ANNUAL EVALUATION REPORT

FOR

SURE START PINEHURST & PENHILL, SWINDON

2002-2003

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# CONTENTS

1. Introduction \( p3 \)

2. Evaluation strategy \( p4 \)

3. Service review 1 - Playstart \( p6 \)

4. Service review 2 - Health Visitor Service \( p9 \)

5. Longitudinal case studies \( p12 \)

6. Process review with stakeholders \( p13 \)

7. Future evaluation \( p16 \)

**Appendix 1** Evaluation sub-group Terms of Reference

**Appendix 2** Local Evaluation Strategy June 2002

**Appendix 3** Programme of Work Oct 02 - Mar 03

**Appendix 4** Playstart Review Report

**Appendix 5** Playstart Review Executive Summary

**Appendix 6** The Role of the Sure Start Health Visitor, Final Report

**Appendix 7** Longitudinal Studies Summary Report

**Appendix 8** Stakeholders Process Review Report
1. INTRODUCTION

1.1 Sure Start Pinehurst & Penhill is a third wave programme in Swindon, Wiltshire which was approved in August 2001. The lead and accountable body for the programme was originally Wiltshire and Swindon Healthcare Trust, but in April 2002 this trust became the Swindon Primary Care Trust.

1.2 The community of Pinehurst and Penhill includes part of Pinehurst and Gorsehill ward and Penhill ward in its entirety and is situated to the north of Swindon. Geographically, the catchment area is contained within a “pram pushing” distance. Penhill is a 1950's estate while Pinehurst was built between the two world wars. There is a stable core of long established residents living in the area but new families with young children are constantly moving into the area without extended family within the neighbourhood. Support for these young families is a priority need.

1.3 There have been a number of community consultations and short-term initiatives in the area over recent years and local people have become disillusioned about lack of real long-term change.

1.4 The programme is managed by a partnership board which has representation from local statutory agencies (Local Education Authority, Social Services, Health and the police), voluntary agencies (NSPCC and Pre-school Learning Alliance), community groups and parents. There are a number of sub-groups and working groups, one of which is the Evaluation Sub-Group, whose terms of reference are attached (appendix 1). This group oversees the local evaluation.
2. EVALUATION STRATEGY

2.1 The partnership Management Board decided to use an external academic evaluator to work with the programme and asked the University of Bath to undertake this work. Contact was made through a researcher who had previously been involved in research for Swindon Primary Care Trust and was known to a number of people on the Sure Start Board. It was this previous contact which informed the decision not to put the work out to tender.

2.2 A number of meetings were held between the Evaluation sub-group and representatives of the University of Bath to agree a strategy for the local evaluation. This was finally agreed in June 2002. A copy of this is attached (appendix 2).

2.3 This strategy identified 4 key parts: Activity Monitoring, Service Reviews, Analysis of the Sure Start Process (to include parental satisfaction, survey of those involved in running the programme and some longitudinal case studies) and Cost-effectiveness.

2.4 From this strategy a work programme was devised for the period October 2002 to the end of March 2003 (see appendix 3). This totalled 77 days of work at an agreed fixed price. The University used this money to part fund a new post, part of the remit of which was to undertake our evaluation.

2.5 Dr Rita Chawla-Duggan was appointed to this post and she worked closely with the programme, allocating on average 2 days per week during that time to this work. She spent 2 half days per week in the Sure Start office, working alongside the team. This proved particularly valuable, as she was able to talk to all team members and gain an understanding of what the programme was seeking to achieve.
2.6 Other elements of the local evaluation have been the data collection and monitoring (which is the prime responsibility of the team Information Officer, but in which all team members are involved) and a baseline survey of parental satisfaction rates. Mori undertook this in July/August 2002 and some valuable information was gained which has been used to inform planning, for instance information about childcare needs in the area.

2.7 The following sections give a brief overview of each of the elements of the work programme undertaken by Dr Chawla-Duggan between October 2002 and September 2003. The work was due to be completed by the end of March 2003 but the time required was seriously underestimated by the University team and two particular pieces of work - the longitudinal studies and the process review with stakeholders - were not completed until late summer.
3. SERVICE REVIEW 1 - PLAYSTART

3.1 Playstart is a home-based play service that involves a weekly visit by a worker to a child’s home to introduce and carry out play activities with the child and parent, for a maximum of 6 months. The service is provided by the NSPCC based upon a service level agreement with Sure Start.

3.2 Aims of the service review were:

- To identify the strengths and limitations of the Playstart service from the perspective of referrers, users and providers.
- To explore the process for accessing and taking up the service, including existing barriers to take up.
- To explore the process by which Sure Start national targets are delivered and the extent to which the service adds value to existing familial relationships and children's learning, from the perceptions of referrers, users and providers of the service.

3.3 Methodology

A sampling strategy was devised. The sample consisted of users, non-users, referrers and providers. The baseline survey for Sure Start was used to select families from the non-user group.

A total of 29 interviews were conducted. Telephone interviews were conducted with users, non-users and referrers. Face to face interviews were conducted with two Playstart users and the providers of the service.

In addition, in order to explore the perceptions of the Playstart service, the review examined the views of staff who delivered the service, professionals who referred parents to the service and parents who had used the service and those who had not.
3.4 Findings
In general the review revealed that the Playstart service had many positive features and solid foundations have been built for this part of the Sure Start programme.

