

Bradford
Sure Start Shipley Programme
Local Evaluation

August 2004

To assess what dietetic services are required by parents/guardians of children aged 0-4 years old in the Sure Start Shipley area, Bradford. Where and how they would like these services to be delivered and the nature of any potential barriers to accessing the dietetic services provided

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SUMMARY:

Introduction: This document reports on the outcome of a local evaluation of the dietetic service operating at Sure Start Shipley, Bradford between June 2003 and December 2003. Sure Start Shipley is a fourth wave programme based in North Bradford. During the initial consultation exercise, parents requested information and advice about 'healthy food' and 'healthy eating'. A part-time community-based dietetics service has now been developed in response to expressed needs. The dietician-led service covers a range of activities aiming to improve the nutritional intake and knowledge of families with children aged 0-4 years.

Project aim: To explore factors influencing use and effectiveness of the dietetics service at Shipley Sure Start and make recommendations.

Methodology: A qualitative methodology was adopted to explore a range of aspects of the dietetics programme within Sure Start Shipley using multiple methods. This included a scoping exercise, talking to all stakeholders and semi-structured qualitative interviews. The latter included (a) a one-to-one interview with a HALE apprentice at Bolton Woods Community Centre, who had previously undertaken a basic nutrition skills course with the dietician and (b) three separate focus groups involving 15 females aged 20-34 years (11 white and four of Pakistani origin), convened at the Wellcroft Centre, Windhill Community Centre and Frizinghall Community Centre, Bradford. All participants were mothers resident within the catchment area of Sure Start Shipley, with a child aged 0-4 years. The interview schedules were designed in collaboration with the team at Sure Start Shipley. Written consent was gained from participants. The discussions were audio taped and transcribed to identify common themes.

Results: A wide range of diet-related problems were identified. Some issues were overcome with professional help. Others were dealt with through talking to friends and relatives. The mothers had a good understanding of what the term "dietician" meant, but the specific remit of the dietician at Sure Start Shipley was not fully understood by local parents. All participants were happy with their local Community Centre as a venue for meeting although they also felt confident to attend the Wellcroft Centre for help if required. Due to the geographical spread of Sure Start Shipley, many parents made use of amenities in their immediate locality.

Conclusions: Sure Start Shipley is perceived as providing a high quality service that offers good nutrition advice appropriate to the needs of the families in Sure Start Shipley. The Sure Start Shipley dietetic service is still developing and applying appropriate, effective community nutrition education activities. This is achieved through informal conversations with parents who suggest topic areas for the dietetic service to explore with its local community. The service is new and is developing appropriate nutrition resources for local families. Due to the high percentage of ethnic minority groups within the area a language barrier has been identified. All Sure Start team members and others working with Sure Start families refer to the Sure Start Shipley dietetic service for nutrition/diet advice. The potential barriers to accessing services include an historical rivalry between neighbouring areas. This has presented an interesting challenge for Sure Start Shipley meaning that services need to be located in all areas.

BACKGROUND

Sure Start Shipley:

Sure Start Shipley is a fourth wave programme based in North Bradford, West Yorkshire. The programme received approval in 2001. The Delivery Plan⁽¹⁾ identified the size, diverse nature and complexity of the area as one of its key challenges. In addition to the white population, local residents include communities of Pakistani and Bangladeshi (see table 1 for ethnic breakdown of Sure Start Shipley)⁽²⁾ origin as well as asylum seekers and refugees.

Table 1: Ethnic breakdown in Sure Start Shipley compared to Bradford and England 2001/1991

	Selected Area 2001		Bradford District 2001	England and Wales 2001	Selected Area 1991
	Total	%			
Bangladeshi	193	0.6 %	1.1%	0.5%	0.2 %
Black or Black British	202	0.6 %	0.9%	1.1%	0.9 %
Indian	647	2.0 %	2.7%	2.0%	1.5 %
Mixed⁽¹⁾	588	1.8 %	1.5%	1.3%	<u>NA</u>
Pakistani	4,956	15.3 %	14.5%	1.4%	12.0 %
White	25,500	78.8 %	78.3%	91.3%	84.3 %
Other ethnic group	279	0.9 %	1.0%	2.4%	1.2 %

(1) Mixed comprises of White and Black Caribbean, White and Black African, White and Asian and Other Mixed. In the 1991 Census there was no 'Mixed' category

Source: 2001 Census: Bradford Community Statistics Project

All these sections of the population can have similar as well as diverse needs. The Sure Start Shipley programme model evolved from extensive consultation with parents, carers, children, young people, families, local communities and significant others⁽¹⁾. The underlying ethos is stated to be one of inclusion and equity of provision of appropriate services, recognised by parents, families and communities as meeting these needs.

While contained within and hosted by North Bradford PCT, the geographical configuration of the Sure Start programme area is fragmented into six distinctly separate localities of varying sizes. The areas represent pockets of relative deprivation, sometimes as remnants of former village communities, often isolated by geographical features such as major roads, canals and railway lines. The housing stock varies from 1960s council estates to Victorian terraces. In most localities, the residents are principally of white ethnic origin, while in one they are mainly of South Asian (Pakistani) origin. Together with the more isolated pockets of refugees and asylum seekers, there is potential for significant cultural and linguistic variations.

The programme team has been faced with the reality that even the residents of white ethnic origin do not necessarily consider themselves a homogenous group. This geographically fragmented layout is posing a challenge for service providers including that of meeting local needs appropriately.

The six distinct areas that make up Sure Start Shipley together with some basic information relevant to the programme provision are included in Appendix 1. The services provided by Sure Start Shipley are tackling the problem of community working by creating initiatives that utilise community centres and school facilities in each of the locations, with the administrative hub based at the central location of the Wellcroft Centre. The Wellcroft Centre is located within the Shipley shopping precinct close to the library and supermarket, with good public transport provision.

Sure Start Shipley has been able to access a full list of children born within their catchment area from the NHS-based Child Informatics since the programme was initiated. A newsletter is mailed quarterly to all parents within the Sure Start, whether registered or unregistered with the programme. An information pack is also issued to all parents who register with Sure Start Shipley, this includes information on:

- crèche provision
- toy library sessions
- information and contact details for training courses
- anti natal classes with midwife support
- baby café which includes a breastfeeding support group
- young parents club
- baby massage
- newsletter
- leaflet on special needs support and advice
- speech therapy
- benefits advice
- parent mentor scheme.

Partnership working is a key aspect of community-based initiatives, if they are to thrive⁽³⁾. The Executive Board includes individuals representing: North Bradford PCT, Owlet Family Centre, Education Action Zone, Early Years & Childcare partnership, Frizinghall Primary School, Homestart Shipley & Keighley, Bolton Woods Community Centre, Windhill Community Centre, St Hughes Centre, Pre-School Learning Alliance and Parent Representatives. Thus, within Sure Start Shipley, partnership working is attempting to solve complex issues using a multi-agency approach, by promoting health with varying personnel in imaginative new ways. For instance, the Delivery Plan has identified key initiatives that involve the Healthy Living Project (HALE). By working in partnership and collaboration with HALE, Sure Start Shipley has helped to

avoid duplication of services and facilitated more equitable distribution of community-based support. Community-led activities specified in the Delivery Plan included such topics as 'healthy eating and cooking' and 'healthy food'. 'Cooking healthily on a budget' was also identified later as part of a local consultation exercise⁽⁴⁾. With the development of any such programme activity, there is a need for constant monitoring and evaluation of that service to ensure its development and survival⁵.

Evaluation:

Evaluation is a tool that is essential to inform and strengthen programmes⁵. Evaluation is not about the “success” or failure” of a programme, but is a means to provide information to determine if a programme is effective and to aid identification of opportunities for improvement. Evaluation also provides evidence to ensure continued support and investment in the programme.

Programme evaluation is an essential tool for:

- creating better information to judge the effect of a programme, not just relying on perceptions of success
- ensuring the best use of scarce resources for health and education
- maximising the quality and sustainability of the programme

Process evaluation

Process evaluation assesses what interventions have been implemented, with whom, and when. Process evaluation is a good way to determine what is happening within the programme and compliments outcome evaluation⁶. It is carried out during the delivery of the programme and provides information about progress towards objectives and the need for interim adjustments.

Process evaluation can be carried out formally by logging specific feedback at certain points in the programme. This gives the programme team the opportunity to reflect at set times and re-direct the activities if required. An informal approach can also be adopted whereby all feedback is logged as and when it arises, via word-of-mouth.

Outcome evaluation

Outcome evaluation measures whether and to what extent objectives have been achieved. Data collected before the programme started constitutes the baseline data. Collecting baseline data is an important component of the evaluation process as it makes it possible to assess whether change has occurred since the programme started. Both qualitative and quantitative data can provide baseline data, with relevant post intervention data used to assess whether changes have occurred according to the desired programme objectives.

The dietetics programme in Shipley:

Recommendations to set up a dietetics service stem from the original consultation prior to setting up the Sure Start Programme. In 2003, a dietician (LB) was seconded to Sure Start Shipley for two days per week to deliver a dietetic programme under the aegis of the Health and Home Team. The service covers a range of activities aiming to improve the nutritional intake and knowledge of families with children aged 0-4 years. While being employed by North Bradford PCT, LB (the dietician) spends the remainder of her time working for mainstream services based in Eccleshill Clinic, Bradford working with all families across the Bradford district. The Sure Start Shipley service only caters for families within the designated area with children aged 0-4 years. The hospital service is available to families across the Bradford district. The aims and objectives of the dietician's role and her activities have been set by the Sure Start Shipley Home and Health Team and can be found in appendix 2.

This initiative also contributed to partnership working with other groups including North Bradford PCT, HALE and Shipley College. North Bradford PCT and Sure Start Shipley have supported the employment of 18 HALE apprentices, who are undertaking college courses in 'Healthy living and nutritional skills'. Sure Start Shipley has supported 2 of the 18 HALE apprentices. The role of the Sure Start funded part-time dietician has included working with the two HALE apprentices, although she has not been directly responsible for their training or supervision. However LB, the dietician, has had direct impact upon a local mum by training her in basic nutrition skills, an experience which has spurred her on to becoming a HALE apprentice. Overall, the dietician's role in Sure Start Shipley is seen as contributing to the 'improving health' PSA objective, which in addition to developmental working described previously, includes support for parents in caring for their children to promote healthy development before and after birth.

Aims of the Sure Start dietetic programme

To provide a high quality service that aims to give good nutrition advice appropriate to the needs of the families in Sure Start Shipley.

Objectives of the dietetic programme

1. To develop and apply appropriate and effective community nutrition education activities.
2. To develop and provide appropriate nutrition resources for Sure Start Shipley families
3. To advise, liaise and offer support to Sure Start team members and others working with Sure Start families on nutrition/diet issues.
4. To provide nutrition and dietary assistance to young children and their families within the Sure Start area.

External Evaluation of the Sure Start Shipley dietetic programme:

Health promoters are now working with communities in the context of a climate of evidence-based practice⁵. Consulting and involving users is key to assessing the uptake of services and understanding the potential barriers faced. Such enquiries should occur at regular intervals to ensure the service is responding to client's needs. Reflective practice is also a valuable way for practitioners to assess how appropriately they engage with service users. By carrying this process out on a regular basis, a realignment of practices can occur in the light of comments made by the target audience⁵.

It is generally important to address questions concerning coherence and relevance of an initiative within in the developmental stage of a programme to ensure that the service is needed and money is not being wasted. Some limited evidence from the consultation suggests that 'healthy eating' was on the agenda, but the most appropriate format for such an initiative was not well established. Within the delivery plan there was no specific reference to a dietician being requested by parents. Unfortunately, although a consultation was carried out, Bradford Social Services has been unable at present to locate all data relating to the relevant aspects.

At the time of involvement by the Local Evaluation Team, the dietetic programme had already begun. Therefore such formative questions could not be answered. However, understanding service users' needs and the responsiveness of the dietetic service at this stage remain as important avenues to explore. It would therefore be advantageous and in line with current evidence based practices to gain a detailed understanding of what parents in the area require from the dietetic service. Gaining feedback from end users can highlight areas of strength and weakness and also generate new ideas for the direction which the dietetic programme should take to ensure the service is responsive to its communities' needs.

