.3	5.3	81.3
	Living with partner	27	17.9	18.0	99.3
	Widowed/widower	1	.7	.7	100.0
	Total	150	99.3	100.0	
Missing	System	1	.7		
Total		151	100.0		

Table 2.7: The willing of respondents to participate further in public consultation

Willing to participate further in public consultation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	68	45.0	100.0	100.0
Missing	System	83	55.0		
Total		151	100.0		

2.4 151 returned questionnaires represents a response rate of 22%. Under normal circumstances such a response rate would be considered disappointing, particularly as respondents were provided with compensation in the form of a £10

supermarket voucher for their time and effort. Usual practise for postal questionnaires would be to follow up the initial mail shot with a reminder letter and phone calls to those who had not completed a questionnaire. In situations where the response rate remained low, interviewers would be sent to visit non-respondents in person. However, due to the Data Protection Act, the team were unable to access the database containing the details of the population and were unable to follow-up in these ways. Furthermore, the Sutton and Merton PCT declined our request to send a reminder letter.

2.5 Nevertheless, in this situation, we feel confident that the responses received are broadly representative of the views of parents with young children in the Lavender Sure Start area. What distinguished this study from many others was the fact that we were able to access a list of the entire population of interest (households with children under 5 years of age in the Lavender Sure Start area). A decision was taken in consultation with the Lavender Sure Start partnership to send questionnaires to the entire population, not a sample of that population. As such, questionnaires were sent to the population of 681 households. Such an opportunity is rare in the social sciences, where typically a large amount of effort is expended gathering a sample that is, hopefully, representative of the total population. In these circumstances a response rate of 60% of the sample would be viewed as satisfactory. Although the response rate in this case was 22%, it should be remembered that this accounts for 22% of the total *population*, a proportion that would be much higher than a typical study that conducted a postal questionnaires with a sample (which, for example, might aim for one in five but receive one in eight). Moreover, it is not necessarily the proportion of the population that is of importance when assessing the quality of responses. What is of more importance is the *number* of responses. Even then a much larger sample does not necessarily make a much more accurate sample (being a law of diminishing returns). In this case 151 responses – accounting for 286 children, 201 of whom were five or under - representing more than one in five of the total population, can be regarded as being satisfactory.

2.6 However, this still leaves the question of how representative the 151 respondents are. Although postal questionnaires have many advantages (for example, cost and convenience) they do pose particular problems. First, they tend to rule out responses from individuals who have literacy problems or whose first language is not English. Second, there is no interviewer present to help if a respondent finds it difficult to understand the instructions to the questionnaire or a particular question. Third, certain groups might lack sufficient motivation to complete the questionnaire without encouragement from an interviewer (for example full-time workers might find it hard to spare the time). In these cases information might be missing from important groups of people. To avoid overlooking these important sources of data, the research team conducted parallel fieldwork to make contact with such 'hard to reach' groups. Details of these groups can be found in paragraph 2.x below.

2.7 Another way to check how representative respondents are is to check the results of certain key variables with existing statistics. Taking statistics from the 2001 census for Lavender ward as a proxy for the Sure Start area, we can compare the ethnic composition of the two groups to see if the respondents to the questionnaire vary markedly from the population as a whole. This is by no means a perfect check, the census was conducted over two years ago and the areas do not map over one another exactly, but if the two sets of figures are similar it does add confidence to our claims. Table 2.14 compares the ethnic breakdown of Sure Start questionnaire respondents and Lavender Ward residents from the 2001 census. There are clear similarities between the two sets of figures. There are some variations, for example, Black Caribbean respondents appear to be slightly under-represented in the Sure Start sample, but these differences are minimal and overall it does tend to fit the ethnic profile identified by the census.

Table 2.14: Sample ethnicity compared with ethnicity of Lavender ward.

Comparison of ethnic composition of Sure Start sample and Lavender Ward (according to 2001 Census)

		Sure Start Sample	Lavender Ward (2001 Census)
Valid	White British	56.3	58.2
	Irish	1.3	2.8
	Any other white background	10.6	6.1
	White & black Caribbean	.7	1.4
	White & black African	2.0	.6
	White & Asian	1.3	1.1
	Any other mixed background	4.0	1.2
	Indian	2.6	4.0
	Pakistani	2.0	1.6
	Bangladeshi	.7	1.6
	Any other Asian background	5.3	4.7
	Caribbean	2.6	5.1
	African	5.3	5.4
	Any other black background	.7	1.3
	Chinese	2.0	3.0
	Other	2.6	2.0
	Total	100.0	100.00

2.8 If we aggregate the data into smaller groups, the similarities are clearer. Table 2.15 compares the aggregated figures for ethnicity. Although differences remain they are again small with the largest disparity to be found between the percentages recorded for 'Black' respondents.

Table 2.15

Comparison of aggregated ethnicity between Sure Start sample and Lavender Ward (according to 2001 Census)

	Sure Start Sample	Lavender Ward (2001 Census)
White	68.2	67.1
Black	11.3	13.8
Asian	11.9	13.0
Other	8.6	6.2

2.9 The public consultation also sought the views of hard-to-reach groups. From the start of the fieldwork, contacts were established with organisations working with such groups in and around the Sure Start Lavender area. These included: Asylum Welcome, South London Tamil Welfare Group, Bond Street Early Years Centre, Merton Council's refugee co-ordinator and an Ethnic Minority Centre and an Ethnic Minority Achievement Grant (EMAG) teacher. Contacts were also made with the local synagogue, temples and mosques during the consultation. Appendix four includes a full list of those contacted during the public consultation. This report includes interviews with seven parents at Bond Road Early Years Centre on July 14. Six of the seven live in the Sure Start Lavender area. The participants were: one young, lone Somali mother who is an asylum seeker; one young, lone, white mother; two young, lone, black mothers; one lone English older single mother; one Asian mother, and one married, older black mother. All were referrals from health visitors or social workers. All have children with a range of difficulties from speech and language delay to severe behavioural problems. The report also includes meetings with parents and workers at Asylum Welcome on May 7. Asylum Welcome has become a point of contact for statutory services. However, we were unable to obtain detailed figures on service users, including details of parents living in the Sure Start Lavender area. Our request for a further visit in September was turned down. After initial agreement to arrange a meeting with parents on the South London Tamil Welfare Group database, the group failed to respond to repeated emails and telephone calls.

2.10 The satisfactory size of the sample taken together with the checks outlined above all adds confidence to the findings included in the report. No sample will ever perfectly represent the population of interest. Issues such as the choice of data collection method, the characteristics of the population, the topic under investigation and the profile of the sponsor all play a part in determining response rates and therefore 'representativeness'. However, in this case we are confident

that the results received from our respondents are at worst not untypical of parents with young children in the Lavender Sure Start area and at best an accurate representation of this group.

3. Play places

3.1 The final results from the postal survey show that 74% of respondents use playgrounds, followed by play centres (52%) and parent/toddler groups (39%). Other play facilities (such as activity centres and Lunch Clubs) were used by less than 20% of respondents. Ten percent reported using no play facilities. When measured on a four-point satisfaction scale, the quality of play facilities received an average score of 2.8 (very close to a 'good' rating). The following tables present summaries of the closed questions from the section on play places in the questionnaire.

Table 3.1: The use of playgrounds

What types of play facilities do you use? Playgrounds

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	39	25.8	25.8	25.8
	Yes	112	74.2	74.2	100.0
	Total	151	100.0	100.0	

Table 3.2: The use of parent/toddler groups

What types of play facilities do you use? Parent/toddler group

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	92	60.9	60.9	60.9
	Yes	59	39.1	39.1	100.0
	Total	151	100.0	100.0	

Table 3.3: The use of play centres

What types of play facilities do you use? Play centre (e.g. Tiger's Eye)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	73	48.3	48.3	48.3
	Yes	78	51.7	51.7	100.0
	Total	151	100.0	100.0	

Table 3.4: The use of one o'clock clubs

What types of play facilities do you use? 1'o Clock Club

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	134	88.7	88.7	88.7
	Yes	17	11.3	11.3	100.0
	Total	151	100.0	100.0	

Table 3.5: The use of lunch clubs

What types of play facilities do you use? Lunch Club (e.g. St Mark's)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	144	95.4	95.4	95.4
	Yes	7	4.6	4.6	100.0
	Total	151	100.0	100.0	

Table 3.6: The use of activity centres

What types of play facilities do you use? Activity centres (e.g. Active Hour)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	144	95.4	95.4	95.4
	Yes	7	4.6	4.6	100.0
	Total	151	100.0	100.0	

Table 3.7: No use of play facilities

What types of play facilities do you use? None

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	136	90.1	90.1	90.1
	Yes	15	9.9	9.9	100.0
	Total	151	100.0	100.0	

Table 3.8: The use of other play facilities

What types of play facilities do you use? Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	138	91.4	91.4	91.4
	Yes	13	8.6	8.6	100.0
	Total	151	100.0	100.0	

Table 3.9: The overall rating of quality of play facilities

Overall what do you think about the quality of play facilities you use?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very poor	8	5.3	5.8	5.8
	Poor	28	18.5	20.3	26.1
	2.5	2	1.3	1.4	27.5
	Good	88	58.3	63.8	91.3
	Very good	12	7.9	8.7	100.0
	Total	138	91.4	100.0	
Missing	System	13	8.6		
Total		151	100.0		

3.2 Respondents were asked in the open questions to indicate what are the best and worst aspects of play facilities they use. The best things about the play facilities in the area were the number of playgrounds available. The availability of parks was also appreciated. Respondents liked the proximity of play facilities to their homes. Parents and carers valued high quality play supervision and friendly, supportive staff. Parent/toddler groups, in particular, were seen as good places to meet with other parents.

3.3 However, while valuing the availability of play places, respondents clearly indicated their concerns with the material conditions of playgrounds, parks and other play places. The playgrounds were often said to be dirty (including dog excrement, broken glass and syringes), poorly maintained, vandalised and full of graffiti (the Lavender Pavilion playground was mentioned by a number of

respondents). The poor condition of Colliers Woods play area was noted by a number of respondents. The closure of the paddling pool in Colliers Wood Park was also unpopular. Playground ground cover (especially bark) was seen as unsuitable by some respondents. A lack of suitable equipment for all age groups was noted by many – particular concerns were raised for under 2s. In the parent/toddler groups the lack of (new) toys and sufficient space to run around were identified as problems. Parents also expressed a concern regarding older children in parks and playgrounds. And there was a more general concern about feeling safe. One respondent wrote: ‘sometimes feel intimidated by other users. Some don’t seem to care/respect the facilities provided’. Safety of both children and the parent is a subject of concern where dogs are allowed to enter the playgrounds, and where older children and teenagers congregate in parks and playgrounds. In the Bond Road focus group of ‘hard to reach’ parents, Sadler Close was mentioned specifically: two parents complained of dogs frequently allowed out without their owners and about bullying of young children by older children. One parent complained strongly about racial harassment of children and parents by other children and parent/carers in that playground. Where indoor facilities are mentioned the cost is seen as a problem – in particular commercial venues including The Canons Leisure Centre, Tigers Eye and TC’s Playbarn (now Wacky Warehouse) in the ‘Kiss Me Hardy’ public house in nearby Colliers Wood. The lack of space when busy was also an issue at play-centres such as Tiger’s Eye and this raised safety concerns among parents and carers.