Strengths of the service were

- The service added value to existing familial relationships
- There was easy access to the service
- There is a simple and swift referral process
- The service can be tailored to the needs of individual children
- The service is flexible
- The service was informative and provided a wide range of play ideas
- Parents were encouraged to be self-reliant
- The relationship between parent and child was strengthened
- The service identifies and responds to special educational needs
- The service encourages children's learning and works towards the development of early learning goals in preparation for school

Limitations of the service were

- Some confusion with other play related services
- Lack of association with Sure Start
- Lack of communication between professional referrers and providers
- Lack of clarity on waiting period between referral and first visit
- Lack of clarity as to whom may use the service
- Lack of users who are fathers

3.5 Recommendations
The main recommendations made on the basis of the information collected in the review were:
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Action</th>
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<tbody>
<tr>
<td>Develop strategies which show parents that there is a clear relationship</td>
<td>There have been several joint training sessions and several co-worked groups and activities. There are plans to increase the amount</td>
</tr>
<tr>
<td>between Sure Start the NSPCC and the Playstart Service.</td>
<td>of joint working.</td>
</tr>
<tr>
<td>Developing strategies to ensure that non-user groups are aware and have</td>
<td>Playstart service had been promoted at NSPCC and Sure Start open days. Taster sessions have yet to be organized.</td>
</tr>
<tr>
<td>knowledge about the service.</td>
<td>A review of resources has been done in the light of the expansion of the family centre building and new equipment and toys have been</td>
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<tr>
<td>Assessing resources for special educational needs.</td>
<td>purchased.</td>
</tr>
<tr>
<td>Using birth to three matters in planning the Playstart sessions</td>
<td>The birth to three pack has been provided to Family Centre staff and there has been discussion about how use the material. Some staff</td>
</tr>
<tr>
<td>Providing an information leaflet for parents about preparing children for</td>
<td>are already incorporating some of the material.</td>
</tr>
<tr>
<td>school, the early learning goals and Playstart.</td>
<td>This has yet to be done</td>
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</tbody>
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3.6 Copies of the final report and the executive summary are attached (appendices 4 & 5).
4. SERVICE REVIEW 2 - HEALTH VISITOR SERVICE

4.1 The Sure Start team includes two health visitor posts working exclusively within the programme. This review was to look at what activities the Sure Start health visitor service involved, and explored perceptions and views of parents and Sure Start health visitors, on the value and effectiveness of the Sure Start health visiting service.

4.2 Aims
Outcomes of the study were intended to provide a baseline model of the Sure Start health visitor service, from which different models could be compared and contrasted.

4.3 Methodology
Telephone interviews were conducted with a sample of parent users and two face-to-face interviews (in pairs) were conducted with the Sure Start health visitors. The Sure Start health visitors recruited the sample of users due to a misunderstanding about the ease of obtaining names and addresses. Therefore, some degree of caution needs to be maintained when examining the results of the data.

4.4 Findings
The overall findings of the review revealed that the Sure Start health visitor’s role had many positive features. In particular, parents were keen to emphasise the particular and supportive relationships that they had with the Sure Start health visitors. There was clear evidence to show that they were able to be flexible and responsive to users’ needs.
Sure Start health visitors provided outreach, individual help at home and group activities. The activities placed emphasis on health promotion, prevention and intervention for medical or social reasons. Their work also involved providing support with child management and its affect on children’s behaviour.

Sure Start health visitors developed networks with other support agencies and professions in the provision of activities, and help for both individual families and groups. This cross discipline or 'joined-up' thinking and working, and the ability to give time to individuals within families, were key characteristics of how Sure Start health visitors approached their role. Indeed the way that the Sure Start health visitors worked, was interwoven with the kinds of service that they provided ('what' they did, was as important as 'how' they did it).

One of the consequences of this approach to their work, was that it resulted in an 'enhanced' health visiting service to users. In turn, this had a positive impact on individual families and group members, particularly in the area of social and emotional difficulties.

4.5 Recommendations
No clear recommendations arose as a result of this evaluation. It identified the key characteristics and strengths of the way Health Visitors are used in the programme and confirmed the effectiveness of the model.

It had been the intention of the evaluation sub-group to ask the evaluators to undertake a comparative study of GP attached Heath Visiting within another similar area in Swindon which does not have a Sure Start programme. However, the evaluation team advised us that this would be an extensive piece of work that would cost more than
one full year's evaluation budget and this has now been abandoned.
A copy of the report is attached (appendix 6).
5. LONGITUDINAL CASE STUDIES

5.1 The longitudinal case studies are designed to give a more detailed long-term look at the effect of Sure Start Pinehurst & Penhill on a sample of families living in the area it serves. Several of the targets, set at both national and local levels, are met by carrying out this work.

5.2 A comparison will be made with non-users of the Sure Start service who also live locally.

5.3 Dr Chawla-Duggan is training a small group of local people (initially parent volunteers) to assist with the interviews and follow-up work, the latter focusing on key issues raised in interviews. This increases the percentage of local people involved in community activities. The training provided helps in their personal development and will improve their employment opportunities.

5.4 The sample contains a total of 18 families in a variety of situations and settings. These families are contacted and given the opportunity to comment about Sure Start and other local services.

5.5 They are consulted on the impact Sure Start has on their family, and in some cases may identify reasons for not using Sure Start.

5.6 These contacts also give an opportunity to find out how well informed families are about Sure Start and where information is obtained. It is hoped that this will provide ideas for better ways of making support and information available for parents in the area and give suggestions for improving the overall quality of services.

5.7 A first round of interviews were undertaken between April and July 2003 and it is intended to undertake these on a yearly basis.