AIMS AND OBJECTIVES

In relation to the provision of the dietetics service provided by Sure Start Shipley:

To undertake an external evaluation involving:

- Exploration of factors influencing the use and effectiveness of the dietetics service, in line with its stated aims and objectives. The questions include whether and to what extent it is:-
 - providing a high quality service that offers good nutrition advice appropriate to the needs of the families in Sure Start Shipley,
 - developing and applying appropriate, effective community nutrition education activities,
 - developing and providing appropriate nutrition resources for local families
 - Advising, liaising and offering support to Sure Start team members and others working with Sure Start families on nutrition/diet issues?
 - Providing nutrition and dietary assistance to young children and their families within the Sure Start area?
- Clarification of potential barriers to accessing that service for any service users.
- Evaluating the above findings in the context of existing internal evaluation processes
- Making appropriate recommendations

METHODOLOGY:

The activities of the dietetic service operating at Sure Start Shipley, Bradford were evaluated between June 2003 and December 2003. A multiple methodology was employed. Initially, a scoping exercise was undertaken with a view to gaining a deeper understanding of what the dietetic programme is attempting to achieve, the workforce involved in all activities, the user groups and facilities available for the dietetic programme to operate in order to achieve its aims and objectives. Secondly, all relevant stakeholders were questioned in order to identify those who could add value to the process of evaluation. These stakeholders include the Sure Start Shipley programme manager, deputy manager (health visitor), the dietician based within the programme and their Executive Board.

Finally, a qualitative evaluation using focus groups and one-to-one interview methodology was undertaken in order to:

- ascertain the perspectives of various end users,
- the potential barriers they face accessing services, and
- The problems faced by Sure Start Shipley in providing this new service.

Interview schedules were developed for this purpose. This methodology was applied because there was little existing qualitative data available on service user's needs in relation to the dietetic service development.

1. The one-to-one interview was carried out at Bolton Woods Community Centre with the HALE apprentice who had started her basic nutrition skills course with LB (the Sure Start dietician). The aim of the interview was to clarify what her role was within the community, how she was liaising with the community and how this process would be continued in light of the successes and challenges faced.

2. Three separate focus groups were undertaken at the three different locations - the Wellcroft Centre, Windhill Community Centre and Frizinghall Community Centre, Bradford. The women taking part in the focus groups were accessed through Sure Start Shipley, as the programme could not provide personal information to the external evaluation team for data protection reasons: all had used Sure Start Shipley services, but not necessarily the dietetic service. While this represented a convenience sample, the three focus groups contained carers with a range of backgrounds characteristics. There were 15 females whose ages ranged from 20 to 34 years. Eleven were of white and four of Pakistani origin. All participants were resident within the catchment area of Sure Start Shipley and had a child aged 0-4 years.

All questions acted as a trigger for general conversation. The interview schedule was designed in collaboration with the team at Sure Start Shipley to explore the following topic areas:

1. *Parental experiences:* Had parents experienced any problems with their young children and food, from the time they were born up to the time of the focus group meeting? If so, what are/were these problems precisely? Were they overcome? If so, how and who helped? Are these problems now resolved - or if the problem was not resolved, why? What sort of help would the parent have liked?
2. *The role of dieticians:* What did parents understand by the term 'dietician', together with examples of what a dietician does? It was explained that Sure Start had the support of a dietician, and parents were asked how they thought that they might profit from this service for the benefit of their young child. Could they think of any ways a dietician can help them? Did they think that a dietician could help them even if they did not have a diet related problem at the time? It was also explained that since dieticians can also help set up Food Co-ops and cooking groups, would they be interested in taking part? Did they have any other ideas?
3. *Where is it convenient to meet a dietician?:* Parents were asked what venues would be most convenient for them, should they wish to have the support of a dietician - for instance, the Wellcroft Centre, in one of the Community Venues, a health centre or a home visit.
4. *Barriers to accessing the dietetics service:* Parents were asked if they could see any barriers to using this service? In which case, how could such barriers be overcome?
5. *Families with special care needs:* The parents were asked whether they had any special needs, or whether anyone else in their family had special needs that would then prevent them from accessing the dietetics service?
6. *Communication issues:* The groups were asked whether they had any linguistic or cultural barriers which they felt would prevent them from accessing the dietetic service provided by Sure Start Shipley? They were also asked about the best way to communicate with themselves and the wider local community about the new programmes.

Data collection and analysis:

Written consent was sought from participants at the beginning of each session together with basic demographic information such as age, occupation, number of children and their ages (see Appendix 3). All group discussions were audio taped and transcribed. Common themes were identified from the responses and integrated at a more conceptual level into shared ideas and meanings.

RESULTS:

Introduction

The one-to-one interview was also carried out with the local mother who, following completion of the basic skills course in nutrition led by LB, was now part of an apprenticeship scheme. All participants appeared to enjoy the sessions and the opportunity to feedback their comments.

Experiences of the HALE apprentice

The HALE apprentice was currently based at Bolton Woods Community Centre and involved in the promotion of 'healthy living'. She described how her career development began with a taster course run once per week by the dietician from Sure Start Shipley. That experience had then led on to her becoming a HALE apprentice. She praised the hard work and support that the dietician had provided to enable her to become confident and proficient in community work. The apprenticeship scheme she had now joined was of 12 months duration and would end in April 2004. At the time of the interview, there were funding issues which might prevent work continuing in this area, as there was no clear exit strategy identified. This was an obvious cause for concern at the time.

“Basically they recruited the first 6 [HALE apprentices] and I am lucky enough to be one of them. We are based in various community centres in and around Shipley, promoting healthy living really. My placement is to do with food and nutrition, with fruit and vegetables food co-op on a Wednesday. I’ve taken over the running of that because I used to be a volunteer, and got that up and running, and that’s getting a little bit better”.

“The whole idea is to find a job, I feel the last months have been fantastic and the experience I’ve had working in the community has been brilliant because I wasn’t expecting to get community work. But I don’t feel as if there is enough support when the apprenticeship finishes. It’s just a case of after twelve months ‘Ta-ta’. It’s sad really. The girls here [women attending the community centre] have actually had a word with X about funding to try to create some kind of new role here. X that’s the coordinator of the apprentices, is trying to get funding to create a mini health role here, so that they can try and keep me on or someone else but to try different things. I don’t know whether that’s going to happen because it’s now January and funding will be ending soon, so I don’t know really”.

The full transcription from the one-to-one interview is available in Appendix 4.

Experiences of the mothers attending the focus groups:

All findings have been collated and presented under various themes as follows:

Diet related problems experienced by children and parents

The groups discussed all aspects of diet that concerned them and considered any situations where a dietician might have been able to offer advice. A wide range of problems were identified, some having been overcome

with professional help (from a GP or after being referred to a dietician at St Luke's Hospital), whereas other mothers had overcome their difficulties by talking to friends and relatives.

"My Little boy was rushed to hospital due to a lactose intolerance that caused him to vomit blood. He was later seen by a dietician who recommended that I had to make all fresh foods, including bread. He's not allowed sweets, no chocolate, no crisps. He is fully recovered now and a normal little boy but he still has to abide by dietary restrictions".

"He does things because he knows food is my big issue with him and I am happy so long as he is eating something. He does play on it though. I would like to see a dietician".

"I saw on there [a flier] about constipation. My little girl was alright and then woke up screaming and sweating, she was very constipated and needed more fluids".

"One of my children seemed to be eating but not putting on weight, he had thin legs but a bloated tummy, I went to the GP but there seemed to be nothing wrong. Then we moved house and he started to have pains. It seems that it was a wheat allergy. He still suffers now. My daughter also has a wheat allergy that required me to bake my own bread, pizzas, cakes etc".

Service user's understanding of the dietetic service

The mothers were all Sure Start Shipley service users and as such had heard the term "dietician" used before and had a good understanding of what the term meant. However, the precise remit of the dietician at Sure Start Shipley was not fully understood. Mothers participating in the focus groups did not always perceive their own child's food-related problems as 'serious enough' to seek dietetic advice and would therefore often suffer in silence. This included some parents with children with special care needs who were under the care of a paediatric specialist. Although they could therefore access a dietician through the relevant hospital services, some mothers described food related problems apparently unrelated to the child's special needs that could possibly have been discussed locally with Sure Start Shipley's dietician.

"I'd like somebody who can advise you about feeding and diet in general".

"Yes, I would be interested in getting help for my little boy as I know some of it's just what they learn or what they think is easiest to do. If they're being silly then that's OK, but it is not that I haven't tried, I think that from quite an early age, from when he was sitting up and when I was weaning him I would hand him a biscuit and he wouldn't hold it. So it's sort of something that started ages ago and he still continues and even if he's very thirsty and you put a cup in front of him, he's very stubborn he will not pick it up. So I don't know if that's out of being a boy or if it's a serious problem. I have no idea but at the moment I'm biding my time to wait and see".

"My eldest daughter had reflux problems. It took a year to sort it out. My 2nd child had allergies. 3rd one was fine. They all eat fine now. My 2 year old stopped eating at 1 year old, I saw the dietician here who thought I was fussing too much, and gave me some good advice".

"I've not seen LB actually [the dietician at Sure Start Shipley], but I have spoken to other members of the Sure Start crèche. Then we've been to see the paediatrician and the Health Visitor for my child being autistic, because we have been quite concerned about X's development".

Involving the dietician in other activities

Existing services, such as the food co-op and child oriented initiatives, could be accessed by the dietician to raise the service profile. At present, information supplied through the Sure Start Shipley service is normally passed on to the HALE apprentice operating at Bolton Woods Community Centre for informal dissemination to parents. Existing groups have not yet established formal links with the dietician for a variety of reasons including (a) time constraints on the part of the dietician and family support workers (FSW's are used to support core staff within the programme) and (b) parents lack of confidence when engaging with a professional.

"As far as the food co-op goes, they come in, buy what they want to buy. All information that is around goes into the bags".

"There is a food co-op and I went down there the other day and I bought a big bunch of bananas, some apples and some pears and it wasn't even £2".

"LB [the dietician] did try to come to the centre and some weaning parties and healthy lunches, but that didn't go down too well. I suppose it is because people are self conscious, like when I first started at Sure Start. I listened to a lot of the things that were said.. made me feel as a parent that I may not be doing the parent thing right really. But since I have started doing the cook and eat sessions with the girls who have their kids in the crèche here, they have started to talk about weaning and lunches and I have had a word with LB who said that maybe after Christmas we could do something together with them".

Location of services and barriers to accessing these services

All participants were happy to meet at their local Community Centre and also felt confident to attend the Wellcroft Centre for help if required. Due to the geographical spread of Sure Start Shipley's residents, many parents use their local amenities but some also felt the pressure of competing priorities in daily childcare routines to give this topic sufficient attention.

"Well obviously a place like this [Frizinghall Community Centre] would be quite ideal because of things like, say, the Parent and Toddler session going on and there's other mums around and if they have concerns then it could be like making the most of the session really. But if I had any specific concerns that I felt that I would like to be assisted with, then I think that I would probably request that she would come to see me".

"Yes [aware of a dietician at Sure Start Shipley], but ideally I'd like to speak to someone at school".

"I think for me it would be time, it's really kind of tight. By the time that the Centre opens and I've dropped the children off and it's to-ing and fro-ing and then it's time to collect X from nursery and then it's X's bedtime".

Communicating with Sure Start families about events

Many parents felt that they were getting to know about the activities provided by Sure Start Shipley, but it seemed somewhat *ad hoc*. Some families obtained information from leaflets whereas others found out

through word of mouth. Some mothers received a regular newsletter while others stated that they were sent no information at all.

“There used to be posters up around the area but there aren’t now. Schools would be good as well. Community centres”.

“Tuesday AM [when the dietician is available at the Wellcroft Centre], but not always, this is an issue. It is on one of the flyers. Not every one knows the times etc. 10-12 every Tuesday morning it says on the flier”.

“Not well advertised”.

“No information about what is going on”.

“Some people can’t talk in a group so they’re better writing their ideas down and putting them in a suggestion box or maybe talk to her on her own because like I say, some people don’t like talking in groups”.

“When I come to the crèche one of the ladies will tell me [about events], Sure Start they will tell me too”.

“No, I don’t receive anything [information through the post]. I think that my sister-in-law, she is registered as well as me, but she gets quite a lot through the post, but I haven’t. And I’ve told the lady from Sure Start and she says that I should give her my address and she will check why I am not receiving information”.

“It would be helpful in the literature to mention that they [the dietetic service] help the whole family”.

Differences between Asian and white communities when accessing services in the community

Community centres and schools were widely accessed by all residents. However, there were differences between ethnic groups. For example, Asian ladies felt comfortable in community venues and at the Sure Start centre and would try all other locations apart from public houses. There are also linguistic barriers that need to be identified. At present linguistic support is achieved through a family support worker. There were also suggestions that some mums from the ethnic minority communities are not accessing any services at present because they do not feel “comfortable” enough. Empowerment issues maybe best solved by community development workers from similar ethnic backgrounds.

“The idea of meeting in a pub isn’t good for me as I do not drink and it would be frowned upon by my community. I would use community venues and the Sure Start centre though”.

“Mainly the Asian ladies attend the community venues”.

“The library has a room at the back for rent”.

“I think possibly like an interpreter would help [overcoming linguistic barriers]. Obviously if they are young mums it’s difficult for them with the language barrier. So for somebody to breach that gap it would make it [the dietetic service] more accessible to them, the information and the advice”.