3.4 Respondents were then asked to make suggestions for improving play facilities. Some clear messages emerged: better maintenance and cleaning; safer, less isolated play areas; effective supervision by qualified staff; and better designed equipment, especially for younger children. Overwhelmingly parent/carers would like to see cleaner play areas and equipment and more park wardens and/or CCTV in playgrounds (although the police have raised important questions about the application of both); generally better maintenance including the need for paddling pools to be filled with water, more up to date equipment

and clean toilet facilities and waste bins in parks or near to playgrounds. Parks and playgrounds, in particular, were identified as needing regular maintenance, cleaning and supervision. And across all play places, there is a concern that toys and equipment should be suitable for all age groups organised in a way that all children can play in safety. Parent/carers would like to see flexibility, longer opening hours or different opening hours - afternoon playgroups and parent/toddler groups. Another concern is with a need for provision for a wider range of ages, under two year olds in particular. A number of respondents also raised the issue of the facilities available to older children and that these children were seen as the cause of vandalism. Other suggestions included a sports centre, swimming pool and more indoor places. A forum for making new contacts with other parents was also mentioned, as well as information on play places available in the area. One respondent commented: 'would like to have been given information about this, but never was'. This was of particular concern to new parents.

4. Childcare and learning

4.1 The most cited source of childcare in the postal survey was family members (48%) followed by friends/neighbours (34%). In terms of learning, the highest response was libraries (38%) followed by primary school nursery class (31%). The next highest responses in this section were private nurseries (21%), crèches (19%), playgroups (17%) and childminders (13%). Childcare and learning facilities received the highest rating on the questionnaire, with a mean score of 3.3. The following tables present summaries of the closed questions from the section on childcare and learning in the questionnaire.

Table 4.1: The use of childminders

What types of childcare and learning facilities have you used over the last 6 months? Childminder

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	131	86.8	86.8	86.8
Yes	20	13.2	13.2	100.0
Total	151	100.0	100.0	

Table 4.2: The use of creches

What types of childcare and learning facilities have you used over the last 6 months? Creche

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	122	80.8	80.8	80.8
Yes	29	19.2	19.2	100.0
Total	151	100.0	100.0	

Table 4.3: The use of early years centres

What types of childcare and learning facilities have you used over the last 6 months? Early Years

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	143	94.7	94.7	94.7
Yes	8	5.3	5.3	100.0
Total	151	100.0	100.0	

Table 4.4: The use of primary school nursery classes

What types of childcare and learning facilities have you used over the last 6 months? Primary school nursery class

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	104	68.9	68.9	68.9
Yes	47	31.1	31.1	100.0
Total	151	100.0	100.0	

Table 4.5: The use of private nurseries

What types of childcare and learning facilities have you used over the last 6 months? Private nursery

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	119	78.8	78.8	78.8
Yes	32	21.2	21.2	100.0
Total	151	100.0	100.0	

Table 4.6: The use of playgroups

What types of childcare and learning facilities have you used over the last 6 months? Playgroup (e.g. Jelly Tots)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	126	83.4	83.4	83.4
Yes	25	16.6	16.6	100.0
Total	151	100.0	100.0	

Table 4.7: The use of family

What types of childcare and learning facilities have you used over the last 6 months? Family

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	79	52.3	52.3	52.3
Yes	72	47.7	47.7	100.0
Total	151	100.0	100.0	

Table 4.8: The use of friends and neighbours

What types of childcare and learning facilities have you used over the last 6 months? Friends/neighbours

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	100	66.2	66.2	66.2
	Yes	51	33.8	33.8	100.0
	Total	151	100.0	100.0	

Table 4.9: The use of toy libraries

What types of childcare and learning facilities have you used over the last 6 months? Toy library

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	142	94.0	94.0	94.0
	Yes	9	6.0	6.0	100.0
	Total	151	100.0	100.0	

Table 4.10: The use of libraries

What types of childcare and learning facilities have you used over the last 6 months? Library

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	93	61.6	61.6	61.6
	Yes	58	38.4	38.4	100.0
	Total	151	100.0	100.0	

Table 4.11: No use of childcare and learning facilities

What types of childcare and learning facilities have you used over the last 6 months? None

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	136	90.1	90.1	90.1
	Yes	15	9.9	9.9	100.0
	Total	151	100.0	100.0	

Table 4.12: Use of other childcare and learning facilities

What types of childcare and learning facilities have you used over the last 6 months? Other

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	148	98.0	98.0	98.0
Yes	3	2.0	2.0	100.0
Total	151	100.0	100.0	

Table 4.13: The overall rating of quality of childcare and learning facilities

Overall what do you think about the quality of childcare you use?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Poor	11	7.3	8.1	8.1
Good	67	44.4	49.6	57.8
3.5	1	.7	.7	58.5
Very good	56	37.1	41.5	100.0
Total	135	89.4	100.0	
Missing System	16	10.6		
Total	151	100.0		

4.2 Respondents were asked in the open questions to indicate what are the best and worst aspects of childcare and education facilities they use. Friendly staff and the range of childcare settings available are seen as the best things about childcare and learning facilities. Many respondents indicated that there was a good range and quality of childcare provision, although some was expensive and not enough was for children under three. Proximity is highly valued by parents and carers. Private nurseries were appreciated for their excellence and attention given to enhancing children's development. Childcare by family members was seen flexible and the network of local childminders good. Some playgroups were highlighted as good, e.g. Pillar Box; and Bond Road Early Years Centre received praise. Mitcham library was cited as renewing books regularly, while others appreciated living close to a local library. A number of respondents praised library schemes.

4.3 Comments in general pointed to the high cost of childcare. Private nurseries, in particular, were seen as costly and few available locally. Further negative factors included lack of childcare provision for particular groups and circumstances: e.g. toddlers, part time workers, during school holidays, managing the transition between nursery school/play group (with their restricted times) and other child care arrangements. A lack of information was also seen as problematic: according to one respondent, 'not knowing how to find out about the places/people'. Regarding childcare, safety recurs again: unqualified or under qualified staff in crèches and nurseries is an issue. There was a clear discrepancy in popularity of libraries in the 'best' and 'worst' sections of open questions. It is not often clear which one is being written about. One clearly identifiable concern is with safety of toddlers at Colliers Wood Library where doors are seen to be a necessary addition. There is also a concern that there are not enough stimulating educational toys and books available in libraries and parent/toddler groups.

4.4 Respondents were then asked to make suggestions for improving childcare and education facilities. The main request is for cheaper childcare. Other issues concern safety; better-trained staff and a safer library. Afternoon playgroups, a toy library and more choice for young children such as directed activities with an educational or fitness aspect, are popular requests. More easily accessible information on what is available is a key theme. Suggestions for improvements include better integration between school and childcare with e.g. after school child centres with tuition, play areas supervised by qualified staff and classes in arts, crafts and music. Good quality crèche facilities to provide flexible, short periods of temporary childcare, as well as further support for playgroups and playgrounds. Indeed, more flexible childcare options for parents with part-time jobs, as well as longer hours for parents in full time work were widely supported. Improvements to libraries could be achieved by greater attention to safety and further organisation and advertising of special events.

Parents also wanted access to information on services for children including playgroups, childminders, nurseries and indeed childcare options.

5. Health and family support

5.1 GPs were the most common source of healthcare, with 85% of respondents having consulting one in the last six months. Health visitors were the next highest choice (70%), followed by dentists (51%). The only other significant source of healthcare contact reported by respondents was midwives (20%). Other source, such as home support and family support workers, received lower levels of contact. Overall, healthcare and family support facilities received a mean rating of 3. The following tables present summaries of the closed questions from the section on play places in the questionnaire.

Table 5.1: Contact with health visitors

What types of healthcare and family support have you used or contacted over the last 6 months? Health visitor

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	46	30.5	30.5	30.5
Yes	105	69.5	69.5	100.0
Total	151	100.0	100.0	

Table 5.2: Contact with midwives

What types of healthcare and family support have you used or contacted over the last 6 months? Midwife

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	121	80.1	80.1	80.1
Yes	30	19.9	19.9	100.0
Total	151	100.0	100.0	

Table 5.3: Contact with family support workers

What types of healthcare and family support have you used or contacted over the last 6 months? Family support worker

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	147	97.4	97.4	97.4
Yes	4	2.6	2.6	100.0
Total	151	100.0	100.0	

Table 5.4: Contact with occupational therapist

What types of healthcare and family support have you used or contacted over the last 6 months? Occupational Therapist

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	149	98.7	98.7	98.7
	Yes	2	1.3	1.3	100.0
	Total	151	100.0	100.0	

Table 5.5: Contact with home support

What types of healthcare and family support have you used or contacted over the last 6 months? Other home support (e.g. Homestart, Crossroads etc.)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	145	96.0	96.0	96.0
	Yes	6	4.0	4.0	100.0
	Total	151	100.0	100.0	

Table 5.6: Contact with social worker

What types of healthcare and family support have you used or contacted over the last 6 months? Social Worker

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	144	95.4	95.4	95.4
	Yes	7	4.6	4.6	100.0
	Total	151	100.0	100.0	

Table 5.7: Contact with GP

What types of healthcare and family support have you used or contacted over the last 6 months? GP

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	23	15.2	15.2	15.2
	Yes	128	84.8	84.8	100.0
	Total	151	100.0	100.0	

Table 5.8: Contact with dentist

What types of healthcare and family support have you used or contacted over the last 6 months? Dentist

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	74	49.0	49.0	49.0
	Yes	77	51.0	51.0	100.0
	Total	151	100.0	100.0	

Table 5.9: Contact with community psychiatric nurse

What types of healthcare and family support have you used or contacted over the last 6 months? Community Psychiatric Nurse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	151	100.0	100.0	100.0

Table 5.10: No contact with health and family support worker

What types of healthcare and family support have you used or contacted over the last 6 months? None

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	148	98.0	98.0	98.0
	Yes	3	2.0	2.0	100.0
	Total	151	100.0	100.0	

Table 5.11: Contact with other health and family support worker

What types of healthcare and family support have you used or contacted over the last 6 months? Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	139	92.1	92.1	92.1
	Yes	12	7.9	7.9	100.0
	Total	151	100.0	100.0	

Table 5.12: The overall rating of quality of healthcare and family support

Overall what do you think about the quality of healthcare and family support you receive?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very poor	6	4.0	4.0	4.0
	Poor	15	9.9	10.1	14.1
	2.5	2	1.3	1.3	15.4
	Good	95	62.9	63.8	79.2
	Very good	31	20.5	20.8	100.0
	Total	149	98.7	100.0	
Missing	System	2	1.3		
Total		151	100.0		

5.2 Respondents were asked in the open questions to indicate what are the best and worst aspects of healthcare and family support they received.

Respondents appreciated the friendly and helpful approach of health and family support professionals – a recurring theme across all the open responses. Close proximity to home was valued – again, as it was in all aspects of support for young families. There are also some interesting tensions here: popular ‘best things’ are supportive health visitors and good GPs; but health visitors and GPs also come in for criticism. The integration between domino midwives and health visitors was seen as important. For example: ‘Domino midwives service is superb and well integrated with health visitor system’.