5.8 A copy of the summary report on the case studies is attached (appendix 7)
6. PROCESS REVIEW WITH STAKEHOLDERS

6.1 The aim of this review was:
- To identify across a range of agencies, how successful the partnership arrangements are in contributing to the successful implementation of the Sure Start programme

More specifically, the objectives of the review were:
- To identify the partner agencies involved in delivering the Sure Start programme
- To identify the formal and informal processes set up for working together and making decisions
- To explore the perceptions of the different stakeholders as to how well the partnership arrangements are working and the levels of involvement of different agencies
- To identify any changes that may be required to improve upon the partnership arrangements

6.2 Focussed interviews were held with fourteen members and ex-members of the Sure Start Board. At the time of the review there were fourteen members of the Board and three ex-members. Out of these seventeen, fourteen agreed to be interviewed. The remaining three either had insufficient contact with Sure Start to be of any help, or their agency was already represented. Interviewees represented the following agencies: Health (Primary Care Trust, Acute Health Trust), Early Years Development and Childcare Partnership, Pre-School Learning Alliance and the NSPCC as voluntary bodies, Social Services, parents and a community representative. In addition, the acting chair and newly appointed chair were also interviewed.

6.3 The interviews were analysed and the themes that emerged
from the interview data were grouped under the following headings:

- Representation
- Partnership Arrangements
- Collaboration and Decision-making
- Impact and Changes

6.4 Findings
The following factors were felt to be important in the success of the partnership so far:

- A sense of ownership
- Sound attendance at Board meetings from stakeholder representatives.
- An improvement at involving parent and community representation
- Clarity about membership.
- Development of a structure and reporting mechanisms;
- Development of terms of reference for the Board and sub-groups.
- A democratic process of decision making, where no one agency had dominated.
- Attempts to ensure clear decision-making and a clear oversight of the policy being delivered.
- Knowledge and expertise at Board level and within the delivery team.
- Inclusive – Accepting of suggestions from parent representatives.
- Good relationship with the programme manager
- Negotiations with agencies, for example, through the development of service agreements.

6.5 Recommendations
The report author made the following recommendations:
• Restate the policy being delivered in order to sustain a clear sense of direction and agenda.
• Inform Board members of each other’s work – in particular what they ‘do’ and ‘can do’.
• Continue to develop the strength (in terms of membership and clear focus) of groups at sub-group level.
• Review the extent to which working relationships have or have not been developed and develop ways of joined-up working and planning to achieve shared aims.
• Develop clearly defined roles and responsibilities with representatives from the police and education (Early Childhood Education and Primary Education). Develop strategies for further links with the local Sure Start community.
• Review future needs, for example, special needs, preventing poor primary school performance, child safety; and develop structures to focus on strategies to fulfil those needs.
• Begin an external focus and the ‘rolling’ out process of Sure Start initiatives into the wider Swindon area, for example through use of attendance at Swindon Board level (such as, the ‘Children and Young People’s Strategic Partnership’). Sure Start’s work can then be mainstreamed within the wider Swindon agenda.
• Review whether areas of the programme and partner agencies require restructuring for the purposes of mainstreaming; for example, by addressing issues concerned with Sure Start staff employment.

Board members have yet to agree how to make effective use of these recommendations although many of these issues are being addressed already. A ‘Mainstreaming’ sub-group has been set up and there is already cross-membership between the programme and the Children and Young People’s Strategic Partnership.
7. **FUTURE EVALUATION**

7.1 A programme of work from our external evaluators for this financial year (2003-04) has been delayed by the overrunning of last year's work, which was only finished in September 2003. We have since agreed a limited programme of work for Dec 03 - Mar 04 that is now underway.

7.2 This work consists of an evaluation of the Homeopathy service which the programme funds and some ongoing work with the longitudinal case studies. This will include some further parent researcher training.

7.3 In addition an evaluation of a service known as Talkmore, (a group for parents which enhances their knowledge and skills about their children's speech and language development) is to be undertaken. This will be done by a researcher currently working within the accountable body, Swindon Primary Care Trust, between now and the end of March 2004.

7.4 The local evaluation strategy for the programme is under review as the University of Bath team has recently given notice of their intention to withdraw from the evaluation after the end of March.

7.5 Two reasons were given for this decision. Firstly the team felt that the programme as a whole and the evaluation had a strong emphasis on health issues and that their expertise was in the fields of education and social care. Secondly, they had invested the funding for the first year's evaluation in part funding a post, but in the second year we had only commissioned a small amount of work which led to a review of the post and its funding.

7.6 The Evaluation Sub-group is currently putting together a proposal for next year's evaluation programme which will be presented to the Board in February and it is anticipated that this will be put out to tender, either as a
whole or as separate pieces of work. A key focus of the work will be to provide evidence to support the roll out of Sure Start work in areas where it is felt most change is needed in the Swindon area.

7.7 It is anticipated that in future tighter arrangements for contracting and monitoring the work will be put in place.

7.8 Further planning is also needed within the programme to look at how we ensure that the findings of the local evaluation are disseminated as widely as possible in order to influence local practice and strategic planning across Swindon.
SURE START PINEHURST & PENHILL EVALUATION SUB-GROUP

TERMS OF REFERENCE

January 2003

PURPOSE

The main function of the evaluation sub-group is to oversee and monitor the Sure Start Pinehurst and Penhill local evaluation and to provide reports to the Partnership Board. The sub-group is currently overseeing and monitoring the external evaluation.

OUTCOMES

The expected outcomes for the group are:

• The evaluation will be carried out in line with the planned programme of work.
• The evaluation will be completed within budget.
• The evaluation work will be carried out in partnership with parents.
• Parents will have opportunities to develop skills including research and evaluation skills through a participatory approach.
• Information gathered from the evaluation will be shared widely with all relevant interested parties.
• Requests for resources for the evaluation will be taken to the Board as necessary.

MEMBERSHIP

The group will have a chair and a minute-taker. The chair will be appointed for 1 year at a time. The minute taking will be shared among the group members.