“I think that most of them [mums] would [access services], but there are some mums that wouldn’t access these kind of facilities no matter what. Sometimes, it’s like they haven’t gone that far and they may not want to. It just whatever you’re comfortable with”.

Internal evaluation:

As part of process evaluation, routinely all informal feedback needs to be logged as and when it arises. For example, a parent suggests a new initiative that the community may benefit from, this suggestion will be formally recorded and presented to the Executive Board/Parent's Forum for comment. By formally recording suggestions this supports the Home and Health team in reflecting on aspects of the dietetics programme at set times, with a view to making adjustments if required. However, because there are current systems in place to record informal feedback, adjusting the dietetic service is achieved on a more *ad hoc* basis.

Summary:

- Sure Start Shipley is seen to provide a high quality service by its clients. It is working closely with the families in Sure Start Shipley to offer good nutrition advice appropriate to their needs. The service operates in all community venues within the Sure Start Shipley area.
- The Sure Start Shipley dietetic service is still developing and applying appropriate, effective community nutrition education activities. This is achieved through informal conversations with parents who suggest topic areas for the dietetic service to explore with its local community.
- The service is new and is developing appropriate nutrition resources for local families. Due to the high percentage of ethnic minority groups within the area (predominantly Frizinghall) exploration of languages required for promotional materials has been identified.
- All Sure Start team members and others working with Sure Start families refer to the Sure Start Shipley dietetic service for nutrition/diet advice.
- Clarification of potential barriers to accessing that service for any service users. From within all communities within Shipley there seems to be a barrier to accessing services in neighbouring areas. Parents from for example, Bolton Woods would not access services in Windhill but would access services in Shipley centre. Within Frizinghall this challenge is further compounded by linguistic barriers and empowerment issues.

The full transcriptions of the focus groups meetings are available as follows:

Focus group 1: Appendix 5

Focus group 2: Appendix 6

Focus group 3: Appendix 7

DISCUSSION:

This is the first external evaluation to be carried out by the Local Evaluation Team at Shipley. Sure Start Shipley has also been involved in National Evaluation modules which will be released in due course. The external evaluation process should supplement what is already being carried out internally. All evaluation processes should inform the programme and also compliment each other.

A retrospective analysis has been carried out to piece together paper work pertaining to the development of the dietetic service. An insight from staff and those who formatively put the programme together has been gained via a scoping exercise in order to answer some of the questions about programme initiation. Just prior to the programme starting the initial consultation process occurred. This enabled a shopping list of initiatives and key personnel required, giving Sure Start Shipley a starting point to create a service which the community the community wanted.

Methodology: There were limitations to the focus group sample accessed as the Evaluation team were given names of interested people who could spare the time to give their views. This may bias the sample towards individuals who may generally access services well and exclude those who are “hard-to-reach”. We did access mothers who varied in age and location within the Sure Start Shipley area and gained insight from white and Pakistani individuals which make up the majority of the areas ethnic mix. The semi-structured qualitative interviews provided the opportunity to gain important insights. The interview guide provided start points for conversation which led on to other areas which were discussed in the flow of the conversation that ensued in each group. The locations selected for these focus groups were those venues most commonly used by Sure Start Shipley residents. While the mothers involved in this process represented a convenience sample, they were nevertheless typical in ages and family characteristics of a significant proportion of local residents. For instance:

- People of Pakistani origin represent the largest minority group in Shipley - and they were represented in relative proportions to the resident families.
- Parents of children with special needs were also included to ensure they were receiving appropriate support from statutory agencies for their child’s complex dietary needs. Some parents had children with complex problems. It was also important to find out whether such parents would feel able to seek dietary advice unrelated to their child’s condition from Sure Start Shipley. It became clear through focus group work and general conversation that these parents did not know if it was appropriate to contact the dietician at Sure Start Shipley. It is therefore essential that Sure Start Shipley provides the necessary information to the effect that they are unable to provide dietary advice for these children when hospital services are being accessed. Nevertheless, it is still important to

clarify whether it may be appropriate to see such families for simple, routine advice for problems (e.g. fussy eating) that occur in many children regardless of their ability status.

- Parents of children without special needs who had experienced complex dietary problems within their families were also invited.
- Parents with no apparent experience of dietary/nutritional support were also invited, in order to discover whether they would have accessed the service - for example, if they considered their child to be a fussy eater. Within this group the majority of parents had experienced some level of concern about their child's eating patterns at some stage of their child's development.
- Finally, the sample included parents who had sought help from the dietician at Sure Start Shipley. They all confirmed how the advice and guidance received had benefited their family and child(ren). For example, children who were refusing to eat or who were fussy eaters were helped by general advice and by the dietician which included coping strategies at meal times.

It can therefore be reasonably concluded that the findings emerging from these focus groups represent a useful cross-section of views, given the range of backgrounds represented here.

Outcome evaluation answers questions such as:

1. Is the service achieving what was expected, as expressed in the objectives?

The service is trying to achieve full contact with families in all areas of Sure Start Shipley. The aid of a community development worker has been suggested to facilitate this engagement process.

2. Were the expectations met?

All parents who have accessed the service had had a beneficial outcome and would use the services again.

3. To what extent did the programme increase knowledge, attitudes, and skills?

Parents who had been given advice had found that it had impacted upon their skills within the kitchen or behaviour with children and food.

A User Satisfaction Survey (USS) is due to be carried out in Year Three (late 2004) of the programme. It is a semi-structured quantitative survey, using a random stratified sample of local families with young children under 4 years of age. The results will provide the opportunity to gain additional insights into how the dietetic service can meet the needs of its client group effectively. Thus the findings reported here will be supplemented by information from the forthcoming USS, gained from a representative sample of the local population with young families.

The recent cost-effectiveness analysis conducted at Shipley⁶ calculated the dietetics service at a Unit Cost of £133, compared with £50 for home visits as costed by Netton & Curtis⁷, in relation to hospital-based

dietitians. As was pointed out, the annual activity of 88 clients was extrapolated from a single quarter sample period at the onset of the service. It is therefore highly likely that the output estimate is an underestimate over time, and will need to be recalculated in due course. At a later stage, these results would then help to provide a balanced approach to inform judgement regarding mainstreaming this type of service.

This study has sought to determine the perceived need for a dietetic service commissioned by Sure Start for parents/guardians of children aged 0-4 years old who are resident in the Sure Start Shipley area, Bradford. This external evaluation has also taken into account the current internal evaluation processes that are being carried out within Sure Start Shipley. We have identified gaps where monitoring can enable the programme to develop and create new ways to strengthen this process. For instance, there are informal feedback mechanisms in place which are not being routinely recorded and to do so would be worthwhile to the credibility of this project and to the Sure Start Programme as a whole.

At present each initiative is evaluated internally at a basic level with an evaluation form. Although this form is distributed among the participants of each group held, the results from the feedback forms have not been aggregated or fed back to the Executive Board for comment due to the dietician's time being very limited within the programme. It is proposed that the dietician is given administration assistance from within Sure Start Shipley to compile a quarterly assessment of all evaluation forms collected. This analysis will be presented to the Executive Board and their comments invited to enable all stakeholders including parents the opportunity to input into the programmes direction.

Sure Start Shipley will need to consider the organisation of their internal evaluation in light of the findings of this document in several ways.

- Monitor all service users' feedback and routinely incorporate this into daily, monthly and yearly feedback to Executive Board.
- Feedback to the parent's forum on a regular basis
- Support the evaluation process using administration staff
- Maintain the momentum created with the Local Evaluation Team through an evaluation sub-group that could be part of the parent's forum or the Executive Board.

This has already begun and an evaluation form can be found in Appendix 8:

Feedback gained from the focus groups and the one-to-one interview has illustrated that the dietetic service at Sure Start Shipley was accessed for several reasons. This includes:

- Concerns about diet

- Gaining general information about weaning and healthy eating for families as a whole. In some cases parents just needed to talk to a professional in a non-clinical environment to help them relax at meal times, for example not pressurising the child to eat and causing a potential “battle of wills” within the family unit.
- There were opportunities for parents to learn about nutrition and helping them to gain qualifications that may lead to new career options.

This external evaluation is enabling mechanisms to be put in place so that the dietetic service remains dynamic, encouraging new ways of working between the community and the programme. By documenting the evaluation process, and making appropriate modifications, the service can constantly evolve towards one that is increasingly user-friendly.

The dietetic service at Sure Start Shipley has already begun to create a dietetic protocol in the light of constant feedback from this external evaluation. This protocol will outline how the service will interact with the community as well as the types of advice it has the capacity to deliver. It has become apparent that existing services are available for complex dietary needs of the families in the area and these should not be affected by the service within Sure Start Shipley. The service should be commended for their ability and desire to re-align their work with the community. For example, due to time constraints, home visits are not always cost /time effective, but they will be considered in the future in extreme cases. This illustrates that service is becoming “made to measure” and not an “off the peg” service.

RECOMMENDATIONS:

1. Create a formal route for information about each session being set up. Review all information about Sure Start parents that attend the groups to ensure they are on the contacts list. This may need to be regularly reviewed by administration staff and reported back to senior members of staff to identify any problems (in-house activity).
2. Create a forum at Windhill Community Centre and other additional community venues if appropriate. One member (parent) of the cookery class has expressed an interest in leading a discussion group at Windhill Community Centre to discuss dietetics as well as other community initiatives instigated by Sure Start Shipley. This process will need support and guidance. Incentives may be required (lunch or crèche provision) by Sure Start Shipley.
3. Send all parents/ask all parents using current services to fill out a mini tick sheet to gauge whether any of the suggestions put forward in this focus group are attractive and viable options.
4. The post of a HALE apprentice promoting healthy living is currently based at Bolton Woods Community Centre. The retention or adaptation of this post should be considered, if its loss is deemed to adversely affect involvement of local residents. Recruiting community development workers or linking with existing workers within the community may be an alternative to connecting with the community. It is also important to assess whether a community development worker could add value to the engagement process with local residents in this specific area as well as across Shipley where issues are similar. Discussions are already being carried out on this subject. The team at Sure Start Shipley has already begun to look for new ways to maintain the work that has begun, in the light of suggestions made by the evaluation team. A grassroots level health improvement worker may now be employed to cover these tasks.
5. The food co-op has been running for two years at Bolton Woods Community Centre and that may provide an opportunity for accessing parents in that area. There is a suggestion that linking with sessions that already exist at the community centre may provide a platform for LB (the dietician) to get to know local residents and promote the dietetic service. It may be appropriate for LB and family support workers to 'drop into' the food co-op or arrange other ways in which aspects of healthy eating and dietetics can be gently introduced to local residents. Working in conjunction with the co-op may boost parental involvement in the Windhill/Bolton Woods area
6. A review of how outreach sessions can operate within the community is required. Specifically, is it viable for Sure Start Shipley to support this process either financially or through providing staff to use the Wellcroft Centre as a central base while reaching out to the communities.
7. It is important to ensure that the dietician based at Sure Start Shipley is not duplicating existing services offered by hospital services. It is therefore necessary to devise a dietetic remit for the service. This should outline the client group catered for, services offered, locations where the service can be accessed including times and days and telephone numbers. It would also strengthen existing professional networks if a

referral protocol could be devised. This protocol could be distributed to health visitors and in primary care settings explaining when the service at Sure Start Shipley could be offered. It may also be appropriate to map services to ensure that initiatives are not being duplicated by other organisations within the same area. By employing these methods it is hoped that this innovative service offered through Sure Start Shipley will engage with the client group more successfully whilst creating a network of services throughout the Shipley area.

8. A system to formally record all suggestions and feedback must be formalised in order to ensure the community are receiving a service they are requesting thus reducing time and money being spent in areas where no interest is currently held.

CONCLUSIONS:

This document reports on the outcome of a local evaluation of the dietetic service operating at Sure Start Shipley, Bradford between June 2003 and December 2003.

- Sure Start Shipley is seen by the service users interviewed to provide a high quality service that offers good nutrition advice which is appropriate to the needs of the families in Sure Start Shipley. The service operates in all community venues within the Sure Start Shipley area. It may be appropriate to map services in future to ensure that initiatives are not being duplicated by other organisations within the same area.
- The Sure Start Shipley dietetic service is still developing and applying appropriate, effective community nutrition education activities. This is achieved through informal conversations with parents who suggest topic areas for the dietetic service to explore with its local community.
- The service is new and is developing appropriate nutrition resources for local families. Due to the high percentage of ethnic minority groups within the area (predominantly Frizinghall) exploration of languages required for promotional materials may need to be identified.
- All Sure Start team members and others working with Sure Start families refer to the Sure Start Shipley dietetic service for nutrition/diet advice where appropriate.
- Clarification of potential barriers to accessing that service for any service users: from within all communities within Shipley there seems to be a barrier to accessing services in neighbouring areas. For example, individuals from West Royd may not access services in Bolton Woods but feel happy to use the central office based in the Welcroft centre if they shop in town. Therefore, offering satellite services in all areas has presented an interesting and expensive challenge to the team. Within Frizinghall this challenge is further compounded by linguistic barriers as many residents are of Pakistani origin. Understanding this need may require an assessment of the area to gain insight into the level of bi-lingual support which may be required to access these potential service users. There are also empowerment issues for mother's who were not born in Britain and this needs to be explored and addressed in conjunction with community development workers.