5.3 The main issue here is dissatisfaction with GP surgeries and the system of health visiting – and a wider question of the organisation of service delivery and the integration of services. One respondent said (and there were a number of comments like this): ‘My health visitor does not have children and has NO idea! My doctor has no time or patience. The practice is totally understaffed.’ Specific concerns include: the GP appointment system; long waiting times (including in the surgery to see the doctor); cramped surgeries (e.g. space to leave buggies); poor facilities to entertain young children in the surgery; and poor facilities for babies in the surgery. GPs were seen as patronising by some respondents. The

system of health visiting also drew criticism as well as praise. While some health visitors were said to be very supportive, others were not. Specific issues included access to health visitors, booking appointments, their lack of time and, among a minority of respondents, a poor quality of care. Better access to information is a key theme again. Comments further pointed to the shortcomings with the quality of care, such as disorganisation, lack of communication, conflicting advice and no room to discuss such matters (e.g. concerns about MMR dismissed).

5.4 More funding for more GPs and health visitors and more time spent with patients is recognised as a key issue. A shorter waiting time for the GP is a big issue. Statistically, more home visits did not rate highly – though nearly 70% of respondents had had contact with a health visitor over the past 6 months. But the open questions suggest the key issue here is the timing of home visits and the flexibility of care: respondents appear to want more home visits *when they are required*. As one respondent wrote: ‘more opportunities to see your health visitor when you need her, which isn’t often’. In the Bond Road Early Years Centre focus group, some parents mentioned that it would have helped them to get out of the home if a support worker attended a parent/toddler group with them for a few visits. Flexibility is a theme that emerges again where longer opening hours of GP surgeries is requested. More easily accessible information is a recurring topic again. Improvements cited suggest a need for information on available services, their role and how to access these. This need was particularly acute among new parents. During consultations respondents were keen to receive consistent advice, but also to be able to discuss and negotiate various options. For example, ‘more acceptance by professionals that people may want to discuss issues, rather than be told “that’s what we do here!” and have no alternative’.

6. Community contacts

6.1 Respondents were asked to indicate those groups or organisations that they had had contact with over the last six months. Over one third of respondents (37%) indicated no contact with local community groups and organisations over the last six months. Church and other faith groups were the most popular choice (24%), followed by the police and library schemes (both 16%). The following tables are summaries of the data on local community contacts.

Table 6.1: Community contacts: Job Centre Plus

Local groups and organisations working in your local community. Job Centre Plus

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	135	89.4	90.6	90.6
	Yes	14	9.3	9.4	100.0
	Total	149	98.7	100.0	
Missing	System	2	1.3		
Total		151	100.0		

Table 6.2: Community contacts: College of further education

Local groups and organisations working in your local community. Please tick those you have used or been in contact with over the last 6 months. College of Further Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	132	87.4	88.6	88.6
	Yes	17	11.3	11.4	100.0
	Total	149	98.7	100.0	
Missing	System	2	1.3		
Total		151	100.0		

Table 6.3: Community contacts: Tenants/Residents associations

Local groups and organisations working in your local community. Please tick those you have used or been in contact with over the last 6 months.
Tenants/Residents Association

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	142	94.0	95.3	95.3
	Yes	7	4.6	4.7	100.0
	Total	149	98.7	100.0	
Missing	System	2	1.3		
Total		151	100.0		

Table 6.4: Community contacts: political parties

Local groups and organisations working in your local community. Please tick those you have used or been in contact with over the last 6 months.
Political Party

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	144	95.4	96.6	96.6
	Yes	5	3.3	3.4	100.0
	Total	149	98.7	100.0	
Missing	System	2	1.3		
Total		151	100.0		

Table 6.5: Community contacts: church and other faith groups

Local groups and organisations working in your local community. Please tick those you have used or been in contact with over the last 6 months.
Church & other faith groups

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	114	75.5	76.5	76.5
	Yes	35	23.2	23.5	100.0
	Total	149	98.7	100.0	
Missing	System	2	1.3		
Total		151	100.0		

Table 6.6: Community contacts: parent teacher association

Local groups and organisations working in your local community. Please tick those you have used or been in contact with over the last 6 months.

Parent Teacher Association

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	132	87.4	88.6	88.6
	Yes	17	11.3	11.4	100.0
	Total	149	98.7	100.0	
Missing	System	2	1.3		
Total		151	100.0		

Table 6.7: Community contacts: library schemes

Local groups and organisations working in your local community. Please tick those you have used or been in contact with over the last 6 months.

Library schemes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	127	84.1	85.2	85.2
	Yes	22	14.6	14.8	100.0
	Total	149	98.7	100.0	
Missing	System	2	1.3		
Total		151	100.0		

Table 6.8 Community contacts: lunch clubs

Local groups and organisations working in your local community. Please tick those you have used or been in contact with over the last 6 months.

Lunch clubs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	147	97.4	98.7	98.7
	Yes	2	1.3	1.3	100.0
	Total	149	98.7	100.0	
Missing	System	2	1.3		
Total		151	100.0		

Table 6.9: Community contacts: legal advice agencies

Local groups and organisations working in your local community. Please tick those you have used or been in contact with over the last 6 months.

Legal advice agencies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	147	97.4	98.7	98.7
	Yes	2	1.3	1.3	100.0
	Total	149	98.7	100.0	
Missing	System	2	1.3		
Total		151	100.0		

Table 6.10: Community contacts: housing advice agencies

Local groups and organisations working in your local community. Please tick those you have used or been in contact with over the last 6 months.

Housing advice agencies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	136	90.1	91.3	91.3
	Yes	13	8.6	8.7	100.0
	Total	149	98.7	100.0	
Missing	System	2	1.3		
Total		151	100.0		

Table 6.11: Community contacts: Citizen Advice Bureau

Local groups and organisations working in your local community. Please tick those you have used or been in contact with over the last 6 months.

Citizen Advice Bureau

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	130	86.1	87.2	87.2
	Yes	19	12.6	12.8	100.0
	Total	149	98.7	100.0	
Missing	System	2	1.3		
Total		151	100.0		

Table 6.12: Community contacts: the police

Local groups and organisations working in your local community. Please tick those you have used or been in contact with over the last 6 months.

Police

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	126	83.4	84.6	84.6
	Yes	23	15.2	15.4	100.0
	Total	149	98.7	100.0	
Missing	System	2	1.3		
Total		151	100.0		

Table 6.13: Community contacts: other community or advice agencies

Local groups and organisations working in your local community. Please tick those you have used or been in contact with over the last 6 months.

Other community groups or advice agencies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	143	94.7	96.0	96.0
	Yes	6	4.0	4.0	100.0
	Total	149	98.7	100.0	
Missing	System	2	1.3		
Total		151	100.0		

7. Supporting families with young children 0-5

7.1 Respondents were offered a list of 15 initiatives that might help families with young children and were asked to select the three that they believed to be the most important. Five options emerged clearly as being the most popular. These were 'clean play areas' (55%), 'CCTV in play areas' (47%), 'indoor play areas' (36%), 'more childcare places' (30%), and 'more police on the streets' (28%). These five were followed by three other options: 'opportunities to meet other parents' (20%) and 'childcare outside 9-5' (16%) and 'family day trips' (16%). The following tables present the summary results.

Table 7.1: supporting families: more childcare places

List of things that might help families with young children in your local area. Please tick the 3 that you think would be most important. More childcare places

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	91	67.4	68.9	68.9
	Yes	41	30.4	31.1	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.2: supporting families: more support for minority ethnic families

List of things that might help families with young children in your local area. Please tick the 3 that you think would be most important. More support for minority ethnic families

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	119	88.1	90.2	90.2
	Yes	13	9.6	9.8	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.3: supporting families: more support for refugee families

List of things that might help families with young children in your local area.
Please tick the 3 that you think would be most important. More support for refugee families

		Frequency	Percent	Valid	Cumulative Percent
Valid	No	128	94.8	97.0	97.0
	Yes	4	3.0	3.0	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.4: supporting families: CCTV in play areas

List of things that might help families with young children in your local area.
Please tick the 3 that you think would be most important. CCTV in play areas

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	70	51.9	53.0	53.0
	Yes	62	45.9	47.0	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.5: supporting families: family day trips

List of things that might help families with young children in your local area.
Please tick the 3 that you think would be most important. Family day trips

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	110	81.5	83.3	83.3
	Yes	22	16.3	16.7	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.6: supporting families: more indoor places

List of things that might help families with young children in your local area. Please tick the 3 that you think would be most important. Indoor play areas

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	83	61.5	62.9	62.9
	Yes	49	36.3	37.1	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.7: supporting families: support for children with special needs

List of things that might help families with young children in your local area. Please tick the 3 that you think would be most important. Support for children with special needs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	115	85.2	87.1	87.1
	Yes	17	12.6	12.9	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.8: supporting families: childcare outside 9-5

List of things that might help families with young children in your local area. Please tick the 3 that you think would be most important. Childcare outside 9am-5pm

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	111	82.2	84.1	84.1
	Yes	21	15.6	15.9	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.9: supporting families: clean play areas

List of things that might help families with young children in your local area. Please tick the 3 that you think would be most important. Clean play areas

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	60	44.4	45.5	45.5
	Yes	72	53.3	54.5	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.10: supporting families: more police on the streets

List of things that might help families with young children in your local area. Please tick the 3 that you think would be most important. More police on the streets

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	94	69.6	71.2	71.2
	Yes	38	28.1	28.8	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.11: supporting families: mobile toys/books library

List of things that might help families with young children in your local area. Please tick the 3 that you think would be most important. Mobile toys/books library

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	127	94.1	96.2	96.2
	Yes	5	3.7	3.8	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.12: supporting families: more home visits

List of things that might help families with young children in your local area. Please tick the 3 that you think would be most important. More home visits

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	124	91.9	93.9	93.9
	Yes	8	5.9	6.1	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.13: supporting families: opportunities to meet other parents

List of things that might help families with young children in your local area. Please tick the 3 that you think would be most important. Opportunities to meet other parents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	104	77.0	78.8	78.8
	Yes	28	20.7	21.2	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.14: supporting families: support for dads

List of things that might help families with young children in your local area. Please tick the 3 that you think would be most important. Support for dads (e.g. telephone support line, meeting groups)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	127	94.1	96.2	96.2
	Yes	5	3.7	3.8	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.15: supporting families: support for parents with special needs

**List of things that might help families with young children in your local area.
Please tick the 3 that you think would be most important. Support for
parents with special needs**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	123	91.1	93.2	93.2
	Yes	9	6.7	6.8	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

Table 7.16: supporting families: other

**List of things that might help families with young children in your local area.
Please tick the 3 that you think would be most important. Other**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	123	91.1	93.2	93.2
	Yes	9	6.7	6.8	100.0
	Total	132	97.8	100.0	
Missing	System	3	2.2		
Total		135	100.0		

8. Advice and help to families with young children 0-5

8.1 The following tables present the summary results of a series of questions that asked respondents to indicate what three things would like advice and help on as families with young children in the local area. Respondents were given a list of options to choose from, as well as box to add their own suggestions. Three options received 20% or more selections. These were 'safety and first aid for young children' (58%), 'dealing with children's behaviour' (57%), 'education and training' (23%) and 'cooking for young children on a budget' (22%). These were followed by 'basic maths and English' (19%), 'using computers' and 'work and benefits (both 18%) and 'healthy eating' (17%).