Membership will include

• 2 Parents
• At least two representatives from the following 3 groups
  • Voluntary organisation
  • Community organisation
  • Statutory agency
Co-options as necessary to a maximum number of 10 members on the sub-group. The sub-group will receive information from:

- Sure Start Programme Manager
- The Evaluator
- Sure Start Information Officer

QUORACY

The group will require 60% attendance (rounded up) to be quorate for decision-making. This must include at least 1 parent and 1 Board member (could be the same).

DELEGATED POWERS

The Evaluation sub-group will have the following delegated powers:

- Plan and review the details of the evaluation strategy with Bath University
- Agree the specific services to be reviewed and the processes of the evaluation
- Monitor the evaluation budget

MEETINGS

The group will meet quarterly, dates and times to be at the agreement of the members. Agenda items to be notified to the sub-group Chair in advance of the meeting in order that an agenda may be set.

REPORTING MECHANISMS

The sub-group will report to the Board at the next meeting after it meets. This may be by receipt of minutes or action points, which will be accompanied with a verbal report by a member of the sub-group. These Terms of Reference will be reviewed annually at the first meeting of the calendar year.
This document summarises the local evaluation programme for Sure Start Pinehurst and Penhill, including the requirements set by the national Sure Start Unit. Local evaluation will need to assess how well specific Sure Start activities are performing, review working practices and processes for the delivery of these activities and assess whether Sure Start activities are providing value for money. The key questions that need to be answered through local evaluation are:

- What are we doing?
- How well are we doing it?
- What helps or hinders effectiveness?

The local evaluation will have 4 parts:

- **Activity monitoring** – a regular assessment of each area of work, including whether it is making progress towards meeting national Sure Start targets and local targets;
- **Service reviews** – reviews of any individual services or activities which are either particularly innovative or high profile, problematic, or are expensive to provide;
- **Analysis of the Sure Start process** – looking at the working practices and processes through which Sure Start is delivered in Pinehurst and Penhill;
- **Analysis of the cost-effectiveness of the local programme** – assessing whether the money for Sure Start Pinehurst and Penhill is being used in the best ways.

There will be some overlaps between these different parts of the local evaluation, for example, information from activity monitoring will be used for service reviews and for the analysis of the cost-effectiveness of the local programme.

### 1 Activity monitoring

Good monitoring information is an essential basis for good evaluation. All Sure Start programmes need to routinely collect information on what they are doing to provide the Partnership Board and Programme Manager with information to manage the
programme effectively. This information will be used to make decisions about whether specific parts of the local programme need to be changed or reshaped to enable Sure Start Pinehurst and Penhill to meet both national and local targets. Reliable start-point data, for example, on the number of women smoking during pregnancy, is essential so that progress on meeting targets can be monitored.

The measures to be used to look at progress towards meeting national targets are set out in guidelines produced by the Sure Start Unit. Additional work will be undertaken to identify measures that can be used to assess progress on meeting local objectives.

The Sure Start Information Officer and the Programme Manager will undertake the task of collecting and analysing monitoring information. Quarterly reports will be sent to the national Sure Start Unit and discussed with members of the Partnership Board. An annual report will be produced by September of each year to provide more detailed information on progress within the Sure Start Pinehurst and Penhill programme.

### 2. Service reviews

Whilst the principles of Sure Start are trying to encourage agencies to move away from looking at individual services or areas of activity in an isolated way, there are times when an evaluation or review of a particular activity may be helpful. National guidelines suggest that reviews could take place for very innovative services, or where new activities appear to be in difficulty, or where a service is very expensive to run. However, undertaking service reviews is not a requirement for local evaluation.

Service reviews will be kept to a minimum as part of the local evaluation of Sure Start Pinehurst and Penhill. Initially, the plan is to review three fairly innovative services over the first three years of the Sure Start Programme – the Sure Start health visitor service, the Homeopathy Clinic and the ‘Playstart’ service provided by the NSPCC. If further innovative services are set up during the initial phase of the Sure Start Programme, a decision will be made on whether these should also be reviewed.

The service reviews will include the following areas:
- Access to services (including availability of information for parents);
- Demand for services and the number of parents and children using them;
- Perceptions of parents and staff on the value and effectiveness of services;
- Views of parents and staff on what has helped and hindered development of services;
- Measures/indicators that can be used to look at short term outcomes.

External support may be required to help design and set up the service reviews. If possible, parents using Sure Start services will be trained and supported to help carry out interviews with other parents on their views of individual services.

Work on designing the service reviews should begin as soon as possible so that staff can begin to record key information. The service reviews are likely to be undertaken between June and December 2003.
3 Analysis of the Sure Start process

This part of the evaluation will examine and review the working practices and processes through which the programme is being delivered. The key issue here is the ability of Sure Start Pinehurst and Penhill to reshape existing services in a partnership context, and whether these services can continue to be delivered in the longer term. This element of the evaluation will be largely qualitative and will look at how the programme has developed and how well it is perceived to be working by those involved, including families using services, volunteers, the core Sure Start Team and partner agencies. An analysis of the Sure Start process is a national requirement and will provide further information and understanding of why specific targets are (or are not) being met.

A number of different methods will be used to obtain information on the Sure Start process:

- **Parental satisfaction surveys** looking at levels of satisfaction with services for children under 4 and their families in the Sure Start area. The first survey will take place as soon as possible to provide some baseline information and will then be repeated annually to look at whether reshaping services and partnership working has increased satisfaction levels. The surveys will be undertaken by MORI using a much-shortened version of the questionnaire developed for Sure Start Hartcliffe, Highridge and Withywood in Bristol.