The four objectives for each Sure Start programme are: Improving social and emotional development, Improving health, Improving children's ability to learn and Strengthening families and communities. These objectives are being met by the Sure Start Shipley dietetic programme but need to be formally written down to demonstrate where the strengths and weaknesses lie and where to place the resources for the future.

REFERENCES:

1. **North Bradford Primary Care Trust. Sure Start Shipley: Delivery Plan for Bradford Metropolitan District's Sure Start Programme. Bradford: Metropolitan District Council; 2001.**
2. **Bradford Community Statistics Project. Census. In: Bradford Community Statistics Project; 2001.**
3. **A joint report by the Director-General of World Health Organisation and Executive Director of United Nations Children's Fund. Primary Health Care. Geneva: World Health Organisation; 1978.**
4. **Dale J CJ. Building a learning community: Research into barriers to learning experienced by people living in High Crag and Bolton Woods. Bradford: East Shipley EiC Action Zone; 2002.**
5. **Perkins ER Simnett I, Wright L,. Evidence-based health promotion. West Sussex: John Wiley and Sons; 2002.**
6. **Leeds University Local Evaluation Team. Report on cost estimates for activities in Sure Start Shipley;. Leeds: Leeds University; 2004.**
7. **Netton A & Curtis L. Unit costs of health and social care,. Canterbury: Personal and Social Services Research Unit; 2003.**

APPENDICES

Appendix 1: Area information and dietetic initiatives

Bolton Woods (BD2): This is a former industrial village which has a high proportion of single parents. There is a high turnover of asylum seekers/refugees. This has caused tension within the local community as well as between the different groups of asylum seekers/refugees, as inappropriate ethnic mixing has occurred. For example, Bosnian refugees have in some instances been housed next to Croatian refugees which has caused some tension and distress.

Frizinghall (BD9): There are a high proportion of Asian residents with poor housing conditions and high morbidity of many common diseases. The Sure Start Shipley programme has found it increasingly challenging to engage the Frizinghall community outside of their local community centre. They have tried many different ways to engage with varying success. There is no Asian representation on any of the committees at present.

Hirstwood (BD18): This is the smallest of Shipley Sure Start's catchment area with only 3% of the total population living there. Despite the high percentage of single parents, there are very few community venues or toddler groups. Therefore they are very difficult area to engage. Some residents do access Kirkgate community centre at Shipley.

Coach Road (BD17): (Lower Baildon). This area has reasonable housing that has been well maintained. Social issues are emerging (e.g. drugs), with few venues for community meetings.

Windhill (BD18): There are high levels of deprivation, with correspondingly high levels of unemployment in this predominantly white area. Windhill Community Centre is used intermittently depending on the activities occurring.

West Royd (BD18): This is represented by a large, very rundown council estate with high levels of unemployment. There is no community centre, so local groups are hard to access. Some parents on the Programme's Executive Group live in this locality.

The services provided by Sure Start Shipley have tackled the problem of community working by creating initiatives that utilise local buildings (e.g. community centres and school facilities) in each of the locations. The administrative hub is based at a central location, within the shopping precinct at the Wellcroft Centre.

Dietetic initiatives operating so far:

- **Drop-in**

The drop-in facility is for parents to access advice and support in all aspects of their child's diet and health and has been running each Tuesday 10-12, since 5th November 2002, at the Wellcroft Centre. The sessions are advertised via leaflets, which are also incorporated into an information pack sent to all parents with a child aged between 0-4 years and living in the Shipley Sure Start area. The session is in its infancy and so far is not well attended.

- **Weaning party**

The regular weaning parties are designed to provide information and support to parents whose children are approaching the age where Government guidelines suggest they should be introduced to solid food. In addition to leaflets and recipe suggestions there is also a practical demonstration of making low cost, "home made" first solid food. As Shipley has access to the new birth register, parents whose children are between 2-5 months of age are invited by letter to a one-off information session. To date, there has been one group session held at Frizinghall Community Centre. Four women attended this first session. Each session is designed to achieve feedback via forms asking basic questions about the information provided and venue location, etc. The women are given a weaning pack that includes toothbrush and paste (provided by oral health promotion, Bradford), feeding cup, baby plate, spoon, bib and an information booklet. The design of this intervention is documented in Appendix 1.

- **Bottle amnesty**

A bottle amnesty enables a feeding bottle to be exchanged for a feeding cup, to facilitate weaning. There are two proposed sites for bins (at Wellcroft and Frizinghall Community Centre). The bins will also be taken to weaning sessions.

- **Feeding group**

The aim of the feeding group is to provide parents with advice and support when they have approached their generic Health Visitor or other Health Care Professional regarding problems with their child's eating habits and/or poor diet. Parents are invited to attend by invitation following a referral to the service from the Health Care Professional. Common feeding problems could then be discussed in an informal manner with an opportunity to discuss specific issues with the dietician within the session. Only one session has occurred so far at Frizinghall Community Centre and unfortunately no-one attended. LB felt that it may be due to the location as some Asian ladies may feel it is culturally unacceptable to feed children where large numbers of men access the community centre. Also there was an English class for women who speak English as a second language running in the locality at that time. In future, it is planned to hold the meeting at the Frizinghall

Health Centre (GP surgery), in order to facilitate better attendance, particularly as the Sure Start staff are informing the GPs as to who has been invited so that the surgery staff may reinforce this with the client.

- **Training sessions for parents**

This course was designed to enable the parent to give basic information to other parents and act as a contact point for the dietetic programme. There are no plans to make it into a formal training pathway, such as an NVQ or as an attachment to the local college at present. To date, one parent has received training on basic food and nutrition. This training has been evaluated and will be discussed further.

- **Advertising**

1. A quarterly Newsletter is issued to parents registered within the Sure Start programme and has been since January 2003. Shipley Sure Start has been able to access a full list of children within their catchment area since the programme was initiated.
2. An Information pack (which covers all services currently operating from Sure Start Shipley) has been sent to registered and unregistered parents alike.

Appendix 2: The Dietetic Service at Sure Start Shipley

The Dietician's Role in Sure Start Shipley:

To contribute to the improving health objective focussing on supporting parents in caring for their children to promote healthy development before and after birth.

Aim

To provide a high quality nutrition service that facilitates good nutrition advice appropriate to the needs of the families in Sure start Shipley

Objectives

1. To develop/use appropriate and effective community nutrition education activities.
2. To develop/use appropriate nutrition resources for Sure Start Shipley families
3. To advise, liaise and provide support to Sure Start team members and others working Sure Start families on nutrition/diet issues.
4. To provide nutrition/and dietary support to young children and their families within the Sure Start area

The Dietetic Service at Sure Start Shipley:

The Sure Start Shipley dietetic service is tailored to meet the needs of the target population.

The service only covers families within the Sure Start Shipley catchment area, whereas the hospital service is available to all families district wide.

The Sure Start Shipley dietetic service follows these protocols:

- Weaning information is provided in a practical and visual format to parents/carers with babies 3-4 months old in a group setting.
- Referrals for home visits are taken by health visitors.
- A drop-in service is available every Tuesday morning. This service is accessible to all Sure Start parents/carers and health visitors. Health visitors can refer into this service.
- Nutrition messages are reinforced by
 - Advice and support is provided to Sure Start crèche workers by the dietician
 - Food and drinks provided to children cared for in the crèches and the play sessions in all centres and toy library play sessions.
 - A snacking policy has been developed with crèche leaders.

- A list of suitable snacks and drinks has been developed by the team and this is available to parents/carers and is used by the crèche workers.
- There is nutrition input provided to the antenatal classes.
- Nutrition advice is given to post natal groups. This helps to ensure up to date advice on nutritional issues is given to pregnant, breastfeeding and bottle feeding mums. This is a good opportunity to get to know the mums so they are more likely to access dietetic services in the future.
- Training is provided to Home Start volunteers. This supports them in their work with families which include weaning and suitable eating advice for toddlers and young children. The volunteers are encouraged to access the dietician with any queries and to refer any families in need.
- Resources are developed to support weaning parties and antenatal groups.
- A weaning recipe leaflet was produced in response to requests from parents/carers.
- The dietician regularly attends play sessions and toddler groups to talk to the parents/carers. Activities, such as making fruit kebabs and healthy lunch boxes, are organised to encourage healthy eating.
- Support is given to the other Sure Start team members and they are encouraged to discuss any food related queries that parents/carers may have with the dietician.
- 2 cook and eat groups have been held at Windhill community centre.

Each group met weekly for 6 weeks. The aim of the sessions was to enable the participant to experiment with new foods and cook some easy, cheap and healthy family meals. It was also an opportunity for the participants to eat a meal with their children in a social environment.

The sessions consisted of discussion around a healthy eating topic and then cooking a healthy, low budget, meal. Each session was evaluated. The course as a whole was also evaluated. The participants also completed a questionnaire to measure changes in eating habits. All participants reported a positive change in eating habits eating less processed foods such as sausages and burgers and high fat foods, some also reported increasing fruit and vegetables and starchy foods such as bread pasta and potatoes. All participants had tried and enjoyed some unfamiliar foods.

It is planned to restart the group in September 2004 possibly extending to other venues.

- A weight management programme was developed in response to requests from Sure Start parents/carers. This was arranged and advertised through the crèches, generic health visitors and through a school. Nobody took up the sessions.
- A training session on healthy eating for toddlers was held for crèche workers.

Other activities:

- Ensure all team members are aware of all potential and actual activities taking place and make sure they are provided with fliers, posters or other written information so they can inform parents.

- Provide updated training for Sure Start staff and team members.
- Develop a questionnaire to ask parents what they would like from the service taking names and contacts so relevant people can be informed of activities.
- Re-launch the drop-in service (the numbers attending have increased which may indicate that it takes some time for people to gain the confidence to access this type of service).

Appendix 3: Consent Form External Evaluation

Shipley Consent and Information

ID No:

Thank you for agreeing to take part in this focus group designed to give us an understanding of how the dietetics service in Shipley is meeting the needs of the users, how we can modify the service and expand upon good practices already in place. The focus group involves people who have/or have not accessed some element of the dietetic service Sure Start Shipley. We would like you to please fill out a few basic details about yourself, this will remain confidential and will only be used in an anonymised form to help frame the discussion within a real context. There are no right or wrong answers – we are just trying to understand your experiences.

Name

Date of birth ____ / ____ / 19 ____

Age ____

1. How many children do you have?.....
2. What are their ages?.....
3. Are you registered with Sure Start Shipley?.....
4. Does anyone in your home have special needs? No ₂ Yes ₁ if yes, please specify who and how this affects daily life.....

5. Who usually looks after your children during the day? *(Tick as many boxes that apply)*

- | | | | |
|------------------|--|---------------------|--|
| Mother at home | <input type="checkbox"/> ₁ | Father at home | <input type="checkbox"/> ₂ |
| Sister/brother | <input type="checkbox"/> ₃ | Child’s grandparent | <input type="checkbox"/> ₄ |
| Other relative | <input type="checkbox"/> ₅ | Friend/neighbour | <input type="checkbox"/> ₆ |
| Paid childminder | <input type="checkbox"/> ₇ | Nursery school | <input type="checkbox"/> ₈ |
| Day nursery | <input type="checkbox"/> ₉ | Playgroup | <input type="checkbox"/> ₁₀ |
| Other | <input type="checkbox"/> ₁₁ | | |

6. Who lives in your family home? *(Tick as many boxes that apply)*

- | | | | |
|-----------------------|--|-----------------------|---------------------------------------|
| Mother | <input type="checkbox"/> ₁ | Father | <input type="checkbox"/> ₂ |
| Mother and father | <input type="checkbox"/> ₃ | Mother and stepfather | <input type="checkbox"/> ₄ |
| Father and stepmother | <input type="checkbox"/> ₅ | Grandparents | <input type="checkbox"/> ₆ |
| Other relatives | <input type="checkbox"/> ₇ please specify | | |
| Other | <input type="checkbox"/> ₈ please specify | | |

Appendix 4: One-to-one interview with HALE apprentice based at Bolton Woods Community Centre

J = Julia Csikar
R = Respondent

J: I am an evaluator and we are looking at the dietetics within Shipley. That is just coming to an end and we are just talking to any last people who may be able to give insight into the programme there and I know that you were involved with the basic nutrition.