Table 8.1: Advice and help to families: breastfeeding

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Breastfeeding

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	137	90.7	92.6	92.6
	Yes	11	7.3	7.4	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

Table 8.2: Advice and help to families: safety and first aid

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Safety and first aid for young children

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	62	41.1	41.9	41.9
	Yes	86	57.0	58.1	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

Table 8.3: Advice and help to families: giving up smoking

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Giving up smoking

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	134	88.7	90.5	90.5
	Yes	14	9.3	9.5	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

Table 8.4: Advice and help to families: cooking on a budget

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Cooking for young children on a budget

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	116	76.8	78.4	78.4
	Yes	32	21.2	21.6	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

Table 8.5: Advice and help to families: basic maths and English

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Basic maths and English

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	120	79.5	81.1	81.1
	Yes	28	18.5	18.9	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

Table 8.6: Advice and help to families: children's behaviour

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Dealing with children's behaviour

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	64	42.4	43.2	43.2
	Yes	84	55.6	56.8	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

Table 8.7: Advice and help to families: relationships

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Relationships

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	131	86.8	88.5	88.5
	Yes	17	11.3	11.5	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

Table 8.8: Advice and help to families: work and benefits

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Work and benefits

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	121	80.1	81.8	81.8
	Yes	27	17.9	18.2	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

Table 8.9: Advice and help to families: education and training

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Education and training

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	114	75.5	77.0	77.0
	Yes	34	22.5	23.0	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

Table 8.10: Advice and help to families: exercise

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Exercise

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	127	84.1	85.8	85.8
	Yes	21	13.9	14.2	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

Table 8.11: Advice and help to families: drug and alcohol abuse

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Drugs and alcohol abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	145	96.0	98.0	98.0
	Yes	3	2.0	2.0	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

Table 8.12: Advice and help to families: healthy eating

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Healthy eating

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	123	81.5	83.1	83.1
	Yes	25	16.6	16.9	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

Table 8.13: Advice and help to families: anger management

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Anger management

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	134	88.7	90.5	90.5
	Yes	14	9.3	9.5	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

Table 8.14: Advice and help to families: using computers

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Using computers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	121	80.1	81.8	81.8
	Yes	27	17.9	18.2	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

Table 8.15: Advice and help to families: other

List of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you. Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	141	93.4	95.3	95.3
	Yes	7	4.6	4.7	100.0
	Total	148	98.0	100.0	
Missing	System	3	2.0		
Total		151	100.0		

9. Overall satisfaction with provision of services for families with children 0-5

9.1 The following table is a summary of the responses to the question on overall satisfaction with service provision for families with children 0-5.

Table 9.1: Overall satisfaction with the provision of services for families with children 0-5

Overall, how satisfied are you with the help that is offered to children and their families in your local area?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very poor	11	7.3	7.6	7.6
	Poor	49	32.5	33.8	41.4
	2.5	1	.7	.7	42.1
	Good	79	52.3	54.5	96.6
	Very good	5	3.3	3.4	100.0
	Total	145	96.0	100.0	
Missing	System	6	4.0		
Total		151	100.0		

10. Discussion and analysis

10.1 In the June Interim report, we reported a number of emergent issues following the initial contacts made with parents and carers:

- Cleaner playgrounds
- Fear of Crime
- Indoor facilities
- Accessibility
- Lack of awareness
- Inadequate housing

10.2 Parents and carers expressed general concerns about safety; the condition of the material environment; the availability of certain play facilities; and information on the provision of services and facilities for families with children 0-5. These concerns were borne out in the postal questionnaire survey.

10.3 The interim report also raised concerns about the accessing of services and facilities by black and minority ethnic groups. The initial contact with parents and carers found there to be a number of families, mainly white families, who use two or more services for young children. During the preliminary fieldwork, very few parents from minority ethnic groups were present: multi-cultural integration appears limited in terms of early years provision. The further fieldwork among hard-to-reach communities suggested that the transition between pre-school and school is often problematic, especially around language development.

10.4 This section will examine the key results from the public consultation and analyse them in terms of Sure Start objectives. Appendix two presents a summary of the public consultation under national Sure Start objectives. This was presented to the partnership in September to assist discussion around future delivery of services.

Play places

10.5 The final results from the postal survey show that 74% of respondents use playgrounds, followed by play centres (52%) and parent/toddler groups (39%). Other play facilities (such as activity centres and Lunch Clubs) were used by less than 20% of respondents. Ten percent reported using no play facilities. When measured on a four-point satisfaction scale, the quality of play facilities received an average score of 2.8 (very close to a 'good' rating).

10.6 A key Sure Start target is to provide access to good quality play and learning opportunities. Satisfaction with the quality of play facilities is correlated with overall satisfaction of family support for families with young children in the local area. Where parents and carers are happy with local play places, they tend to have higher levels of satisfaction with family support overall. The concerns regarding clean, safe, well-maintained and well-equipped playgrounds are important as three quarters of respondents use these. Similar levels of satisfaction with playgrounds, as well as similar concerns around issues of cleanliness and maintenance, were expressed by parents in some hard-to-reach communities (e.g. reported at Asylum Welcome). Reported use of other play places is more mixed. Some respondents reported positively on the number and range of play options. Others were concerned about the lack of information on what was available locally. Certain responses indicated that word of mouth is important. This may suggest parents and carers networking with each other. The danger is for those parents who are not part of such supportive networks – especially in hard-to-reach communities.

10.7 Many respondents were positive about parent/toddler groups, having friendly members of staff, providing meeting places for mothers, as well as offering play opportunities for children. There is a positive correlation between the use of parent/toddler groups and the quality of play facilities. If parents use parent/toddler groups, they tend to be more satisfied with the quality of play facilities. The quality of such provision is important: the provision of toys; replacing broken toys promptly; and considering the space available for children

to move around. Over half the respondents use play centres, such as Tiger's Eye, despite many finding them costly. More generally, there is considerable support for more indoor play places when the weather is poor, as well as play places where parents feel their children are safe. A small minority use other facilities such as the 1 o'clock club, lunch clubs and activity centres, despite positive comments being made about these. Again, there may be an issue here of information about the availability of such facilities being widely available – especially among BME and hard-to-reach groups. These concerns were reported in meetings with hard-to-reach parents and workers in and around the Sure Start Lavender area.

Childcare and Learning

10.8 The most cited source of childcare in the postal survey was family members (48%) followed by friends/neighbours (34%). In terms of learning, the highest response was libraries (38%) followed by primary school nursery class (31%). The next highest responses in this section were private nurseries (21%), crèches (19%), playgroups (17%) and childminders (13%). Childcare and learning facilities received the highest rating on the questionnaire, with a mean score of 3.3. There was no relationship between this score and the overall score given at the end of the questionnaire. The extent of satisfaction in this area could derive from the use of family as the principle source of childcare by many respondents. This tendency to favour private arrangements in childcare, especially by Asian families, might also explain the lack of relationship between this rating and the overall rating, as respondents were operating from a 'different frame of reference' when making the respective judgements.

10.9 The issue of use of families as a source of childcare support may be linked to the age of respondents, as table 10.1 indicates.¹ This suggests that

¹ Tables 10.1 and 10.2 are based on the first 137 data entries. The results have been checked against the final entry.

younger families (under 30) are more likely to depend on families, as well as friends and neighbours (table 10.2), as a source of childcare than older families.

Table 10.1: Family childcare and age

What types of childcare and learning facilities have you used over the last 6 months? Family

			Age					Total
			18-	22-	26-	31-	40-	
What types of and learning have you used last 6 months?	No	Coun	1	4	11	56	7	79
		% within	20.0	25.0	40.7	65.9	38.9	52.3
	Ye	Coun	4	12	16	29	11	72
		% within	80.0	75.0	59.3	34.1	61.1	47.7
Total		Coun	5	16	27	85	18	151
		% within	100.0	100.0	100.0	100.0	100.0	100.0

Table 10.2: Childcare: friends and neighbours and age

**What types of childcare and learning facilities have you used over the last 6 months?
Friends/neighbours * Age (recoded) Crosstabulation**

			Age (recoded)		Total
			18-30	31+	
What types of childcare and learning facilities have you used over the last 6 months?	No	Count	9	91	100
		% within Age (recoded)	42.9%	70.0%	66.2%
Friends/neighbours	Yes	Count	12	39	51
		% within Age (recoded)	57.1%	30.0%	33.8%
Total		Count	21	130	151
		% within Age (recoded)	100.0%	100.0%	100.0%

10.10 Sure Start has a target to reduce the number of households where no one is working. Childcare by family members was the most common form, followed by friends and neighbours. This was especially the case among those under thirty years of age and among Asian communities. This form of care was valued as it was friendly and flexible. Approximately half of all respondents used family as a source of childcare over the past 6 months. This was true whether they worked or not. But working parents are more likely to use a private nursery than other forms of childcare. Working parents also favour childcare outside of 9-5 and more childcare places. These correlations support written comments suggesting more support for working parents, especially with regard to joined-up

childcare e.g. to avoid the difficulties presented by restricted times for play groups and nursery classes. Parenting support and information is another Sure Start target and many respondents want more information on childcare options.

10.11 The transition to school and the accessing of services were identified as key issues for hard-to-reach communities by professionals and workers in the Lavender area. One school in the area illustrates these concerns: English is a second language for nearly half the children; 46 different ethnicities are represented; approximately 38 different first languages are spoken; and 12-14 families are refugees or asylum seekers. The highly transient nature of the population means that the school receives a special mobility allowance. It is reported that many children are coming to school unable to speak any English. Often their parents cannot speak English, which makes it more difficult for the family to access services, including school based workshops. Limited use of existing pre-school service provision was also recognised as being due, largely, to the language barrier in terms of lack of awareness of services, and difficulties experienced in communication with other parents. A Tamil speaking teacher works at the school as the designated EMAG teacher (Ethnic Minority Achievement Grant).

Healthcare and Family Support

10.12 GPs were the most common source of healthcare, with 85% of respondents having consulting one in the last six months. Health visitors were the next highest choice (70%), followed by dentists (51%). The only other significant source of healthcare contact reported by respondents was midwives (20%). Other source, such as home support and family support workers, received lower levels of contact, though not among certain groups in the community. Overall, healthcare and family support facilities received a mean rating of 3. This score correlated strongly with the final overall rating given by respondents,

suggesting that this area is an important dimension in how people assess family support generally.

10.13 The closed questions point to the importance of these occupational groups in interacting with the community. Health visitors had been in contact with nearly seventy per cent of respondents over the last six months - although an even larger proportion in contact with a GP. Further, health visitors are key to addressing Sure Start targets on reducing post natal depression, providing guidance on breastfeeding, hygiene and safety, reducing smoking in pregnancy, as well as contacting all families in the first two months of babies' life. The low levels of contact reported with family support worker needs further study.