- **A survey of parents and staff involved in running the programme, volunteers, and staff from partner agencies.**
  
  This part of the local evaluation will need to look at a range of issues including the role and involvement of local parents and the wider community in developing and running the programme, how professionals from different agencies work together, and whether management structures support the achievement of Sure Start’s objectives and key principles. A key element will be evaluating the mechanisms of the partnership as they operate in the context of the Board, including how responsive these mechanisms are to changes and developments in the Sure Start programme over time. This work is likely to need some external support to provide an objective view on the running and development of the programme. An external review of the Sure Start process should be undertaken towards the end of the second year of the programme. By this stage, it will be possible to properly assess how well the programme is running.

- **A small number of longitudinal case studies of families involved in Sure Start** to look at the availability of information on local services, how easily services can be accessed, and views of the impact of those services (including any effect on parenting skills and confidence). These case studies will demonstrate in more detail the success or otherwise of partnership working and whether it has made any difference to people’s lives. This work is likely to be carried out with external support and needs to begin as soon as possible.
All Sure Start programmes are required to include an analysis of the cost-effectiveness of the programme as part of their local evaluation. This is important to ensure that the money spent on different parts of the programme achieves its purpose. Evaluations of cost-effectiveness can also be used to provide feedback to organisations/teams running local Sure Start services about how effectively they are using the resources available to them and to help consider the overall allocation of resources within the local programme to ensure that both national and local targets are met.

The evaluation of cost-effectiveness in Pinehurst and Penhill will cover the following core services (to meet the minimum requirements set by the Sure Start Unit):

- New childcare services put in place, including full day care and crèche sessions;
- Playgroups;
- Home visits by staff working for/attached to the Sure Start team, including ante-natal visits, and visits made before babies reach the age of two months and again at between 18 – 24 months.

The methodology for analysing cost-effectiveness will follow guidelines produced by the Sure Start Unit. The first step will be to calculate the unit costs of each of the above services. These costs will then be looked at in the context of both national and local outcome targets. For example, home visits by staff are seeking to influence the national Public Service Agreement targets related to re-registering of children on the Child Protection Register and smoking during pregnancy. Local targets include increasing the number of mother initiating breast-feeding and still breast-feeding at 8 weeks. By relating unit costs to achievement of specific national and local targets, it will be possible to assess whether local Sure Start services are providing value for money, ie, whether they are both efficient and effective. Part of this assessment will include comparisons of unit costs with mainstream services provided locally and with Sure Start services provided in other areas.

This part of the local evaluation will be undertaken as a specific piece of work by an external researcher/consultant. This work is likely to take place between April and September 2003.
This document summarises the local evaluation programme for Sure Start Pinehurst and Penhill, including the requirements set by the national Sure Start Unit. Local evaluation will need to assess how well specific Sure Start activities are performing, review working practices and processes for the delivery of these activities and assess whether Sure Start activities are providing value for money. The key questions that need to be answered through local evaluation are:

- What are we doing?
- How well are we doing it?
- What helps or hinders effectiveness?

The local evaluation will have 4 parts:

1. **Activity monitoring** – a regular assessment of each area of work, including whether it is making progress towards meeting national Sure Start targets and local targets;
2. **Service reviews** – reviews of any individual services or activities which are either particularly innovative or high profile, problematic, or are expensive to provide;
3. **Analysis of the Sure Start process** – looking at the working practices and processes through which Sure Start is delivered in Pinehurst and Penhill;
4. **Analysis of the cost-effectiveness of the local programme** – assessing whether the money for Sure Start Pinehurst and Penhill is being used in the best ways.

There will be some overlaps between these different parts of the local evaluation, for example, information from activity monitoring will be used for service reviews and for the analysis of the cost-effectiveness of the local programme.
programme effectively. This information will be used to make decisions about whether specific parts of the local programme need to be changed or reshaped to enable Sure Start Pinehurst and Penhill to meet both national and local targets. Reliable start-point data, for example, on the number of women smoking during pregnancy, is essential so that progress on meeting targets can be monitored.

The measures to be used to look at progress towards meeting national targets are set out in guidelines produced by the Sure Start Unit. Additional work will be undertaken to identify measures that can be used to assess progress on meeting local objectives.

The Sure Start Information Officer and the Programme Manager will undertake the task of collecting and analysing monitoring information. Quarterly reports will be sent to the national Sure Start Unit and discussed with members of the Partnership Board. An annual report will be produced by September of each year to provide more detailed information on progress within the Sure Start Pinehurst and Penhill programme.

### 2 Service reviews

Whilst the principles of Sure Start are trying to encourage agencies to move away from looking at individual services or areas of activity in an isolated way, there are times when an evaluation or review of a particular activity may be helpful. National guidelines suggest that reviews could take place for very innovative services, or where new activities appear to be in difficulty, or where a service is very expensive to run. However, undertaking service reviews is not a requirement for local evaluation.

Service reviews will be kept to a minimum as part of the local evaluation of Sure Start Pinehurst and Penhill. Initially, the plan is to review three fairly innovative services over the first three years of the Sure Start Programme – the Sure Start health visitor service, the Homeopathy Clinic and the ‘Playstart’ service provided by the NSPCC. If further innovative services are set up during the initial phase of the Sure Start Programme, a decision will be made on whether these should also be reviewed.

The service reviews will include the following areas:
- Access to services (including availability of information for parents);
- Demand for services and the number of parents and children using them;
- Perceptions of parents and staff on the value and effectiveness of services;
- Views of parents and staff on what has helped and hindered development of services;
- Measures/indicators that can be used to look at short term outcomes.

External support may be required to help design and set up the service reviews. If possible, parents using Sure Start services will be trained and supported to help carry out interviews with other parents on their views of individual services.