R: I did a community nutrition course and peer education.

J: Right, I'm interested in how you started and what you have moved on to, so if you kind of tell me about yourself, and why you actually got involved with LB and the Sure Start team and where you got to and where you are planning to move on to.

R: Well, basically I got involved with LB through being involved in Sure Start. Sure Start came to Shipley about three years ago and quite a lot of jobs were coming up within Sure Start but I don't want to do child care, I'd rather work for children than with them, and I've always been concerned about children's diets and things like that and when LB came on board Nigel spoke to me and said, perhaps you can do a bit of new training with LB, because I know that's one of your things.

J: How long did that last for?

R: That was about eight weeks, it took about two hours on a Tuesday morning. It was really interesting and it was just like a one on one thing, very casual, really nice, and then LB told me that the nutrition skills course was being held and would I be interested. It was at Eccleshill and I was quite lucky to get a place, from what I've heard it's pretty hard, but because I was working with LB I got on.

J: Is the course like a BTEC or City and Guilds or?

R: Its one of these credit things like a CATs thing. So I did that and that was a level 1 or 2. That was supposed to be nine weeks, but because of was the Bank Holiday it went on a bit longer and I really enjoyed it. Very interesting we learnt about cookery and eat sessions within that and we went out to the community and basically just learnt about nutrition.

J: When you were with LB when you first started there, did she sort of have a programme to follow or did she base the training around your interests to start or was it a bit of both?

R: When Nigel approached LB about my interests I think she went away and thought about it and came back and said she would be willing to do some work with me and she did, every week she had a specific thing we were going to do, but if I wanted to go down other avenues she was quite happy for that to happen. So it wasn't structured as such but she knew where she was going with me.

J: And before you actually started, let's go way back, you live in Shipley and what do you do here, did you work before you started?

R: No, I gave up work five years ago to bring my little girl up. I always worked in care. I had one child and she's gone to school now and then Sure Start started coming up. I actually heard about HALE as well through LB who I work for now and she told me that this was coming up and to see if I was interested.

J: The apprenticeship you are on now then, started when?

R: About a year. It is basically they recruited the first 6 [HALE apprentices] and I am lucky enough to be one of them. We are based in various community centres in and around Shipley, Promoting healthy living really, my placement is to do with food and nutrition, fruit and vegetables food co-op on a Wednesday, I've taken over the running of that because it used to be a volunteer, and got that up and running, and that's getting a little bit better.

J: Is that external to Sure Start?

R: Yes, it's nothing to do with Sure Start.

J: Do they have any links into it? Do they have anyone pop in?

R: I do that, anyway. We've been on the board and have been heavily involved in Sure Start. Any flyers that come in centre I bring them down here on a Wednesday and I have to put them in my bag. Any information that I get from Sure Start, I'll bring it in and I'll either photo copy it myself or I'll go and get a load or say bring me a load in and I pop one in the carrier bag as to what courses are running and I am still promoting the idea of Sure Start being out there as well. So I do that at 3 o'clock on a Wednesday, I do cookery sessions on Tuesday afternoon. On Thursday I now take the food co-op to the sheltered housing complex and they love it. At the moment I am doing cook and eat sessions with all the apprentices that LB has linked with HALE. Friday is general training within Hale or whatever is going on we get involved in. And Monday is basically catching up with everything from the week before. HALE and Sure Start are a partnership sort of.

J: Are Sure Start paying money into a joint funding pot?

R: Well they've got two apprentices of their own for Sure Start, so they'll be paying for them

J: So everybody's got their specific community Centre?

R: Yes

J: What happens after April then? Will you start trying to find a job, or..?

R: Well, the whole idea is to find a job, I feel the last months have been fantastic and the experience I've had working in the community has been brilliant because I wasn't expecting to get community work but I don't feel as if there is enough support when the apprenticeship finishes. It's just a case of after twelve months ta-ta, it's sad really, the girls here [women attending the community centre] have actually had a word with X about funding to try to create some kind of new role here. X that's the coordinator of the apprentices, is trying to get funding to create a mini health role here, so that they can try and keep me on or someone else but to try different things. I don't know whether that's going to happen because it's now January and funding will be ending soon, so I don't know really. Thinking of going and working in Asda or something and studying along side, it's fitting everything around X's schooling, my little one, and this has been my first year while she's been in full time education I've been able to go out to work. I'd love to stay in community work still want to work but it's so hard as I have no specific qualifications for it and I have done a pathways course and community nutrition skills you know little things like that. I am doing community work training skills, that's next week and then another community based training after that. So little things like that have really helped, I have got my foot in the door that way.

J: Would you be keen to go on to something more substantial education wide?

R: I think so, I left school a long, long time ago, I just wanted to leave school and work with old people and be happy. So I definitely want to do something, I want to go back and get my basic skills because before I didn't think it was important, just get a little bit of part time get some study and then go on to college.

J: How has your life changed since meeting the Sure Start team and LB?

R: I think I have a bit more confidence around groups of people and speaking to groups of people. I am a lot more confident with nutrition now with the things that I eat at home and my daughter eats. But to be honest I don't think it has helped with going out and getting a job, the interview is absolutely terrifying. LB has been brilliant she has always been there for me on the end of the phone anything you want, she's been fab. She believes in you and says "you can do it, you know you can" so I am a lot more when I am talking about nutrition and stuff I have an idea about what I should be talking about.

J: So obviously you are on the Board at Sure Start and you have other links in there, have you got suggestions to keep it going? How can sure Start deliver the service within the community, you work here what do you think?

R: Sure Start are very supportive of this Centre all the playgroups and have supported it really well. They have helped two girls here who volunteered as playgroup leaders get formal qualifications so they are good like that. LB did try to come to the centre and some weaning parties and healthy lunches, so that didn't go

down to well. I suppose it is because people are self conscious, like when I first started at Sure Start listened to a lot of the things that were said made me feel as a parent that I may not be doing the parent thing right really. But since I have started doing the cook and eat sessions with the girls who have their kids in the crèche here they have started to talk about weaning and lunches and I have had a word with LB and said may be after Christmas we could do something together with them.

J: So are there any sessions that LB runs here at the moment?

R: No but she has tried her best here, she really has. The hard thing about this centre is the space. Most of this centre is dedicated to childcare to be honest, so it's very difficult to run things when there is childcare here.

J: Is there kitchen facilities here?

R: Yes, when we have cook and eat there is about 5-6 of us, we manage it's not the best kitchen in the world and it's falling apart but it's ok.

J: Do you think it may be a good idea for LB to come to one of these sessions and introduce herself?

R: We talked about this a couple of months ago but LB has still lot going off in her work and I have in my work so, but she is interested.

J: I think it would be a shame in April when you have gone to new pastures and there's a gap and the people that are here will not know LB, in that change over period.

R: My cook and eat sessions are very casual we come in chose a meal we decide how its going to be cooked the healthier option we talk about how it fits into people's lifestyles and whether they are comfortable cooking it at home the equipment they have at home, that's very important but we don't do any learning as such. I brought a chart in once and we talked about it briefly. All they want to do is come in cook a meal and then they take I home and try it on their families. I was a bit worried when she said she wanted to come because it's not structured. It's just the parents with small they get worried because they feel they will be judged that they aren't doing this and that right. So what we do is get in that kitchen have a really good laugh, and they get a really nice free lunch that they have cooked, they can take the recipe home because I print it all out. Before Christmas the women approached me and said "you're leaving April aren't you, what are we going to do and I said I don't know love I haven't spoke to other people".

J: So something else needs to happen at least if it's the group that's here already run by LB?

R: If they could just get someone to supply the groceries I do it, I'd volunteer. I like it and the girls like it. Because when I first came last year the difference and when I came in to talk to them and started talking about nutrition as it was like...one of them actually turned their backs to me and it was like ooohh. Now it's like they really like the group, I've come so far with them.

J: Do they fund people on a sessional basis at Sure Start?

R: I think they should. Or even create little part time roles for people like me.

J: What would your wish be for yourself and this community centre?

R: I would like to stay here and I am sure there are little bits that are spread out over the week could be mashed down into part time like the food co-op, I also put a 4-week snack plan together for the play group so all the little bits a do during the week I could do part time, that's for me because I do like it here...paid obviously. The centre itself I hope that they get the extension, they have applied for money through Sure Start but it's very difficult for me because I am trying to keep my ears closed. So I am hoping that the centre gets the money to expand and they can provide better day care, which is good anyway, all the other stuff they want to do, provide more courses like help your child to read, more healthy living which is a really big thing, to see the centre go forward. At the moment we are a small centre in a small part of huge community and it's not accessed to its best potential because we can't because of the childcare, so hopefully if we do get the extension we can provide more. I do think that Sure Start should have a community Development worker.

J: Dedicated here?

R: No just to Sure Start at first, they are doing a wonderful job but they do need a community development worker. I do find it difficult to work being placed here and being so heavily involved in Sure Start, because Sure Start do support Bolton Woods quite a lot and it's a difficult area and it's not a big area or big centre it only has three staff. I find it difficult being part of what I am here, being part of HALE and being part of the Sure Start.

J: Do people who come here see you as part of Sure Start?

R: They think I work for Bolton Woods but am constantly telling people well actually I work for HALE and placed here, and then when I talk about Sure Start they ask what do you do there? At the moment I am trying to get one of the mums that come here to come to the Sure Start board, she's thinking about it. I just heard before Christmas that 2 of the girls who do the cookery class demanded to know what would happen when I leave and I thought Oh that's really sweet. One of the ladies, we did a mushroom bake and she said I don't eat mushrooms and I'm not going to do this or that and I said just come a long, watch the session, have a gag whatever and she loved it.

J: It is introducing people to new things and if they have never had that opportunity to experiment especially where money is tight you are not going to buy something you are not sure you will like.

R: It's like when we had playgroups and summer schemes last year we provided healthier snacks like chopped fruit and veg, toast fingers, water, and milk. They really got into smoothies.

J: When you were talking about equipment they haven't got, do you think there is any point subsidising basic kitchen equipment as they do with safety equipment.

R: They do an after school club here too and they just got some funding for that and they have just been out and bought a blender because I bring all my stuff from home, what worries me is that if I bring a food processor or blender or anything that will help with the cooking I will bring it in and say to the girls to the girls have you got one of them at home? And if they say yeah it's stuck on top of the cupboard at home I say well this is how you use it. And if they say no they haven't I will find something else to use instead so they are not coming here and using this fantastic equipment and get home and not being able to do it. As far as the food co-op goes they come in buy what they want to buy, all information that is around goes into the bags.

J: Do you think it may be a good idea for someone from Sure Start to pop their heads around the door every now and then to promote Sure Start. It sounds as if you are really busy and have a lot on?

R: I have recently got them to purchase food for the crèche from the co-op and I get an order every week now.

J: So you just have this location and the pensioners home, is that right?

R: Yes, because I did my MIDAS (minibus driving licence) training and unfortunately when I passed my driving test you are not automatically entitled to drive a mini bus. I don't know what to do because I think this massive potential for the food co-op in conjunction with local schools around Shipley. But I can't drive the mini bus. Because they have changed the driving laws I passed my test after that which means I am not entitled to drive the mini bus without a public service vehicle licence and it's about £500.

J: Would the investment be worth the outcome?

R: We had a volunteer driver before Christmas, I think we may have lost him I'm not sure who would do the food co-ops with me because there is a lot of lifting and carrying and he's an old guy himself. I just load my car on a Thursday morning because I am only going up the hill. I don't take masses because there is only 7 or 8 that buy from there so it's not too bad at the moment, it's just the school thing and I can't do that in my car. People aren't aware that although I have a certificate to say I can drive the bus but I do not have the insurance to cover me because of my licence and have told people how much it will cost. When I first started training with LB, Nigel asked me if I would be interested if Sure Start would set up a food worker type of post would I be interested, and I said well yeah that's the avenue I am going down really. A lot is based around childcare and families, they have just got the toy library assistance in place and I think they are doing that first and

because they are expanding. For people like me creating little posts as part of Sure Start would be a good resource to have.

J: Thank you for your time

Appendix 5: Focus Group 1

Held at The Welcroft Centre 21 July 2003 1.30pm

As a background to the study, some basic information was collected before the focus group started to assist in framing the group in a context.

The results are as follows:

There were seven respondents (5 white women and 2 Pakistani women) whose ages ranged from 20 to 34 with a mean age of 25.86. One female had brought her mother with her and she interacted in the group also.

All were mothers who had registered with Shipley Sure Start already and the ages of the children were as follows:

- 3 children of 9 years, 8 years and 18 months
- 3 children of 7 years, 3 years and 18 months
- 2 children of 3 years and 1 year
- (Julia Say) 2 children of 6 years and 4 years
- 1 child of 9 months
- 1 child of 22 months
- 1 child of 16 months
- 2 children of 7 years and 2 years.