Community Contacts

10.14 Participation with local community groups appears low. Over one third of respondents (37%) indicated no contact with local community groups and organisations over the last six months. Church and other faith groups were the most popular choice (24%), followed by the police and library schemes (both 16%). Responses suggest that older parents have better community contacts than younger parents (older parents average 1.31 contacts, younger parents 0.67).

What Can Help?

10.15 Respondents were offered a list of 15 initiatives that might help families with young children and were asked to select the three that they believed to be the most important. Five options emerged clearly as being the most popular, these were 'clean play areas' (55%), 'CCTV in play areas' (47%), 'indoor play areas' (36%), 'more childcare places' (30%), and 'more police on the streets' (28%). These five were followed by three other options: 'opportunities to meet other parents' (20%) and 'childcare outside 9-5' (16%) and 'family day trips'

(16%). A concern with the safety, security, and quality of public play facilities are key issues here.

10.16 Similarly, respondents were offered a list of 14 areas in which they might require help and advice and were asked to select the three that would be the most useful to them. Three options received 20% or more selections. These were 'safety and first aid for young children' (58%), 'dealing with children's behaviour' (57%), 'education and training' (23%) and 'cooking for young children on a budget' (22%). These were followed by 'basic maths and English' (19%), 'using computers' and 'work and benefits (both 18%) and 'healthy eating' (17%). Again health and safety issues appear important concern, along with parenting issues and education and work.

10.17 Age emerged as significant in three areas of support – it may be important in other areas, just not so statistically. Younger families under 30 wanted family day trips, advice on dealing with children's behaviour and advice and on work and benefits. This would indicate that younger families have different needs to older families.

10.18 Ethnicity proved statistically significant in a four areas of help and advice: basic maths and English (Blacks followed by Asians), work and benefits (Blacks followed by Asians), education and training (Blacks followed by Asians) and healthy eating (whites more likely to want help).²

10.19 Ethnicity also appears important in a number of areas of the help respondents indicated. There appears relatively greater support for more home visits and support for children with special needs among black families; a

² To make the dataset manageable, the ethnicity variable was recoded from 16 categories down to four: White British, Irish and white other were grouped together as 'white'; White and black Caribbean, white and black African, Caribbean, African and any other black background were grouped together as 'black'; White and Asian, Indian, Pakistani, Bangladeshi and any other Asian background were grouped together as 'Asian' and any other mixed background, Chinese and other were grouped together as 'other'. Further care is needed because a much higher ratio of Asian respondents were male.

complete absence of support for more police among black families; greater support for CCTV among white and Asian families; a lack of support among Asian families for more childcare places (and a corresponding higher use of family, friends and neighbours as a source of childcare support); and very little support for more help for ethnic minority families among white families.

Overall rating of satisfaction

10.20 The final item on the questionnaire asked for an overall rating of the help offered to the respondents and their families in Lavender. This score, 2.5, was the lowest received by any of the 'satisfaction' items and, as mentioned above, was closely related to the score given to play places and healthcare and family support. Clearly play, health and family support are key concerns of this sample.

Table 10.3: summary of overall ratings of satisfaction

		Statistics							
		Overall what do you think about the quality of play facilities you use?	Overall what do you think about the quality of childcare you use?	Overall what do you think about the quality of healthcare and family support you receive?	Overall, how satisfied are you with the help that is offered to children and their families in your local area?	How many children currently live with you in your household?	Total number of play facilities used	Total number of childcare facilities used	Total number of healthcare facilities used
N	Valid	138	135	149	145	151	151	151	151
	Missing	13	16	2	6	0	0	0	0
	Mean	2.761	3.337	3.020	2.541	1.89	1.9404	2.3444	2.4570
	Median	3.000	3.000	3.000	3.000	2.00	2.0000	2.0000	3.0000

10.21 The following table presents a summary report of the overall levels of satisfaction of family support for young children 0-5 by ethnicity. There are no significant differences between the ratings given by ethnicity. However, the largest difference between the groups is on the 'overall' rating (not significant), with the Black group tending to be the least content and the Asian group the most. Interesting, is the complete absence of any difference between ethnicity on the 'healthcare' rating. It would appear that ethnicity is not a factor in how people assess healthcare.

Table 10.4: Levels of satisfaction and ethnicity

Report

Ethnicity (Recoded)		Overall what do you think about the quality of play facilities you use?	Overall what do you think about the quality of childcare you use?	Overall what do you think about the quality of healthcare and family support you receive?	Overall, how satisfied are you with the help that is offered to children and their families in your local area?
White	Mean	2.839	3.429	3.029	2.545
	N	96	91	102	99
	Std. Deviation	.6708	.5989	.7340	.6892
Black	Mean	2.533	3.267	3.063	2.250
	N	15	15	16	16
	Std. Deviation	.8338	.7037	.7719	.7746
Asian	Mean	2.733	3.118	3.167	2.722
	N	15	17	18	18
	Std. Deviation	.5936	.6966	.3835	.5745
Total	Mean	2.790	3.366	3.051	2.534
	N	126	123	136	133
	Std. Deviation	.6851	.6307	.6999	.6914

11. Policy recommendations

Information and outreach

11.1 The need for information about what is available in the local area for play facilities, childcare and learning provision and healthcare and family support is a theme throughout all of the main areas of the questionnaires in both open and closed questions. One idea would be for health visitors to hand out Sure Start Lavender information packs about facilities and help available in the local area. A pack given to parent/carers when the children are slightly older, perhaps at the six months immunisation stage, could include all parent/baby and toddler groups and activities, childcare, the NHS Direct help line and so on. A leaflet drop to homes or put up in local venues is another method. To make it more eye-catching, a 'Sure Start Lavender Wall' could be an option where local activities are posted. This could be in the library if there is space, or in the future Sure Start Lavender Pavilion and Tamworth Manor buildings.

11.2 An A4 sized brightly coloured 'Sure Start Lavender Parents Grid' consisting of one page detailing local information that is quite constant, such as the days of local parent/toddler groups, and help line numbers relevant to parents with young children. It is an additional cost but a magnet on the back may encourage people to stick it on their fridge. This could be translated and left in local community groups. If this were to be mailed to all on the sure Start Lavender database, the cost could be offset by advertising literature delivered with it. If possible it is important to keep the advertisers relevant to parents so that they do not feel they are being passed onto other organisations.

11.3 There are, however, limits to leaflets and posters. One group of parents interviewed had not heard of 'Money Advice', despite a poster on the wall by the entrance to the centre where the interview took place - and the manager personally handing all parents a leaflet some time ago. This highlights the need

for other forms of outreach other than posters and leaflets and the need for a strong link between health visitors and family support workers or social work support officers in the non-statutory sector, as well as the Children's Information Service. A liaison worker and sharing of information between the Sure Start Lavender partnership would assist greatly in reaching those children whose parent/carers are not accessing services for themselves or their children. One popular idea among a group of parents at Bond Road Early Years Centre was the possibility of family support or a befriending service where a person comes to the home and can do things including give parents information about parent/toddler groups and attend the first one or two sessions with them. Non-use of parent/toddler groups was spoken about in relation to the parents feeling nervous about going, or not knowing where and when they are held.

11.4 There is also considerable support for practical help in locations where parents and carers can meet other parents and carers. Questionnaire analysis shows that help with dealing with children's behaviour, health and safety advice and cooking on a budget or cooking for young children are very popular ideas. This may provide a vehicle for dissemination of Sure Start objectives: information regarding support services, including cessation of smoking, health benefits of breastfeeding and help for parent/carers in entering or re-entering work or education. For example, advice or information on smoking and breastfeeding could be incorporated into sessions on health and safety advice for young children or in sessions concentrating on the practical aspects of childcare. Workshops in parenting issues for dealing with children's behaviour and could be a site for leaflets on places to take children in the local area and contact details for help lines and organisations offering support to parent/carers. The workshops could help build on parent/carers' aspirations and offer a site where, among, other things, participants could be encouraged to pursue education or work or continue on a longer course in parenting. Some of these parenting courses are valid as open college credits and are a qualification in their own right. Participants can also be encouraged to create their own support network, which

can foster a sense of belonging and facilitate practical help such as sharing childcare. The workshops could also serve other functions, for example, cooking for young children could incorporate multi-cultural food sessions.

11.5 In addition to 'themed workshops' (dealing with children's behaviour, cooking on a budget, basic maths and English, etc.) the concept of a more informal 'chat room' for parents with a trained facilitator present and leaflets, tea and biscuits available is one that may prove adaptive and could be 'attached' to various venues. It would require a more sustained presence in various locations to increase awareness of its existence. It could function as a gateway to other services. A holistic style interactive parent-child activity may include a 'pampering session'. Parents could be treated to an aromatherapy neck and/or foot massage by a qualified practitioner, followed by a baby massage session for their child by a qualified practitioner, then the parent(s) shown how to calm baby with gentle stroking. This would also provide a site for a parent 'chat room' and leaflets.

11.6 Initiatives to involve fathers in parenting could use an interactive sports based model – and may appeal to a wider audience. Bearing in mind Sure Start's target age range of 0-5, other free activities may be appropriate such as 'messy play' activities with, for example, water or paint. Other ideas may be swimming sessions for parents and babies/young children or mini football and short tennis for children aged 4+ and their parents, onto which a Sure Start Lavender presentation or parenting 'chat room' could be attached. The added incentives may be that they are free and can be held indoors. Advertising the above sessions in local pubs may go some way toward normalizing parenting education and reach more fathers. A parents' 'chat room' with a male facilitator or both a female and male facilitator could be held in a side room in a local pub for the same reasons. 'Fish and Chip nights' with facilitated talk around parenting may prove successful. Cultural and religious reasons will mean exploring other approaches for some communities where alcohol is prohibited and local community groups may be the most appropriate venue.

11.7 Along with local community centres already operating in the local area, the future Sure Start buildings at the Lavender Pavilion and Tamworth Recreation Ground will provide a visible site for outreach in the form of workshops the parent/carers have indicated they would like to see, and for leaflets and guest speakers on health matters, work and benefit advice, local college and childcare details. These will be ideal locations as the workshops/sessions can take place while children are in the Sure Start Lavender nursery.

Enhancing service delivery in Sure Start Lavender

11.8 Keeping in mind what Sure Start can and cannot do, it may be possible for Sure Start Lavender to look at small, localised improvement: issues that impact directly on the everyday lives of parent/carers and their children is a key theme throughout the research. Examples might be: toys and books located in GP surgeries (which may also attract people toward Sure Start information posted next to the toy boxes); and free/cheap activity sessions at the local swimming pool where a Sure Start Lavender worker attends and hands out leaflets could become a regular feature. Some parents have mentioned a need for toilet facilities and rubbish bins close to play areas. While these issues may well be addressed in the new Lavender Pavilion and Tamworth Park centres, it could also be a point to look at for other play areas.

11.9 Key to successful delivery of Sure Start Lavender objectives is a more integrated and flexible approach to service delivery. Many of the concerns of parents and carers can be addressed by encouraging agencies to work more collaboratively and be more flexible in their approach to service delivery. This is true not only in healthcare, family support, childcare, play, but also in those areas that parents and carers have expressed considerable concerns, such as the condition of play grounds and wider safety concerns. The commissioning of

Sure Start services should consider how different providers work collaboratively to achieve common goals.