Work on designing the service reviews should begin as soon as possible so that staff can begin to record key information. The service reviews are likely to be undertaken between June and December 2003.
3 Analysis of the Sure Start process

This part of the evaluation will examine and review the working practices and processes through which the programme is being delivered. The key issue here is the ability of Sure Start Pinehurst and Penhill to reshape existing services in a partnership context, and whether these services can continue to be delivered in the longer term. This element of the evaluation will be largely qualitative and will look at how the programme has developed and how well it is perceived to be working by those involved, including families using services, volunteers, the core Sure Start Team and partner agencies. An analysis of the Sure Start process is a national requirement and will provide further information and understanding of why specific targets are (or are not) being met.

A number of different methods will be used to obtain information on the Sure Start process:

- **Parental satisfaction surveys** looking at levels of satisfaction with services for children under 4 and their families in the Sure Start area. The first survey will take place as soon as possible to provide some baseline information and will then be repeated annually to look at whether reshaping services and partnership working has increased satisfaction levels. The surveys will be undertaken by MORI using a much-shortened version of the questionnaire developed for Sure Start Hartcliffe, Highridge and Withywood in Bristol.

- **A survey of parents and staff involved in running the programme, volunteers, and staff from partner agencies.**
  
  This part of the local evaluation will need to look at a range of issues including the role and involvement of local parents and the wider community in developing and running the programme, how professionals from different agencies work together, and whether management structures support the achievement of Sure Start’s objectives and key principles. A key element will be evaluating the mechanisms of the partnership as they operate in the context of the Board, including how responsive these mechanisms are to changes and developments in the Sure Start programme over time. This work is likely to need some external support to provide an objective view on the running and development of the programme. An external review of the Sure Start process should be undertaken towards the end of the second year of the programme. By this stage, it will be possible to properly assess how well the programme is running.

- **A small number of longitudinal case studies of families involved in Sure Start** to look at the availability of information on local services, how easily services can be accessed, and views of the impact of those services (including any effect on parenting skills and confidence). These case studies will demonstrate in more detail the success or otherwise of partnership working and whether it has made any difference to people’s lives. This work is likely to be carried out with external support and needs to begin as soon as possible.
4 Analysis of the cost-effectiveness of the local programme

All Sure Start programmes are required to include an analysis of the cost-effectiveness of the programme as part of their local evaluation. This is important to ensure that the money spent on different parts of the programme achieves its purpose. Evaluations of cost-effectiveness can also be used to provide feedback to organisations/teams running local Sure Start services about how effectively they are using the resources available to them and to help consider the overall allocation of resources within the local programme to ensure that both national and local targets are met.

The evaluation of cost-effectiveness in Pinehurst and Penhill will cover the following core services (to meet the minimum requirements set by the Sure Start Unit):

- New childcare services put in place, including full day care and crèche sessions;
- Playgroups;
- Home visits by staff working for/attached to the Sure Start team, including ante-natal visits, and visits made before babies reach the age of two months and again at between 18 – 24 months.

The methodology for analysing cost-effectiveness will follow guidelines produced by the Sure Start Unit. The first step will be to calculate the unit costs of each of the above services. These costs will then be looked at in the context of both national and local outcome targets. For example, home visits by staff are seeking to influence the national Public Service Agreement targets related to re-registering of children on the Child Protection Register and smoking during pregnancy. Local targets include increasing the number of mother initiating breast-feeding and still breast-feeding at 8 weeks. By relating unit costs to achievement of specific national and local targets, it will be possible to assess whether local Sure Start services are providing value for money, ie, whether they are both efficient and effective. Part of this assessment will include comparisons of unit costs with mainstream services provided locally and with Sure Start services provided in other areas.

This part of the local evaluation will be undertaken as a specific piece of work by an external researcher/consultant. This work is likely to take place between April and September 2003.

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University of Bath

June 2002
PLAY START SERVICE REVIEW

SWINDON SURE START (PINEHURST AND PENHILL)

REPORT

APRIL 2003

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THE REPORT

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

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

CONTENTS

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

Appendices
Appendix 1. The Play Start Service (Extracts from Service Agreement)
Appendix 3. Interview Schedules
1. BACKGROUND

The University of Bath was contracted by Swindon (Pinehurst and Penhill) Sure Start to conduct a review of its Play Start service, as part of a local evaluation.

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

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

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

a. to compose the evaluation brief. It identified the service review aims and objectives based on impact and process that could be explored within the time frame of the service review.

b. to provide contextual information regarding the Play Start service.

c. in comparative analysis against interview data

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

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

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

2.1 Sampling

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

The final sample consisted of:

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

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

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

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

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

5 health visitor referrals (3 referrers)
3 Sure Start referrals (2 referrers, one of which was not located at Sure start at the time of the evaluation)
1 school start member referral (NSPCC education worker, who was no longer in post)
The remainders of the referrals for the home-based service were self-referrals. All of the referrals for the structured play course were self-referrals.

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

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

Data Collection
Data was collected using both face-to-face interviews and telephone interviews. The interviews were semi-structured and used a series of general questions to provide some direction to the discussion, and to elicit particular information about the following areas:
- Expectations and purpose of the service
- Access/ take up and barriers for take-up
- The referral process
- Knowledge/delivery and experience of the service
- Relationship to national targets (views on how it helps families and individuals within families -managing children / supporting special educational needs / preparation for school/ language and social skills/ family relationships)
- Effectiveness of the service
- Improvement, needs and similar existing services
Telephone interviews were conducted with users, non-users and referrers looking at their perception of the purpose, delivery, process, take-up, value and effectiveness of the service. Face to face interviews were conducted with providers of the service.