There were no parent's or family members who had special needs.

Who usually looks after your children/child during the day?

	N	%
Sibling	1	8
Paid child minder	1	8
Nursery school	1	8
Grandparents	1	8
Day nursery	3	23
Mother at home*	3	23
Father at home	3	23
Total	13	101

* Mother is the respondent

Who lives in your family home?

	N	%
Mother*	1	13
Mother and father	5	61
Mother and stepfather	1	13
Grandparent(s)	1	13
Total	8	100

* Mother is the respondent

What is your occupation?

	N	%
Housewife	1	17
Administrator	1	17
Beautician	1	17
Trainee nursery nurse	3	50
Total	6	100

Julia Csikar (researcher) introduced the evaluation team in relation to its role within all Bradford programmes and its remit within Shipley. Julia Say was also introduced to the group as administrative support and a working mum.

The researcher outlined why Shipley Sure Start was interested in evaluating the Dietetics Programme. A dietician (LB) is in place and Shipley Sure Start was interested in finding out how it is working, if it is working, what users wanted from the service and the logistics behind the implementation of the service. It was agreed between the evaluation team and Shipley Sure Start that the best way forward would be to hold a focus group where people were able to express all their ideas fully and new solutions and suggestions could be arrived at. The researcher had already circulated a questionnaire for all the members of the group to complete stating that the information from it would be used for no other purpose than background to the focus group for demographics and future contact details if they consented for any follow up information required. The group were asked if they would consent to a tape-recorded being utilised for transcription purposes, there were no objections.

The purpose of the meeting is just to share information. The researcher outlined how the focus group would be conducted, a predetermined list of questions that have been drawn up between the evaluation team and Shipley Sure Start and the general rules of respecting each other, allowing each other to talk. There were no questions following this information.

J: Has anyone experienced any food related problems with their children?

R: My little boy was rushed to hospital due to a lactose intolerance that caused him to vomit blood. He was later seen by a dietician who recommended that I had to make all fresh foods, including bread, he not allowed sweets, no chocolate, no crisps. He is fully recovered now and a normal little boy but he still has to abide by dietary restrictions.

J: What happened after you went to hospital, how did you access the dietician?

R: It was about 3 months after his initial admission to hospital, during which time he had had investigations and surgery, he first saw the dietician then.

J: Did you find by the time you accessed the dietician that a lot of things had been sorted out already and they were just there to advise you on food?

R: A lot of things were trial and error he had a lot of allergic reactions to things.

J: Have you accessed the dietician here yet?

R: No, there has been no need, he's nearly 8 now and he has no problems. He is still very small but is fine now. He can be fussy though.

J: Do you think there is any way that the dietician here could help you?

R: He does things because he knows food is my big issue with him and I am happy so long as he is eating something. He does play on it though. I would like to see a dietician.

J: You did know there was somebody here?

R: Yes [aware of a dietician operating at Shipley Sure Start], but ideally I'd like to speak to someone at school.

J: I don't know if you all know what the dietician does so I have brought some flyers in (the flyers were passed around). Has anyone else had children with food related problems?

R: My eldest daughter had reflux problems it took a year to sort it out. My 2nd child had allergies. 3rd one was fine all eat fine now. My 2 year old stopped eating at 1 year old, I saw the dietician here who thought I was fussing too much, and gave me some good advice.

J: What sort of advice did she give you?

R: I was fussing too much she was a really good baby for the first year. The dietician said to leave her alone and she would come round, which she did. She was teething at the time.

J: You came to the drop in, have you been to any of the other things, weaning parties etc?

R: Yes

J: Did you find it useful?

R: Yes there was some good information.

R: One of my children seemed to be eating but not putting on weight, he had thin legs but a bloated tummy, I went to the GP but there seemed to be nothing wrong. Then we moved house and he started to have pains, it seems that it was a wheat allergy. He still suffers now. My daughter also has a wheat allergy that required me to bake my own bread, pizzas, cakes etc.

J: Where did you access information about wheat intolerance?

R: Dr Maybury was a dietician and he ran a clinic.

J: Did you have to go to your GP to get access to him?

R: Yes.

J: Would you consider seeing the dietician for any problems related directly to yourself and whether it might affect your child in the future?

R: I have wheat allergy and bloat up if I eat bread etc. I had to eat special bread that was vile.

J: What does anyone understand by the term Dietician, because obviously I am not a dietician, does anyone have any ideas what their remit is, what their job is?

R: Advice on a healthy diet (several reply).

J: And the word dietician doesn't put you off from using the service?

R: No, you know they deal with obese people but that is not the only thing.

J: Someone once said that the word dietician could seem too medical / clinical and maybe that wouldn't be the best word to use in a Sure Start programme and maybe another term like Food Adviser would be better?

R: No not a problem.

J: How do you think, you as a parent in this Sure Start programme could make the most of this dietician? Do you think you have made the most of her, do you think you will only call on her when you need her?

R: I didn't even know she was here (several replies) If you have problems towards eating you look for her, but if not you wouldn't look for help.

J: Let's just look at these posters. Maybe you think your child has problem but you may look at these and think "well they haven't got a problem but they are fussy eaters or"

Pass them around and see if there is anything you agree with, disagree with or you think that is quite useful, I didn't realise [the group pass the posters around and the conversation continues].

J: If you had known there was a dietician here and what she did instead of wait until you had an issue would it have helped?

R: Probably yes, with weaning etc. There are weaning parties' road shows that move around the area.

J: How do you receive information about Sure Start?

R: I don't receive any.

R: I haven't had any for ages.

R: Get a regular newsletter.

J: Instead of a full newsletter that is quite expensive, do you think it would be appropriate to just send a flier saying we are doing this month or week, for example diary dates?

How often would you like the Sure Start Programme to communicate with you?

R: There used to be posters up around the area but there aren't now. Schools would be good as well. Community centres.

R: There isn't much for mums to do here, not many mums and tots groups and the ones out there are very cliquy, therefore it is hard to fit in.

J: Getting back to the dietetic service, obviously there is a need for the children to be entertained, there's a need for information for parents. So they do have general information sessions (road shows). Has anyone ever been to one?

R: No.

J: If there were events where they had more than one thing going on maybe something for the kids, something for the adults, maybe the dietician could be there, would you use community venues?

R: There is nothing to do.

R: Swimming 9.15am for parents.

J: Have you seen anything on the flyers that is of interest?

R: I saw on there [a flier] about constipation. My little girl was alright and then woke up screaming and sweating, she was very constipated and needed more fluids.

J: You didn't go and see a dietician after that or get any advice?

R: I just thought she needed more fluids.

J: If you had gone to the dietician where would you have wanted to see her, would you have come here, would prefer her to come to your house, a community venue?

R: I would probably have gone to the doctor not really thought of the dietician.

J: So you would equate seeing a dietician with something serious?

R: I don't know. I didn't think she needs a dietician.

R: When my daughter was about 2 years she completely stopped eating. I was so worried about it that I would make her a really big plate of food and say she really must eat it as she hadn't eaten all day. She wouldn't even touch it, as it was too much. I went to my health visitor. She said I was the problem. Don't ask her to eat, she will not starve herself, she will come for food. The next day she came up to me for food, I was told to give her very small portions. I have no problems now with any of the children. It was a great help.

J: So if you needed to a bit of advice from the dietician where would you prefer to see her? Knowing that she is here and will deal with complex problems and very small problems too.

R: I think it would be best to pop in and see her. Some people will probably notice something like my daughter and come and see the dietician and not leave it until they are so stressed like I was. Now if I had the same problem I would come and find her.

J: Would everybody just pop in? Does anyone know what days and times she is here?

R: Tuesday AM, but not always, this is an issue. It is on one of the flyers. Not every one knows the times etc. 10-12 every Tuesday morning it says on the flier.

J: So you wouldn't have any problems talking one to one, or would you prefer bigger groups like here, we have mums talking about problems.

R: I like it like this and then you feel like you aren't the only one with a problem.

J: Would it help if you were able to contact her some other way, if you could phone and leave a message and she would ring you when she was in.

R: Yes, it would be, as it is only certain days not every one could get there.

J: Has anyone got children / family members with special needs. Family members that may prevent you from getting out when you want to, or any other barriers? There is no reason why you can't attend, it is purely you don't think it appropriate etc.

R: The group said there were no problems preventing them from attending the centre.

J: What we have established today is that we need better communication between the Sure Start unit and yourselves in some way and we maybe need other methods of communications, the telephone service, the drop in service, community venues. Does anyone use community venues?

R: Mainly the Asian ladies attend the community venues.

R: Nothing on to go to. Not well advertised.

R: Again limited things to do for mums, nowhere to go.

R: No playgroups really, limited. No information about what is going on.

J: Sure Start is here to improve the well-being of children aged 0-4 years; therefore any impacts on the child can be addressed by the dietician. The dietician said she would talk to anyone.

R: I feel I have an eating problem may impact on my children and would like to talk to the dietician. I don't feel comfortable eating in front of my kids and they ask why I don't eat with them. I can now see that this is affecting my kids as they are becoming fussy and refuse to eat, especially my daughter.

R: It would be helpful in the literature to mention that they [the dietetic service] help the whole family.

J: Does this information that was handed round not express fully for you what the service is about, you don't know that it is for the family.

R: It says a lot about babies but not about families.

R: I wouldn't want to talk in front of the kids.

R: I want her to come to my house.

J: So you feel that it is not coming across in the literature the options that are available to you through the dietetics service?

R: There needs to be more information included in the fliers.

J: Would it be helpful to have a women's group to get together and talk about diet related issues for your family and yourself.

R: Yes that would be good.

R: Women do support each other.

J: Any more suggestions, anything you would like to include like places to meet?

R: In a pub

R: The idea of meeting in a pub isn't good for me as I do not drink and it would be frowned upon by my community. I would use community venues and the Sure Start centre though.

J: What about moving around each other's houses?

R: That would be fine.

R: The library has a room at the back for rent.

Thank you all for coming.

Appendix 6: Focus Group 2

Held at the Windhill Community Centre MONDAY 24TH NOVEMBER 2003 10am

J: We'll go round the table and could you tell me your name, your age, how many kids you have, what age they are, your occupation and what you're here for. My name is Julia and I'm 32, I've got no children I'm a researcher and I'm here to carryout a focus group.

R: My name is X, I've got three girls aged between five and 9.

R: I'm X, I've got five children aged 14, 9, 7, 5 and 2 and I'm here for cooking on a budget and 32.

R: I'm X, I'm 20, I've got a three month old.

R: I'm X, I'm 33, I've got five children, 15, 13, 10, 4 and 20 months and I'm here for cooking on a budget.

R: I'm X, 32, I've got two children who are 11 years old and a 20 month old.

J: So, have any of you experienced problems with food with your children?

R: Yes (all round)

R: Like they go through a yoghurt phase and want to eat nothing but yoghurt, yoghurt, yoghurt and then he goes through a phase of cereals and then he goes to eating whatever. He also at the moment he won't have a proper breakfast so he has a bag a crisps and he only wants chocolate

J: Does that concern you?

R: A little bit but it's like as far as I'm concerned it'll only last a couple of weeks at month at the most and then he'll go back to normal, it's just he's eating the wrong stuff.

J: And have you spoken to anybody about this?

R: Not really, no. He just seems to be going through a phase.

J: So would you speak to anyone about this?

R: If it got serious but at the moment, it's only just started.

J: What is serious?

R: If at one point the eats nothing but ...because at one point all he would eat was cereal for breakfast, lunch and tea and I got quite worried but it's alright.

J: So who would you go and see if were worried?

R: A dietician or LB.

R: Well, with the seven year old, when he was little he couldn't keep any food down so he had a dietician and there were only certain foods he could eat at that time, that was the same as X [her other child], but he's very, very fussy. You wouldn't think so when you see me! He doesn't eat breakfast, he doesn't normally eat dinner and he just picks at stuff. He eats well when he comes to crèche on a Monday. He must fill himself up on a Monday. It's having everyone else around and he probably feels like taking part.

J: When he started feeling sickly and changing his eating habits, what did you do? Did you start worrying?

R: What it was is when he was six months old, we introduced the gluten, the wheat and stuff and his weight dropped dramatically. He lost a lot of weight so we kept an eye on it and it kept falling so then he was referred to the Dietician and there were only certain foods that he was allowed. He wasn't allowed anything with gluten in and we had to keep a food diary and it was a pain really but then we decided that after we'd let his stomach settle. I started re-introducing it gently and he's been alright since but it because of that that he's fussy with what he eats because there were all sorts of stuff he couldn't have.

J: Have you spoken to LB about that at all?