11.10 The issue of older children, for example, is one that demands cooperation between Sure Start, The Children's Fund and Connexions, as well as the local authority and the police. The partnership should aim to encourage and facilitate inter-agency working. The programme manager plays a key role in cultivating relationships in the local area by attending community groups and local nursery schools and telling parent/carers directly about Sure Start Lavender, and on a wider scale with local social services, funding bodies and other organisations. This could serve to provide better facilities to older children in the form of youth clubs and activities and to assimilate provision for children in the area.

11.11 The research shows concern with safety and vandalism in the Sure Start Lavender area and with older children and teenagers congregating in groups, creating a perception of danger. Graffiti and vandalism are a persistent problem. In addition to creation of a youth club, possibly in the future Sure Start Lavender Pavilion or Tamworth Manor sites with highly trained staff and organised activities, joint Sure Start/Children's Fund/Connexions initiatives in community-based projects for older children could be pursued. This may facilitate a sense of community ownership among older children and promote Sure Start Lavender in the local area. Just one example that could be promoted in schools is a scheme involving older children and teenagers that encourages their input into the design and actual work on a site for children to play. An award could be available for those who contribute. The local Youth Offending Team, Neighbourhood Warden and Crime Prevention Officers are vital resources with extensive local knowledge that could also advise on safety and security issues. A youth club could be a venue for Sure Start Lavender workshops and support in getting into education or work. It could also provide a site for support for those who are already pregnant in caring for their child, breastfeeding and cessation of smoking in pregnancy. It could also be a site for outreach work with young men in increased

involvement in fatherhood. The Singlegate Close youth club could provide a link to the community and be useful in terms of a model if it is successful.

Service provision and hard-to-reach groups

11.12 Cultural and ethnic diversity in the community may require adaptation of approaches to outreach and service delivery that would be appropriate to different cultural and religious requirements. In addition, age of parents will require different approaches and different services. There is a theme throughout the fieldwork of integrated services as a site for access to specialist help and advice.

11.13 In the Bond Road Early Years Centre, the parents in the focus group wanted services in the mainstream, not segregated, where they could also access specialist provision. For example, they want more centres where children of many abilities and cultures attend and there are also staff present who have specialist skills and are able to refer the parents onto other services they may need.

11.14 For families who are refugees or asylum seeking there is no longer centralised provision as the Ethnic Minority Achievement Service in Merton has been dissolved. There is no coherent policy for referring families and following-up children, which may contribute to general difficulties in integration and access to services. This highlights the importance of an integrated services approach, in particular with the health sector, including GP surgeries, to ensure continuation of contact. Addressing these points may assist in Sure Start Lavender's outreach work.

11.15 Some positive responses to researchers by community workers in 'hard to reach' groups has shown that there is potential for engagement and key to development will most likely involve sustained contact over a period of time on a

face to face basis with community groups and key workers. This could include presentations on Sure Start Lavender's work and would involve contact outside of the boundary area as some key provision is located elsewhere. Translated Sure Start presentations in minority ethnic community groups are recommended. Outreach with hard to reach groups as well as others may be facilitated by the visibility of the forthcoming Lavender Pavilion and Tamworth Manor buildings. Researching models of outreach by other organisations and Sure Start areas may help Sure Start Lavender to develop contact with minority ethnic community groups. At each school in Merton there is a designated 'EMAG' teacher (Ethnic Minority Achievement Grant) and they may prove to be a contact with families who also have children aged 0-5. The Ethnic Minority Centre educates service providers regarding how to make services culturally sensitive. A key consideration in outreach with minority ethnic communities is, as one worker put it, 'whether services are appropriate. This includes dietary needs such as halal meat.

11.16 Development of a comprehensive referral system for families who are asylum seekers or refugees is required. During fieldwork very little integration of minority ethnic groups in local parent-toddler groups was apparent. Within that wider context, Sure Start Lavender may contribute in the following ways:

- liaising with relevant agencies (Home Office, NASS, LEA) in development of a system that takes account of the needs of children aged five and under who are asylum seekers or refugees and their families. Continuation of support for children and their families would be assisted by Sure Start Lavender liaising with The Children's Fund.
- provision of translated materials distributed at children's immunisation appointments
- mailing of translated materials concerning local provision for young children

- ensuring contact with parent/toddler groups by the LEA, EMAG teacher or other designated worker for families with pre-school aged children
- provision of parenting workshops concentrating on issues around parenting in a new culture is a targeted approach that could be incorporated into mainstream services.

11.17 Fostering learning as a life long continuum from birth could be of benefit. To promote school readiness, Sure Start could contribute by building links with community groups hosting workshops, for example, providing advice on how to prepare children for school. These workshops could also offer help with basic English for parents and advice for parents on helping their children to learn. (Flash cards in Tamil/English, for example)

Policy recommendations summary

11.18 In summary, the preliminary results from the public consultation with parents suggest that Sure Start Lavender should address the following issues:

- provision of information on support for families with children 0-5
- flexibility of healthcare, family support, childcare and play services
- linking of practical family support to wider Sure Start objectives
- integration of service provision to address specific concerns
- support given to parents, especially in hard-to-reach groups, to access services
- condition of the physical environment
- safety matters

Appendix 1: Postal survey letter and questionnaire

June 13th 2003

Dear Parent or Carer

We need your help. Sure Start is funded by the Government to support families with young children. Sure Start Lavender has been set up in your local area. Already, it is supporting services including St. Mark's 'Money Advice' and Homestart's 'Stay and Play' and befriending schemes and more are planned for the autumn. We would like to hear your views on support for families with young children in your community.

In return for completing this questionnaire and returning it by July 15th 2003 you will receive a **£10 SAINSBURY'S SUPERMARKET VOUCHER**.

We are independent researchers from the University of Surrey Roehampton and we have been asked by Sure Start Lavender to find out what you think. To comply with the Data Protection Act, the Sutton & Merton Primary Care Trust has posted this letter to you on our behalf.

We would be very grateful if you could spare a few minutes to complete the enclosed questionnaire and return it in the stamped addressed envelope. To ensure we get the views from a cross-section of families, we need some information about you. All the information that you provide on this form will be treated *in the strictest confidence*.

If you need help filling in the questionnaire, please do not hesitate to contact one of our team who can assist you or put you in touch with a local organisation that can help.

Thank you for your time.

Yours faithfully

Ulla Gustafsson
020 8392 3603
U.Gustafsson@roehampton.ac.uk

Jo Sibthorpe
020 8392 3806



Sure Start Lavender: Public consultation with parents and carers

The information you provide will be treated in the strictest confidence. To receive your £10 SAINSBURY'S SUPERMARKET VOUCHER, please complete this questionnaire, provide us with your name, address and telephone number in the box below and return it by 15th July 2003.

(ONE voucher per household only)

Name & Title	
Address	
Postcode	
Telephone number	

Your name and address will not be given to other organisations. If you do not want to receive information about future Sure Start Lavender events, please tick this box

Play Places

1. **What types of play facilities do you use?**

- Parent/toddler group*
- Playgrounds*
- Play centre (e.g. Tiger's Eye)*
- 10'clock Club*
- Lunch club (e.g. St Mark's)*
- Activity sessions (e.g. Active Hour)*
- None*
- Other – please tell us which*

2. **Overall what do you think about the quality of play facilities you use?**

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Very poor</i> | <i>Poor</i> | <i>Good</i> | <i>Very good</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. **What are the best and worst things about the play facilities in your local area?**

<i>Best</i>	<i>Worst</i>

4. **What do you think would most improve the play places in your local area?**

Childcare and Learning

5. What types of childcare and learning facilities have you used over the last 6 months?

- Childminder*
- Crèche*
- Early years centre*
- Primary school nursery class*
- Private nursery*
- Playgroup (e.g. Jelly Tots)*
- Family*
- Friends/neighbours*
- Toy library*
- Library*
- None*
- Other – please tell us which*

--

6. Overall what do you think about the quality of childcare you use?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Very poor</i> | <i>Poor</i> | <i>Good</i> | <i>Very good</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. What are the best and worst things about the childcare and learning facilities in your local area?

<i>Best</i>	<i>Worst</i>

8. What do you think would most improve childcare and learning provision in your local area?

Healthcare and Family Support

9. What types of healthcare and family support have you used or contacted over the last 6 months?

- | | |
|---|--------------------------|
| <i>Health visitor</i> | <input type="checkbox"/> |
| <i>Midwife</i> | <input type="checkbox"/> |
| <i>Family Support Worker</i> | <input type="checkbox"/> |
| <i>Occupational Therapist (OT)</i> | <input type="checkbox"/> |
| <i>Community Psychiatric Nurse (CPN)</i> | <input type="checkbox"/> |
| <i>Other home support (e.g. Homestart, Crossroads, etc)</i> | <input type="checkbox"/> |
| <i>Social Worker</i> | <input type="checkbox"/> |
| <i>GP</i> | <input type="checkbox"/> |
| <i>Dentist</i> | <input type="checkbox"/> |
| <i>None</i> | <input type="checkbox"/> |
| <i>Other – please tell us which</i> | <input type="checkbox"/> |

10. Overall what do you think about the quality of healthcare and family support you receive?

Very poor

Poor

Good

Very good

11. What are the best and worst things about the healthcare and family support in your local area?

<i>Best</i>	<i>Worst</i>

12. What do you think would most improve healthcare and family support in your local area?

--

Community Contacts

13. Here is a list of other local groups and organisations working in your local community. Please tick those you have used or been in contact with over the last 6 months.

- Job Centre Plus*
- College of further education*
- Residents/Tenants Associations*
- Political party*
- Church and other faith groups*
- Parent Teacher Association (PTA)*
- Library schemes*
- Lunch clubs*
- Legal advice agencies*
- Housing advice agencies*
- Citizens Advice Bureau*
- Police*
- Other community groups or advice agencies – please tell us which*

14. Below is a list of things that might help families with young children in your local area. Please tick the 3 that you think would be most important.

- More childcare places*
- More support for minority ethnic families*
- More support for refugee families*
- CCTV in play areas*
- Family day trips*
- Indoor play areas*
- Support for children with special needs*
- Childcare outside 9am-5pm*
- Clean play areas*
- More police on the streets*
- Mobile toys/books library*
- More home visits*
- Opportunities to meet other parents*
- Support for dads (e.g. telephone support line, meeting groups)*
- Support for parents with special needs*
- Other – please tell us what*

15. Below is a list of things that families with young children might want advice and help on. Please tick the 3 that you think would be most useful to you.