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

A total of 29 interviews were conducted.
15 users were successfully contacted and interviewed (a response rate of 45%).
6 non-users were successfully contacted and interviewed (a response rate of 40%). A maximum of five attempts was made at contacting respondents. These were made on different days and at different times. A number of respondents were interviewed in the evenings, as they deemed this more convenient.

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

2.3 The Service Agreement and the Key Interview Questions

- **The Agreement**

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

- **Purpose and Principles**

  According to the service specification:

  Play Start is a preventative service for families and communities, aimed at supporting families to develop their children's language, concentration and social skills through play. Family relationships will be strengthened and children's development encouraged with long-term positive affects on the well being of all family members …..The service is designed to…. increase the skills and self-confidence of families in caring for and managing their own children. It will encourage self-reliance rather than dependence. (Part B: service Specification – purpose and principles of the service p.1)
Since, it was beyond the scope of this review to examine the long-term impact of the Play Start service, the review focused on the extent to which the delivery targets, within the Service agreement (see Appendix 1) to achieve the Sure Start objectives, were met. It also examined the extent to which the principles and purpose of the service (also within the Agreement) were being met. In this respect, the Service agreement was used to develop the following set of broad questions, around which the interviews were constructed:

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

(To refer to interview schedules: see Appendix 3)
3. THE REFERRAL PROCESS

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

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

3.1 Self-Referrals

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

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

The following comments from users of Play Start, illustrated the process and reasons for self-referral to the Play Start service:
He wasn’t very good with people, couldn’t put sentences together and wasn’t ready for nursery. It’s when Mary said she could do activities with him, and he was quite bored at home. They filled in a load of forms to take my son on (self-referrer)

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

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

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

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

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

3.2 Professional Referrals

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

HV (Vivian): I talk to the referral before referring them, and say maybe you’re having difficulty and if they (Play Start providers) come, it’ll be a nice way to sit down (with your child). I fill out a special NSPCC form and go down and ask if they have any spaces. They ring me and tell me they’ve allocated a place; is there anything she should know? It’s quite an informal process.
Professionals would identify a ‘need’ for referral by using their professional judgement and knowledge of the family circumstances. The following comments from health visitors illustrated the process:

RC-D: How do you decide if there is a need for a referral?
HV (Vivian) I think its your basic health visitor assessment. One I referred, she has 3 children under 4, no toys in the house and she’s always shouting and they’re sitting there bored. And over the 3 visits (new birth visits), I built up a relationship and then said there’s someone, that brings toys and they will support you.

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

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

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

3.3. Getting the Right Referral: The Family Context

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

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

In a self-referral for example, a parent might refer himself or herself to the Play Start service, but the provider subsequently discovers that there are ‘other’ family issues that need to be approached before work on play may begin. After helping to solve those ‘other problems’, the parent may then decide that the Play Start service is not required. One of the providers, Shirley, explained:
A lot of them refer themselves to Play Start but play isn’t their problem, it's everything else. Because they think, oh that could be good for him, because all this is going on and he needs it. But you need to sort all that out, and sometimes, when it’s sorted out, they don’t want Play Start, because they never thought it was a problem or a need. I had a young mum, 21 at the time. She had two young children, partner just walked out; left with debts; lots of problems. So I went in. She wouldn’t sit and concentrate. So we had to deal with that before Play Start. So I referred her to appropriate agencies. Then by the time Play Start came around, we did one session and then she didn’t want it (Shirley: Play Start Provider).

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

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

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

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

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

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

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

Sometimes, when it’s been a Play Start referral, that isn’t quite correct. There are issues in the home. So you have to split your session; and do your Play Start, but then give mum ten or fifteen minutes to deal with the issues that are in the home, or affect their lives; because if you don’t get that right, the Play Start will never work (Mary: Play Start provider).
For providers, the referrals were sometimes an on-going process. As a result of ‘other family issues’ further referrals might be made to help with those problems. In addition, in the process of providing, or having provided, the ‘Play Start’ service, a special educational need might have been identified, in which case, a referral would be made to another organisation, who would provide specific help that was required, for example, for speech and hearing difficulties or for behavioural difficulties.
4. PURPOSE AND EXPECTATIONS OF THE SERVICE

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

**Purpose of the home-based service**

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

- ..for family relationships…to get closer
- ..for children to learn to do things
- ..so they learn to concentrate
- it’s general help on children’s development and how you can interact and play
- to help with speech and behaviour and gives us ideas so we can help them
to help with speech and behaviour and what sorts of things you can ask them (the children)
- ..to help with problems like behaviour
- ..for behaviour – so they listen
- ..to help him get into nursery

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

**Providers:**

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

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

Its main purpose was to help the relationship between the parent and the child. This was achieved through helping the parent (usually the mother) so that s/he had the confidence, knowledge and skills to use play to help his/her child with learning difficulties and manage his/ her child’s behaviour. The providers, Mary and Maggie, explained:
If parents were struggling; some mums have not had play experience themselves; some mum’s lack confidence. We talk to mums; see where she thinks she’s at, give her ideas, increase her knowledge, so her and her child can enjoy play together…to enjoy their children with confidence and not to be frightened to play. (Mary: Play Start provider)

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

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

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

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

Purpose of the structured play course

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

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

Providers:

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

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

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

…the child demonstrated behaviour problems, so it was difficult to come out.
…the child demonstrated behavioural problems – banging his head against the walls when having tantrums.
…the child had a lack of social skills and so ‘wasn’t very good with people’, along with poor language skills.
…the child was demonstrating speech and behaviour difficulties