R: No, because he's got a dietician up at the Hospital but he's got to see her next Monday actually. I think if he's like me, if he doesn't like the look of something, he won't eat it.

R: Mine's got food allergies so he wants to eat everything but can't eat everything. I have seen LB and a dietician at St Luke's.

J: So you LB at Sure Start Shipley?

R: Yes

J: So what sort of things can't he eat?

R: Nuts and eggs, he can't have anything dairy.

J: When did that first develop?

R: He started with eczema when he was about 5 months old and they did look at testing him for food allergies and it was hard because I had to keep an eye on him myself and what I thought he was allergic to and it wasn't until he was about 10 months old and I put some Nutella on his dummy and he looked like he'd been thrown in a bag of nettles. Now I take time when I'm going round the supermarket looking for wheat.

R: You have to be so careful, even Chewits have egg in it! You wouldn't have thought they put some weird things in. I'm really shocked. Because I said can he have these and they said, no they've got eggs in them. He couldn't have a birthday cake for his first birthday, we got one made without egg but when we cut into it, we just went uurrghh! But he wants to eat things but I think its hard having other kids. I don't have eggs in the house and I haven't had eggs in the house since we found out about his allergies. I'm allergic to fish so it's very very hard! You go around the supermarkets and you look at kid's food and a lot of it is fish. You get fish fingers and fish shaped. I can't cook fish so the kids don't get fish either. Now, I get jus the biscuits like wafer biscuits and I've got the other kids complaining because they're not getting what they used to have, but it's so easy to for him just to pick it up when the other kids have left stuff around and I can't take the chance that he will do that so I don't have it at all or they drop it on the floor and it's too big a risk, you know what I mean. It's not really fair on the others [children] but it's something they've got to live with. I've had him tested for fish but I won't give him fish anyway! But he'll have it at other people's houses. He might get fish when he starts school!

J: So do you think your problems are resolved by seeing the people that you went to?

R: Yes.

R: Yes, they helped me.

J: So do you need any ongoing help with these problems?

R: Well, we still visit the dietician as he has a weight problem as well.

R: X is still Dietician, we are going on Monday but I don't know what they are going to do?

J: But if you needed to would you ask LB for help?

R: Yes, because it's easier than having to wait to get an appointment for the hospital. I've got to watch out now if I think there is something he's allergic to because you can't test every single thing, it's impossible so I've got to keep an eye on if he flairs up if I give him an apple so then I'd go back to the hospital for some more blood tests. But food wise, they've helped me a lot.

J: So what about the psychological thing of being mums and having to cope with all these problems, do you get stressed?

R: It is stressful.

J: Do you have anybody you can talk to about that, the dietician?

R: No. You've just got to get on with it, haven't you?

R: One of my children had a problem with swallowing so they did a barium x-ray and as she drank the barium, most of it went down the right way but some of it seeped out and went straight to her lungs. But under a microscope, they couldn't find this little hole, but there was a tiny hole in her gullet so everything she drank seeped out, solids were fine because they couldn't pass through the hole, so we need to make her food very thick and I know it sounds awful. We used to buy the packet stuff because you knew what consistency to do and we'd make it and she'd only eat it really thick. When she was five weeks old and they said she was a very

hungry baby because the milk wasn't satisfying her so we put her onto baby rice to settle her stomach because she had a reflux as well. So she had a reflux, aspiration and they thought it was food and it turned it was this little hole. When X was born he wouldn't suck and he wouldn't drink from the bottle and the midwife came in and gave him a cup drink so that he had something and he threw it up but they thought he had reflux and he had a barium enema but he loved it! You've never seen anything like it! He had to be starved but he enjoyed it, he thought it was thick milk. They put him on the special milk that's got all the nutrients and smelt like sweaty socks it was horrible and thick and easy so it would stay down but they found out later X had extremely bad glue ear and now they think that's what it was because when he sucked, it all came down into his mouth, so it was probably mixing with the milk and making him sick. But he had these grommets put in when he was 14 months old, which is extremely young, they don't normally do then until they're over three.

J: What do you understand by the term dietician?

R: Someone there to help you understand why they're eating this way. Help you be healthy. Tells you what things they're allergic to.

R: After meeting LB from Sure Start about six months, he had a problem with his weight and seen LB before going back to the hospital and he put on about six pounds and this is just LB advising me of giving him things that I wouldn't have thought about giving him. Putting sugar on his Weetabix, little things that make you fat which I wouldn't have thought of doing for a baby. Using full fat milk and the milkshake but using the Crushea because that's a bit more fattening so he had a lot of milkshakes and it just basically helped him. I changed his eating habits. I put cream on bananas, just adding fatty stuff. I used to put full fat milk and sugar on his bananas. And he really did put on weight and I still say that's down to LB.

R: When you need them, they're there for you, and like I said, they've been very good. I didn't know that there was dietician at Shipley Sure Start

J: So how long ago was this then?

R: About a year ago. No, it's not that long it's about six months ago.

R: I didn't know there was a Dietician there. I would rather have seen her than wait for an appointment.

J: Wait for an appointment?

R: Yes, because it takes a while and then you've got to try and get up to St Luke's.

J: So I take it not many people know that LB is Sure Start?

R: I do know now.

R: I got this appointment to go and the doctor referred him.

R: I was advised to go and see dietician [by a friend], and I asked where and they said "Sure Start" and I said that's very handy.

R: I heard about her through the weaning party.

J: Have you been to a weaning party?

R: Yes, I have.

R: I've been and I have been an apprentice

J: Do a lot of people go then?

R: It depends. If it out in the community then you don't get as many, but if it's at the Welcroft you get more.

R: I think you get more out now than years ago. With allergies and eczema, you didn't get any help.

R: My eldest is 14 and when he was a baby, we weaned him at 3 months and there were load you didn't give them like bananas, they didn't give him this, they didn't give him that. He wouldn't wean, he was five and half months old, and they gave him banana and I said, he can't have banana and they said, yes he can, if he's ok with banana.

J: Has it changed the way you think about food?

R: Yes.

(New people enter the room)

J: If you don't mind introducing yourself, saying how old you are and how many children you have.

R: I'm X, I'm 26 and I've got 2 children.

J: And what age are they?

R: 7 and 4.

R: I'm X, I'm 32 and I've got three children, one's 12, one's 8 and one's 3 months

J: And we were just talking about food related problems, do any of your children have any of these problems?

R: My child is hyper and we found out he was allergic to food colouring. That's the main one.

J: And how did you discover that, apart from him being hyper, how was it diagnosed?

R: We've noticed problems with hyperactivity because the doctor and he said "well he could be allergic to these so cut them out and try adding them back in slowly".

J: So you didn't get any professional help about cut them out or add them back in?

R: No, I did that all myself, I just worked it out myself.

J: And you're coming here this morning for the cooking group, is that right?

R: Yes.

J: So, where were we, what were we talking about before? So, you've all met LB obviously, can you think of any other ways that LB can help you apart from with food related problems, well not just problems because you're here for cooking group as well...

R: She can help you with healthy eating.

R: Like cooking not only on a budget but healthy food as well and interesting ways to eat other things.

R: Like vegetables that you don't like, if you mince it up or put it in spaghetti bolognese and he'll eat it then. He likes the taste of it but he's not quite sure whether to spit it out or not. So rather than him mashing it up himself, I put it in with the other food and he doesn't notice.

J: So, what about fruit and vegetables? Do you get access to good, cheap fruit and veg?

R: Yes.

R: We tend to buy tins or frozen.

R: There is a food co-op and I went down there the other day and I bought a big bunch of bananas, some apples and some pears and it wasn't even £2.

R: Can anybody buy there then?

R: Yeah it's on a Tuesday.

J: Do you know how long it's been running for?

R: Ages, a couple of years.

R: They advertise at the doctors.

J: Apart from the cookery group, what else can LB do for you?

R: I don't know much about how many carbohydrates and all that kind of thing.

R: This is your first time [attending the cookery class] so we do that, we just sit with that big plate. We have a big plate that tells you how much you can eat of each

J: Did you know about that before?

R: No.

R: I remember seeing something but it wasn't shaped like a plate.

J: So, how many weeks have you been doing this cooking group for?

R: I don't know. I missed a couple of sessions.

R: I think there has been about six or seven.

J: Has it changed the way you cook?

R: Yes, I would never have cooked a pumpkin.

J: So, where do you like to meet LB? Is this the best venue for you?

R: Yes.

J: Do you go into town?

R: Yes, I do. We do shopping a lot in Shipley.

J: So, is she here enough? Is she here too much? Do you have access to phone numbers?

R: Yes because she's based in Sure Start Shipley you can always call in.

J: Do you think there are any barriers to using the services, for you personally? Have you got any children with special needs? Or anything like that?

R: No.

J: What's the best way for her to communicate with you and about new ideas? How would you like to get it across? Do you think having a group here like you've got today, just a forum is a good way to come up with ideas, brain storming or a suggestion box?

R: They're all good ideas for different people because some people can't talk in a group so they're better writing their ideas down and putting them in a suggestion box or may be talk to her on her own because like I say, some people don't like talking in groups.

J: So may be a mixture of ways would be the best idea? Do you all fill out these evaluation forms after each session?

R: No!

R: She normally has a big sheet and we put comments on that.

J: So you put positive as well as negative comments down?

R: It's mainly positive though.

R: There isn't much negative.

J: So you would feel confident enough to say negative comments?

R: I think I put down when we did that soup that I didn't like the apple.

J: But it's just a good way of her working with people and getting ideas out.

R: It would be nice to do this again [cookery course]. She's talking about doing it again, isn't she?

J: What about meeting up with representatives from Sure Start and asking you to give your points of view, how would you like that? May be try to pilot a suggestion box here?

R: I think a forum would be good.

J: So someone that feels confident enough to get the forum together and keep it going.

R: Jane!!

J: So may be you could help do it or may be at the start of the session or the end of the session, LB can go away and you can sit down, how can be take this forward and then feedback to her that way. Not just about diet but about Shipley Sure Start and what it can do for you.

J: Shall we try a forum at some point, how about after Christmas?

R: Yes, it would be better after Christmas.

J: So, may be January time?

R: Yes.

J: Thank you very much.

Appendix 7: Focus Group 3

Held at The Frizinghall Community Centre

Key: J= Julia Csikar (researcher)

R= Respondent

J: I'll leave that running there so if you could be aware it's on. If I could just explain what we're doing this for. My name's Julia and I'm evaluating the Sure Start Programme in Shipley and all over Bradford as well. So what we're actually doing at Shipley is looking at the dietetic service. That involves the dietician and the rest of the team and they have asked me to come along to just see what's working, what's not working, what the mums want, what they don't want, that sort of thing. So that's all we're going to talk about today, the service and how you want it to be and if you use it etc. I've got some set questions, but we can talk about anything. So have either of you experienced any problems with your children and food?

R: Yes.

J: What was that like?

R: My daughter doesn't eat much, I think it's because of teasing but, I'm not sure she always does it.

J: Has she always been like that?

R: She has actually.

J: And is this your first child?

R: Yes, my first.

J: So were you quite worried at the time or?

R: Well I talked to Leslie who is, you know, our dietician, and she was giving me some information on what to feed her and what not to feed her, and what she likes really, so I did all of that, but then she went to Pakistan as well so she didn't really like their food over there because she wasn't used to it. And now when she came back she just doesn't eat much, she likes drinking milk but she doesn't like the food, like the home food or anything else like that. And she likes the sweet food, like lollies and crisps that sort of thing.

J: She's a child though.

R: Yes. But then they don't eat their normal food, so I've tried cutting down her milk, so then she eats next food, but sometimes she like savoury things and other times she doesn't want her rice. We feed to her Weetabix but she doesn't eat that.

J: How did you find out about Leslie?

R: The Mother and Toddler Group. She came there.

J: Right. So that's where you first got introduced to her. And did you go and see her at the Centre [Sure Start Welcroft Centre]?

R: No I didn't go and see her. Well I told one of the Sure Start ladies to come because she said after that she would come down.

J: To the Toddler Group?

R: Not to the Toddler Group it was to the Toy Library.

J: And where is the Toy Library located?

R: It's here [Frizinghall Community Centre].

J: And how long ago was that?

R: It before I went to Pakistan it was in May [2003].

J: So did you find that it was useful?

R: Yes, it was useful.

J: And do you think you need to see her again to talk about other issues?

R: I told her to come down and one of the Sure Start ladies she said “I’ll tell her to come down” and then I was going to ask her some more questions like what type of food I should give her [daughter]

J: How many children have you got?

R: I’ve got three children – my oldest is, she’s five. My second one is autistic, she’s four. So I have problems with her obviously, she will only eat certain things and that’s a problem in itself, but at the moment I’m grateful that she eats. When she eats she can eat well, but as I say it’s only certain things and my little boy is fourteen months old and he eats what is given to him really. But he’s not very independent, he won’t pick up things and eat them.