- Breastfeeding*
- Safety and first aid for young children*
- Giving up smoking*
- Cooking for young children/on a budget*
- Basic maths and English*
- Dealing with children's behaviour*
- Relationships*
- Work and benefits*
- Education and training*
- Exercise*
- Drug and alcohol abuse*
- Healthy eating*
- Anger management*
- Using computers*
- Other – please tell us what*

16. Overall, how satisfied are you with the help that is offered to you and your family in your local area?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Very dissatisfied</i> | <i>Dissatisfied</i> | <i>Satisfied</i> | <i>Very satisfied</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Personal details

17. **Are you ...**
- Male
- Female
18. **What is your age?**
- Under 18
- 18 to 21
- 22 to 25
- 26 to 30
- 31 to 39
- 40 to 49
- 50 and above
19. **Which of the following census categories best describes your ethnicity?**
- White British
- Irish
- Any other white background
- White and black Caribbean
- White and black African
- White and Asian
- Any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- Caribbean
- African
- Any other black background
- Chinese
- Other
20. **Which of the following best describes your current employment situation?**
- Full-time employed
- Part-time employed
- Self employed
- Unemployed
- Retired
- Student
- Looking after home or family
- Long term sick
- Caring for sick /elderly relative

Other (please specify)

21. How many children currently live with you in your household?

22. In birth order, what are the ages of your children?

1st child

2nd child

3rd child

4th child

5th child

6th child

23. Are you the main carer of the child/ren?

Yes

No – if no, please state your relationship to the child/ren

24. Which of the following best describes you

Single

Married

Separated/divorced

Living with partner

Widow /Widower

25. Is there anything missing from this questionnaire that you think is important for improving support for your family?

If you would like to participate further in this public consultation,

Please tick here

Thank you for taking the time to complete this questionnaire. Please return it in the pre-paid envelope.

Appendix 2

Sure Start Lavender: Public consultation and national Sure Start objectives

This paper summarises the key findings from the public consultation with parents and carers in Sure Start Lavender under the four national Sure Start objectives. Each national objective has specific outcome targets (highlighted in italics) for local partnerships.

National objective 1: Improving social and emotional development

1. *Reduce number of children on child protection registers*
 2. *Implement culturally sensitive ways of supporting mother with post-natal depression*
 3. *100% of families contacted in first 2 months of babies' life*
- 57% respondents want help 'dealing with children's behaviour'
 - 20% respondents would welcome more 'opportunities to meet other parents'
 - 12% respondents want help with 'relationships'
 - 10% want help with 'anger management'
 - Younger families under 30 important
 - Some parents (new, younger, BME) feel isolated
 - Some parents apprehensive of new and unknown groups of people
 - 70% respondents consulted a health visitor in last 6 months
 - 20% respondents consulted a midwife

- Most families no contact with family support workers or other home support (eg Home Start): are they reaching all families in need?
- Only 6% rate more home visits as important – but higher among black families
- Sure Start Lavender: helping to make the most of these initial contacts: information and points of contact
- Provide safe and supportive places to meet other new parents

National objective 2: Improving Health

1. *Reduce smoking in pregnancy*
 2. *Provide parenting support and information*
 3. *Guidance on breastfeeding, hygiene and safety*
 4. *Reduction in emergency hospital admissions of gastroenteritis, respiratory infection and severe injury*
- GPs the most common source of healthcare (85% visited in last 6 months), followed by health visitors, dentists and midwives
 - Health issues important for families
 - 58% respondents want advice on 'safety and first aid for young children'
 - 22% want help with 'cooking for young children on a budget'
 - 17% want advice on 'healthy eating'
 - 14% want advice and help on exercise
 - Less interest in help and advice on 'giving up smoking' (10%) and breastfeeding (7%)
 - Link health initiatives on family and infant health with help and advice on breastfeeding and smoking
 - Focus on those smokers who want to give up: national studies suggest that attempts to stop smoking are more successful when smoker wants to stop – and over 70% smokers want to quit (ONS 2000).

- GP, midwife and health visitor contacts important – especially for first time parents
- Overall satisfaction with health and family care good, but some dissatisfaction with accessing health care professionals
- Information on health care important
- Flexibility of healthcare important

National objective 3: Improving the ability to learn

1. *Reduce speech and language problems*
2. *Access to good quality play and learning opportunities*
3. *Increase use of libraries*

- Childcare and learning received highest score on satisfaction rating (3.3/4)
- The quality of play facilities scored 2.8 (just under 'good')
- The majority of respondents (74%) use playgrounds and play centres (52%)
- Parent/toddler groups used by 39%
- Other play facilities used by less than 20% - though more indoor play areas popular
- Quality of provision important to parents: play workers, equipment/toys, etc
- Concerns about cleanliness (55% respondents, the largest group, picked 'clean play areas' as the option they thought would best improve local support for families with young children), safety and anti-social behaviour (nearly half picked CCTV in play areas)
- Information on places to play – especially to BME and hard-to-reach groups
- Families do use libraries (38% visited one in the last 6 months), but library provision got a mixed response: good aspects and bad

- Interest in further activity sessions in libraries; and as sources of information

National objective 4: Strengthening families and communities

1. *Reduce number of non-working households*
 2. *Improve overall satisfaction with quality of family support*
 3. *Parent representation on local partnership boards*
 4. *Ensure links between local Sure Start and Job Centres*
 5. *Work with EYDCP to close gap between the availability of accessible childcare*
- Nearly half (48%) of childcare family members, followed by friends and neighbours (34%)
 - Younger families and Asian families more likely to rely on family, friends and neighbours (and tend not to value more childcare places)
 - Working families more likely to use a private nursery than any other form of childcare
 - Proximity of childcare and quality of staff valued highly
 - Gaps in provision: toddlers, part-time workers and school holidays
 - Information gap
 - Flexibility of provision: e.g. working parents want more childcare, especially outside 9-5 (overall 16% respondents thought this important)
 - 23% parents want help and advice on education and training
 - 19% on basic maths and English
 - 18% on 'using computers' and work and benefits
 - Education and training especially important for black and Asian respondents

- 'Community contacts' low: 37% respondents indicated no contact with local community groups or organisations; most contact with churches, police and libraries. Older families tend to have better contacts than younger families
- Overall satisfaction with local family support closely linked to satisfaction with play, health and family support
- Build on public consultation: 45% of respondents indicated that they would be willing to participate further in the public consultation

Appendix 3: List of organisations contacted during the public consultation

ARC Toddler Group. 020 8687 1459

African Families Support Services. Tel: 020 8974 9993

Bond Road Early Years Centre. Tel: 020 8640 3258. Contact: Stephanie Doyle

Bond Road School. Tel: 020 8648 8757. Contacts: Headteacher Jan Peek, EMAG teacher Rosebell Nytharandaran.

Buddhapadipa Thai Temple. Tel: 020 8946 1357

Colliers Wood Community Centre. Tel: 020 8543 6470

Community Development Health Visitor. Tel: 020 8765 0800. Contact: Carol Trower

Crime Prevention Team. Tel: 020 8649 3249. Contacts: Sandy Bayliss, PC Richard Tatley

Ethnic Minority Centre. Tel: 020 8648 0084. Contact: Dr. Ali

Family Rights Group. Contact: 020 7923 2628

First Steps Toddler Group. Tel: 020 764 1258

Ganapathi Temple (Hindu). Tel: 020 8542 7482

Gingerbread. Tel: 0800 018 4318

Homestart Merton. Tel: 020 8646 6044. Contact: Barbera Cluer

Idara-e-Jafferiya Mosque. Tel: 020 8682 0233

Jigsaw (bereavement counselling). Tel: 020 8687 1384. Contact: Chris Roe

Khalsa Centre (Sikh Gurudwara) Tel: 020 8767 3196

Local Authority Research and Intelligence Association. Tel: 01792 636745. Contact: Bob Cuthill

Merton Asylum Welcome. Tel: 020 8685 1771. Contact: Catherine Nolan

Merton Crossroads Caring for Carers. Tel: 020 8685 9206. Contact: Morag Holbrook

Merton Partnership Against Crime. Tel: 020 8545 4622.

Merton Research and Community Involvement. Tel: 020 8545 3896. Contact: Ernest

Merton Translation Service. Tel: 020 8545 3927. Contact: Yanna

Merton Voluntary Association for the Blind. The Guardian Centre, 67 Clarendon Road Colliers Wood. Tel: 020 8540 5446. Contact Elizabeth Agar

Merton Voluntary Service Council. Tel: 020 8685 1771. Contact: Maureen Willett

Merton Welcare. Tel: 020 86405506

Merton Youth Offending Team. Tel: 020 8274 4954

Mitcham Baptist Church. Tel: 020 8640 4695

Mitcham Library. Tel: 020 8646 6360

National Council for One Parent Families - Tel: 020 7428 5400.

Neighbourhood Warden. Tel: 020 8545 4605. Contact: Ian Fall

North East Mitcham Community Association. (Including 'Tots in the Park Parent and Toddler Group, One O'Clock Club, drop-in and baby clinic). Tel: 020 8685 9452. Contact: Sylvester Parris

One O'Clock Club. Tel: 07770 283 841. Contact: Tracey Steers

Parenting Education and Support Forum . Tel: 020 7284 8388.

Parentline Plus (South London Branch). Tel: 020 86892252. Contact: Felicia Amoye

Parents for Inclusion. Tel: 020 7735 7735 (local support groups and national helpline for parents of children with a disability, based in Lambeth).

Pillar Box Playgroup. Tel: 020 8644 3226

Refugee Team (Merton). Tel: 020 8288 5660. Contact: Rosemary Demin

Research & Statistics Team, London Borough of Merton, contacts: Sarah Joslin and Michael Sutherland

South London Tamil Welfare Group. Tel: 020 8542 3285. Contact: Dr. Kingsley

South Mitcham Community Centre. Tel: 020 8648 3740

St. Marks Family Centre. 020 8640 9595. Contacts: Angela Martin, Ray Hautot, Ian Petheridge

Sure Start Kings Cross and Holborn. Tel: 020 7520 0335. Contact: Sharon McPherson.

Sutton and Merton Primary Care Trust. Tel: 020 8687 4690. Contact: Leanne Wallder

Sutton and Merton Traveller Education Service. Tel: 020 8648 3267. Contact: Kate Evans

Wimbledon and District Reform Synagogue. Tel: 020 8946 4836

Wimbledon Mosque: Tel: 020 8946 3350

'Working With Men' Tel: 020 7732 9409. Contact: Trevor Lloyd.

Victim Support Merton. Tel: 020 8685 1637. Contact: Margaret Jones

Appendix 4: Monitoring and evaluation framework

Evaluation research

1. Evaluation research offers practical knowledge to assist policy-making. It is primarily concerned with assessing the merit or value of a policy intervention. Evaluation research is broadly divided into two types: formative and summative:³
 - Formative evaluation focuses on the strengths and weakness of a programme
 - Summative evaluation looks at the overall effectiveness of a programme – usually to aid policy-making on its future

2. Each type of evaluation draws on different methodologies. Formative evaluations combine quantitative and qualitative methods, but with an emphasis on the latter. Summative evaluation relies more heavily on quantitative methods. The role of the evaluator is also different. With formative evaluation, the researchers interact with programme staff; with summative evaluation the researchers adopt a more independent and detached role.

3. This paper sets out the framework for monitoring and evaluating Sure Start programmes. It proposes that the evaluation strategy developed by Sure Start Lavender should aim:
 - a. To look at process (how well the partnership is working – including service delivery)
 - b. To assess outcomes (how well the partnership is performing in relation to established objectives and targets)

In this way, the objective of the evaluation strategy is to provide the partnership with the opportunity to make informed changes to its programmes.

³ See Alan Clarke, *Evaluation Research: An Introduction to Principles, Methods and Practice*, London: Sage, 1999

Sure Start monitoring and evaluation: national guidelines

4. Monitoring and evaluation of Sure Start take place at national and local levels – and these two aspects are intended to complement not duplicate one another.⁴ At a local level, Sure Start partnerships should have an evaluation strategy in place six to nine months after the approval of their plans. This strategy should show that the partnership has in place a system for the monitoring and evaluation of their activities. This system is there to provide evidence on what works: on what services are effective, for whom, in what circumstances and why. It should provide partnerships with a better understanding of how well services are performing, as well as allowing them to keep track of the partnership's progress in meeting national and local objectives and targets. This evidence-based approach should allow for local public policy better to reflect the needs of young children, their parents and the communities in which they live, as well as the effectiveness of local plans in delivering better services and better outcomes in terms of the lives of parents and young children.

5. Guidelines from the national Sure Start evaluation team suggest that programmes break the process of evaluation down into three areas:⁵

- Programme management and structure
- Programme operations
- Programme impact

6. Programme management and structure includes how partnerships plan and provide services, the nature of inter-agency working and the involvement of parents in the governance of partnerships.

⁴ See Annex 6: Information on evaluation, Planning and delivering Sure Start – 6th Wave Edition, Summer 2002, National Sure Start Unit

⁵ See Juliet Henderson, Katrina Wilkins and Jacqueline Barnes, Getting Started with a local Sure Start programme evaluation, National Evaluation of Sure Start (NESS), 2002

7. Programme operations is concerned with what services are provided and to whom (i.e. 'reach'). Much of this information, as the guidelines suggest, should become part of the routine monitoring of service provision by partnerships.

8. Programme impact covers the outcomes for families and children and the wider community. The national Sure Start evaluators, who will make comparisons across partnerships nationally, will evaluate outcomes – in particular, child development outcomes - and local partnerships are advised to focus on the process of delivering services (i.e. outputs) and the impact of these services in terms of the experience of those using a service – including children.⁶

9. In terms of the timing of evaluation, the first stage in the local evaluation process is the needs assessment – and the public consultation with parents is central to that assessment.

10. The focus of evaluation then shifts to the process of partnership working and the delivery of Sure Start services. Key questions for local partnerships include:

- How effectively is the partnership supporting collaborative working between different agencies?
- What role do parents have in the management of the partnership?
- How well are services delivered?

⁶ When gathering views directly from children, it is important to bear in mind how able the children are to listen, understand and respond to what is being asked. This is especially so in respect of the language limitations of young children, the target group of Sure Start. Well-documented methodological techniques used in researching young children involve taking an unstructured, child-friendly approach, for example:

- Carrying out observations of children in the given environments. Children's behaviour communicates a range of feelings to the researcher-observer, enabling a qualitative analysis to be carried out;
- Informal conversation between children and researcher during observation sessions, ensuring use of language that is in tune with children's abilities to comprehend;
- Task-centred play activities that allow children to express their ideas and opinions in a non-verbal and fun way. For example, a scale in the form of a line placed along the floor, one end representing 'good' and the other representing 'not good'. The scale would measure children's satisfaction with a given activity/service, identified by where on the scale they place a brightly coloured sticker.

- Do these services offer value for money?

11. This stage is concerned with an evaluation of the strengths and weaknesses of the programme in terms of process. Having established what services should be provided on the basis of the initial needs assessment, this phase of the evaluation should focus on how well the partnership and its service providers are working. Is the partnership and the service providers meeting their objectives as originally set out? Are services being provided in the way it was planned? Can service provision and other aspects of the work of the partnership be improved? This type of evaluation will require an evaluation team clarifying with Sure Start Lavender and service providers the aims, content and structure of the programme. The evaluation should explore how the different elements of the programme – inter-agency links - are expected to produce the desired outcomes. Throughout this, the evaluation should identify the strengths and weaknesses of the programme (e.g. partnership-working, parental involvement, inter-agency working, etc.); and feed these back to the partnership and service providers. For this aspect of the evaluation, qualitative methods, in particular, in-depth interviews with project staff and the review of documents are likely to be the main research tools.

12. In looking at process (how well an organisation is working), the evaluation will need to address how well outputs (i.e. local Sure Start services) are being delivered. Initially, this involves documenting the use of local Sure Start services and assessing whether the services are reaching those that they were intended to. In order to evaluate partnerships effectively, it is important that the right information (e.g. client numbers and characteristics; the data required to complete target and milestones returns to Sure Start Unit; and the costs of particular services) is being collected as part of the on going monitoring of the partnership. This aspect of the evaluation should feed into the assessment of process – how well the partnership is working. For example, if services are not reaching the right parents, why not? Interviews and other research methods with

key workers and providers might then go some way to providing an understanding of the reach of local service provision and the barriers some parents in the community face in accessing local Sure Start provision. This should then feedback to the partnership and the service providers as a way of fine-tuning the programme's development.

13. Once the partnership is well established, the focus of monitoring and evaluation shifts to questions of outcome: how well the partnership is performing in relation to established targets. National guidelines suggest a 'rolling programme' of evaluation feeding into the annual evaluation report. Guidelines also require an in-depth evaluation report covering the first three years of the programme.⁷ In many respects, this aspect of local monitoring and evaluation has a clear framework established at a national level. Each partnership must provide local data to the national Sure Start Unit on progress towards Public Service and Service Level Agreements. These establish milestones and targets that local delivery plans aim to achieve. This data, along with evidence of the experience of users and providers, gives the local partnership the information for evaluating how successful it is at doing what it set out to do – i.e. with its effectiveness – and for assessing how effectively individual parts of local Sure Start provision are contributing towards reaching these targets. In addition, local Sure Start partnerships must not only consider how *effective* they are but whether they are making the best use of resources – i.e. how *efficient* the partnership and its individual services providers are.⁸ Are there better ways of delivering a service? Is a service even worth providing? Are there better uses that local Sure Start resources could be put to? These are important questions for the summative side to the evaluation: i.e. that part of the evaluation that examines the overall effectiveness of a programme. National guidelines ask partnerships to 'pay particular attention to the principles of Best Value'.⁹

⁷ Annex 6, paras. A6.17 and A6.21

⁸ See Pamela Meadows, Guidance for Sure Start local evaluators and programme managers on the estimation of cost-effectiveness at a local level, National Evaluation of Sure Start (NESS)

⁹ Annex 6 para. A6.27

14. What parts of the partnership should be evaluated first? National guidelines from the national assessment team¹⁰ suggest the following options for partnership members:

- The most innovative service
- The most typical
- The service (s) that prompts the most concern
- The most controversial
- The most highly used
- The most costly
- A good spread between core services

15. Guidelines from the Sure Start Unit further suggest that as a minimum, the following services are subject to cost effectiveness assessment – i.e. Best Value:

- Universal home visits (ante natal visit, two month visit and 18-24 month visit)
- Childcare (full day care, crèche sessions, playgroups)

In addition, any single core service costing more than 10 percent of the total Sure Start revenue grant should be subject to cost effectiveness evaluation.¹¹

Sure Start Lavender monitoring and evaluation: local issues

16. National guidelines on monitoring and evaluation highlight some important issues that Sure Start Lavender should address:

- Provision of baseline data
- Collection and access to data
- Participation in the planning of evaluation

¹⁰See Juliet Henderson, Katrina Wilkins and Jacqueline Barnes, Getting Started with a local Sure Start programme evaluation, National Evaluation of Sure Start (NESS), 2002

¹¹ Annex 6, paras. A6.29-30

17. The provision of baseline data and the collection and access to data are central to establishing a robust system of monitoring. The December 2002 Sure Start Lavender Delivery Plan, using data supplied by Merton Council statistical officers, established the baseline (or start point) data for the partnership. However, Annex 5b, the form on which partnerships record baseline data against the PSA and SDA targets established by the Sure Start Unit, was incomplete. The omissions are, in large part, the result of data not existing – not uncommon among Sure Start partnerships. Retrospective completion of the baseline is not possible because data, for example on smoking, was not collected in the way Sure Start require it in the first place. The partnership, as part of its future monitoring and evaluation strategy, needs to address how these gaps are to be filled. The following areas of data collection need to be examined as a priority:

- a. Children on child protection register: ‘additional local targets will be sought’: have these been agreed?
- b. Mothers suffering PND and receiving appropriate care: does data collection from December 2002 include data for the whole Sure Start Lavender area?
- c. Mothers smoking during pregnancy: Is data being collected by health visitors? Is it being collected in such a way as to identify whether one or both parents smoke?
- d. Guidance on breastfeeding: is data now being collected for the whole area by health visitors?
- e. Emergency hospital admissions: are these being monitored and data processed for Sure Start purposes? What role will the Sure Start Unit have in data collection in this area?¹²
- f. Children with speech and language problems: is the Speech & Language Therapy Team recording information for Sure Start purposes?

¹² The unit informed RSRU researchers that they held no data for the Lavender programme.

- g. Has the programme set 'appropriate local target and measure' for access to good quality play and learning opportunities? Are local providers supplying data on local provision?
- h. Children living in workless households: is the Sure Start Unit collecting the relevant data?
- i. Families reporting personal evidence in the quality of services: baseline data established by public consultation. This survey will need to be repeated in future.

18. While monitoring and evaluation of Sure Start Lavender is the responsibility of programme management, it is clear that the effective monitoring and evaluation of the programme requires wide consultation and involvement in the planning and delivery of evaluation by partnership stakeholders, including parents. This is imperative for a number of reasons.

19. First, the ethos of Sure Start – and the legitimacy of local partnerships – rests on goodwill, transparency and collaborative working to achieve common objectives. Further, guidance on evaluation emphasises that the partnership should study 'cross cutting processes' – and to evaluate 'joined up' public policy, the process of evaluation itself should be 'joined up'.

20. Second, the process of monitoring and evaluation requires full cooperation of the whole partnership, including service providers, because the partnership is itself the primary source of information. Many of the specific issues of data collection raised in paragraph 17 above can only be addressed in partnership.

21. Third, if evaluation is to inform local practice and local decision-making, the partnership as a whole (parents, providers, managers, professionals) must be involved in the process of evaluation and take ownership of it. This will make the feedback from evaluation more effective, but also give it legitimacy. It is important to keep in mind the distinction made at the start of this paper between formative

and summative evaluation – and that the evaluation of local partnerships embraces both types. Formative evaluation aims to identify the strengths and weaknesses of the programme in terms of how it works. It focuses in the main on process. The objective of formative evaluation is to inform local practice. For this to be effective, evaluation must be built into that local practice and have the support of those it seeks to evaluate. Summative evaluation is more outcome-orientated – and the process of evaluation should be more at arms length. None the less, for this type of evaluation to be effective within the context of partnership working, it too must gain legitimacy if it is to support rather than undermine partnership working.

22. Finally, it is worth bearing in mind one final point of guidance from the Sure Start Unit and national evaluators: keep it simple and don't overload people and organisations for information. Make maximum use of existing sources. Data collection should be built into the day-to-day activities of Sure Start service provision – and not become an end in itself.