J: Right. So you have to be feeding him his food?

R: Yes, I have to feed him and I have to feed him his drink as well. He doesn’t have the bottle apart from at bedtime now, but he won’t even hold a cup to drink from it, and if I’m to leave it on his tray he’ll just throw it about.

J: Have you spoken to Leslie at all?

R: Not to Leslie actually, but I have spoken to other members of the Sure Start crèche, and then we’ve been to see the paediatrician and the Health Visitor for the range being autistic, because we have been quite concerned about X’s development. He’s crawling and everything now but just when he was one he wasn’t doing any of that and even dragging his leg, he wasn’t crawling on all fours and we were a bit worried that he would have a problem with his movement.

J: So they’ve cleared all that up now.

R: Yes, yes.

J: So developments are coming on well.

R: Yes. They think he’s going to develop well.

J: Yes. So would you talk to Leslie about where you would get help for your little boy regarding him eating food on his own or things like that?

R: Yes, I would be interested in getting help for my little boy as I know some of it’s just what they learn or what they think is easiest to do. If they’re being silly then that’s OK, but it is not that I haven’t tried, I think that from quite an early age, from when he was sitting up and when I was weaning him I would hand him a biscuit and he wouldn’t hold it, so it’s sort of something that started ages ago and he still continues and even if he’s very thirsty and you put a cup in front of him, he’s very stubborn he will not pick it up. So I don’t know if that’s out of being a boy or if it’s a serious problem, I have no idea but at the moment I’m biding my time to wait and see.

J: So do you think that you would consider talking to Leslie if it carried on?

R: Yes.

J: What do you understand by the term “dietician”? What images does it put into your head?

R: Somebody who can advise you about feeding and diet in general.

J: How about other things as well? That springs into my head as well, but there are other things that she does as well that I don’t know whether the word “dietician” conveys it clearly. She could help you settle into the Co-op, or there are other ways of her helping you that are apart from her showing you how to cook.

R: Well that's what I've said is what would come into my mind immediately but then obviously there are things other than that, that I haven't thought of.

J: If she said something like "food advisor" would that be more appropriate?

R: Yes, I mean I think I have a straightforward idea because I've already met Leslie.

J: So if you wanted to meet up with Leslie how would you do it?

R: I would contact Sure Start and either by leaving a message with somebody, because she is only in on the first few days of the week and then arrange an appointment to meet her.

J: Would you prefer to meet her here or at the Wellcroft Centre, or anywhere else? I don't know whether you've got friends in the area and you all meet together or whether you've got children?

R: Well obviously a place like this [Frizinghall Community Centre] would be quite ideal because of things like, say, the Parent and Toddler session going on and there's other mums around and if they have concerns then it could be like making the most of the session really but if I had any specific concerns that I felt that I would like to be assisted with then I think that I would probably request that she would come to see me.

J: Because I think she's only there a short amount of time, one of the ways that we are trying to get our head around is the best way for mums and dads and families to get in touch with her and speak to her, and you're quite empowered and you could ring up and make an if you had any problems but maybe some of the other mums might not be. So I'm just wondering about whether a phone line where you could leave a message and Leslie could ring you back. That would be one way of doing it, or if people didn't want to come to the Community Centre, maybe going to houses in small groups, what do you think?

R: Like if I had a couple of friends. There is quite a good network here, friends, community etc. It's just I think that the only problem with that would be whether everybody would be able to make it at a certain time or whether everybody's got different commitments. I think that that might be one of the problems, I think it would probably take longer. There may be some of things that you might be able to discuss on the phone.

J: So what about linguistic barriers, language barriers, I know obviously that you're two well-educated ladies but there may be other ladies that have come from Pakistan and are not necessarily actively operating in the British community or operating within the community. Do you know many women in your culture?

R: Yes, fine, yes.

J: And do you think there are any needs that we are not meeting

R: I think possibly like an interpreter would help [overcoming linguistic barriers]. Obviously if they are young mums it's difficult for them with the language barrier. So for somebody to breach that gap it would make it [the dietetic service] more accessible to them, the information and the advice.

J: We have Sadia [Sure Start FSW] is available a lot from Sure Start and she's one person, but she can't be everywhere, all the time! But I think that some of the feeling that she's expressed is that if the mums did have a problem they would come forward and would feel empowered enough to call the Sure Start programme for help and advice.

R: I think that most of them [mums] would [access services], but there are some mums that wouldn't access these kind of facilities no matter what. Sometimes, it's like they haven't gone that far and they may not want to. It just whatever you're comfortable with.

J: So do you think that there's any way of accessing these parents?

R: Yes, maybe through bilingual letters or newsletters.

J: Do you think that there is any other way that we can actually access.

R: Yes, I think a lot of them come to this community centre. It's not specifically for the children but there are still parents coming here. There is going to be a fun day soon here.

J: Is it for the whole community?

R: Yes so it's going to be like for all of the members of the community, so that might be good way of advertising sessions or if they come to say the exercise classes, that might be another way to pass on information, like handing out leaflets. Making people more aware of the places that are open.

J: So we've already talked about your daughter having autism. How often are you seeing a dietician at the hospital?

R: I haven't seen a dietician but she is under the care of a paediatrician.

J: So he or she gives your daughter the all the advice and care she needs?

R: Yes. Yes.

J: So there are no other things that you need to talk to Leslie about?

R: Not at the moment, because I understand that obviously that's the way she is really and there's not a lot of room for manoeuvre there.

J: So, how do you input into Sure Start? How do you make your suggestions? Or do you or don't you?

R: I think most of the time it's when they send out questionnaires like for X this isn't for the dietician but speech and language. We use speech and language service there so they sent out a leaflet, just like a questionnaire in the post and we did that and sent it back. They seem quite nice, and again it's just sparing a few minutes to complete. Giving an incentive might be a good way. If I'm being honest the speech and language questionnaire that came out had a prize draw, that's always like an incentive isn't it?

J: What about Parents Forum? Is there anything in Frizinghall where mums can get together and say what services they need? I don't think it's running yet, although I know obviously that the Community Centre has links with the school authority, that it has quite a strong link of women that I don't know exactly what they do but they do various activities and things and I know they hold some sort of discussions.

J: What about these things being held at the Community Centre? Do you think you want be part of something?

R: I think for me it would be time, it's really kind of tight. By the time that the Centre opens and I've dropped the children off and it's to-ing and fro-ing and then it's time to collect X from nursery and then it's X's bedtime.

J: Even if it was something like once every three months?

R: Yeah, I think if it was well advertised and maybe on a trial basis you could see if it could work.

J: The any activity would need a crèche provision?

R: Yes. Yes, I think that would be essential.

J: And do you feel that you might be able to come up with your own agenda so that you can sit down and all agree to it, or would you need assistance from Sure Start or somebody else to lead the discussion for you, or would you prefer just to sit there on your own and come up with some ideas and suggestions?

R: I think it would be helpful; especially to start with if there was somebody leading the session. Because sometimes we kind of drift off and not get anything constructive done. I think that's a big problem.

J: So is there anything else that you can think of around food, dietetics, anything else that we could do at the moment? Is Shipley's a fragmented place?

R: Yes.

J: So we're just trying to work out a way to serve each community in the best way. So have you got any suggestions?

R: I don't know, because I don't live in that part of Frizinghall, more at the back end. I think it's the time commitment and because everybody's busy doing what they all do. I think, it gets a bit difficult. Besides it's like everything the Mother and Toddler Group started off really well and then it fizzled out. There are not many mums going now there was a lot of effort put into it initially.

J: What do you think of weaning parties and the cookery courses? Have you been to any of those?

R: I've been to the weaning party.

J: And what did you think?

R: It was quite good. I did find it useful, but obviously I think when I went to the weaning party I wasn't actually weaning my little boy, it was just held a bit before.

J: What age did you start weaning him at?

R: It was at four months.

J: And how about you?

R: At about three months. But yes, I did find it useful.

J: Were the foods that we used appropriate, were they foods you usually use?

R: Yes, yes they were. Just things that you can get hold of really.

J: Were you invited to the weaning party? Did you hear about it? [other mum in group].

R: I didn't hear about it.

J: You should have got an invitation around your son or daughter's third or fourth month.

R: No I didn't hear of it.

J: Right. So do you normally hear from Sure Start?

R: Yes, I normally do.

J: And how do you get to hear about events in Sure Start Shipley? By letters?

R: When I come to the crèche one of the ladies will tell me [about events], Sure Start they will tell me too.

J: Are you actually registered with Sure Start?

R: Yes, I am registered.

J: But you don't receive anything through the post?

R: No, I don't receive anything [information through the post]. I think that my sister-in-law, she is registered as well as me, but she gets quite a lot through the post, but I haven't. And I've told the lady from Sure Start and she says that I should give her my address and she will check why I am not receiving information.

J: Thank you for giving up your time and if you have any questions, please contact me.

Appendix 8: Session Evaluation: Internal Evaluation

This evaluation helps us to strengthen what is good; improve what is weak; provide guidance for future sessions. Please could you take a few minutes to fill out this **confidential** questionnaire?

PLEASE TICK ONE BOX ONLY FOR EACH ASPECT

Aspect	Excellent 4	Good 3	Adequate 2	Poor 1
Needs met				
Interest of topic				
Content relevant & appropriate				
Information understandable				
Teaching style				
Enough discussion/input				
Enough time & support				
Convenience of the venue				

Comments

What was the best/most useful part of the session?.....

.....

What was the worst/least useful part of the session?.....

.....

Any suggestions for improvement?

.....

Session..... Venue..... Date.....

Thank you for taking the time to complete this questionnaire

Appendix 9: Nutrition Project Action Plan

Project Title: Weaning party Sure Start

Date: (Month/Year): 5.12.02

Lead Dietician: LB

Others involved (give name, role/job, and full contact details)

Bev Jindal: Health visitor/deputy manager

Michelle Stephenson: Health visitor

Crèche workers

Interpreter

Support worker

Target group(s): Mothers with young babies

Other Agencies involved or partnerships: Community centre workers at Bolton Woods

Background to project (why doing this?) Statement of need and how the need was determined; links with local/national priorities etc): Requests by parents for weaning information.

Need identified by parents and health visitors

Overall aim:

To inform mothers and fathers of young babies about appropriate weaning.

Objectives: To include key message to be communicated

1. Understand the importance of appropriate timing for weaning
2. Know which foods to choose for first weaning foods
3. Be able to prepare weaning foods using ordinary household equipment

How objectives are to be achieved and what to do you plan to do:

Divided into 3 sections:

1. **Talk:** appropriate time for weaning including positioning of baby, timing of feeds, portion sizes, consistency, foods to include/exclude
2. **Demonstration:** cooking of weaning foods; lentils, dried apricots, apple and sieving and blending to show consistency
3. **Questions**

Resources:

2 mug burner

Saucepans

Blender

Peeler

Sieve

Wooden spoons

Display of appropriate foods:

To use: fruit, root vegetables, pulses, meat, baby foods.

To avoid: tea, coffee, fizzy pop, eggs, cow's milk, salt, sugar.

Packs for participants containing, cup, bib, bowl, spoon, weaning leaflet, freezer tray and bags.

Evaluation (include indicators, plans, methods. Quantitative and/or Qualitative.

Explain why you chose your method

Evaluation by questionnaire, method chosen to highlight additional focuses which needed covering, which weren't. Also to explain how the participants felt about the session.

What went well?

Demonstration

Any problems (anticipated/experienced?)

Lentils too watery

Some mothers had older children so had other problems

Outcomes (anticipated/actual?)

Increased knowledge. One mother was very pleased and felt more confident about weaning.

Recommendations: None

Reflections: what has been learnt from this (dietician at Sure Start Shipley)

There were too many Sure Start people there. Would like to try it on my own. A video would be useful to demonstrate freezing and thawing of foods commonly used in the home. Better selection of foods – include vegetables and potatoes and maybe mix together. Will be continued in the community centres also with Asian clients using slightly different foods.

Other comments: None

Reports (details of any other reports/papers produced about this work)

Date of this report (state FINAL) as well if this is the final report: 08.01.03

File Name: Weaning party

LESSON PLAN: WEANING PARTY			
TIME	CONTENT	TEACHING METHOD	RESOURCES
5	Why wean at 4 months and not before or later	Talk	
5	Timing of feed, positioning, equipment, quantities	Talk	
5	Drinks, use of cup	Talk	
15	Preparation of foods	Demonstration & talk	2 mug burner Pans Food Blender Sieve Wooden spoons
5	Importance of hygiene	Demonstration & talk	Hot water See above
5	Freezing	Demonstration & talk	Freezer tray and bags
5-10	Foods to avoid	Display & talk	Display foods to avoid
5-10	Foods and drinks to include	Display & talk	Display foods to include
→ End	Questions		