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

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

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

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

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

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

One referrer chose the service because she expected the provider to ‘model’ how the mother and child could interact using play, so that the mother would be able to manage the child’s behaviour. She explained:
I’m expecting Play Start to go on their visit, give mum ideas on how to play with baby, and sit with mum and model play. And also if there are behavioural problems in the hour, they can model how to use play to help people manage their children

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

They were children with difficult behaviour. One of them wasn’t in playschool and had medical problems. I though it would help them to concentrate on task and prepare them for nursery school.
5. ACCESS AND BARRIERS FOR TAKE-UP OF THE SERVICE

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

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

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

The Structured Play Course
The structured play course was also accessed though the use of other services, primarily, the home based ‘Play Start’ service. As Mary, a provider explained:

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

Sometimes we feel that they might be interested and let them know about the additional service…sometimes we get requests, asking if we’ve got any courses coming out. The majority of people who come – perhaps they might be using some other service. (Maggie: Play Start provider)
Leaflets and fliers, giving details about the ‘Play to Learn, Learn to Play’ course also allowed access to
the structured course. One parent explained:

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

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

Professional Referrers and Access.

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

5.2. Barriers for take–up of the service:

• Users’ Views

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

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

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

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

• Providers’ Views

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

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

What was apparent in the interview data was that, as a consequence of accessing the North Swindon
Family Centre and the range of services available to parents, the stigma associated with using the
NSPCC was reduced. Parents used Play Start as a result of using other services such as the ‘drop-in’
service.
Two other factors raised by providers that may have prevented take-up were: first, parents may assume they have to have a problem to use the service. Second, parents may assume that the kind of play that they do with their child, is interpreted in the same way by providers of Play Start service, as Shirley explained:

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

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

• Referrers’ Views:
Referrers also identified ‘stigma’ as a factor preventing take-up. For example, one referrer stated:

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

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

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

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

The Sure Start services that those parents used were listed as:
- The under 3’s groups
- Talk and toys
- Family support
- Play and learn
- Talk more

Non-users had found out about the Sure Start services that they used, through:
- Local school
- Recommendation from friends
- Health visitor referral
- Receiving information about services through the existing mailing list
- A new baby visit from a Sure Start health Visitor
Yet, their knowledge and lack of knowledge about Play Start (which included confusion with other services) was reflected in the following comments:

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

.. I think you can get toys to bring home

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

..I don’t know about it

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

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

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

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

- A lack of time. For those non-user parents, their children were occupied on a daily basis; and used Sure Start services such as ‘talk and toys’.

- The perceived lack of need. These parents ‘played’ with their children and assumed that the Play Start service was for families who needed help. Their comments included:

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

...I do it any way

...there’s no need

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

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

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

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

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

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

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

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

One referrer had knowledge of this planning process, as well as delivery. She was a health visitor and was aware of the process through being informed by her patient. Another referrer had some knowledge
of the delivery of the service, as she had attended a ‘presentation’ about the service, at the ‘Sure Start Celebration Day’.

6.2 Delivery and Activities

- The Home Based Service

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

- sticking and cutting
- building bricks
- making models
- a PE session
- doing cooking
- reading books that made noises
- doing the story of Goldilocks and the three bears with toys
- copying things, writing them
- role play
- games to do with colours and counting
- making shapes
- doing jigsaws
- doing numbers from 1-10
- finger painting
- playdough
- encouraging the child to do a bit, then a bit more

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

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

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

She’d come through the door, say hello; chat with James, how he was, ask him to help her to get the toys out and they’d do painting, finger painting. She’d like talk to him as he was painting; like ‘what colours do you want to use? What are you painting?’ Then they’d wash hands, then some singing, puzzles and a story… Then she’d write a form to say what she did and what we’d do next week …. Every week it was something different. One time we played with cornflour and water, using his hands to feel it; playing with cars, trains bricks. Things like a garage and a train and do like ‘lead play’, what he wants…(user)

I’d say, arrive at 9.15. We’d have a brief chat when I was there, talk to the child, and give him good eye contact.
And then inviting the child in the correct manner to come and sit on the table now. Because that’s directive – I’m not giving him a choice, I’m asking him to come. Invite mum to join us, and often the baby’s in the bouncy chair. And I would have a programme made out. If I was looking at a child who needed basic concept 1-5, had poor hand function. I would start with threading cotton reels and would show them how to do it. Concentrate on my hands, giving lots of language; 1,2,3, counts; then I’d build up to 5. Then we’d perhaps do nursery rhyme 1,2,3,4,5 – again that’s re-inforcing the number and mum would join in too and I’d give praise all the time ‘well done Johnny, good boy, you’re singing well today. Always giving them good eye contact. I then would move on to perhaps five bricks. I’d count 1,2,3,4,5 and get the child to stack, knock them down. Then I’d go into another activity which would link in with what I was trying to do; what a child needed – perhaps playing a game. Then a story and finger rhyme and actions at the end. …(Mary : Play Start provider)

- The Structured Play Course: ‘Play to Learn, Learn to Play’

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

  Week 1. what is play
  Week 2. SPICE (acronym for different learning experiences)
  Week 3. Imaginative Play
  Week 4. Sensory Play
  Week 5. A Child’s Eye View

Users and providers cited accounts of sessions, for example:

The first session was the most nerve racking. We had the icebreaker. We had to pick a toy and say why we picked it up. We were given a load of boxes and empty containers and had to make a house. You didn’t need any money. We were put into groups… …We had cold and warm spaghetti and had to put our feet in it and say what we thought it felt… …We had boxes with different things in and we were getting reactions… Although we were there to learn about children, we were looking at our memories of childhood and play. After we left the group we were all chatting to each other (Play Start user – structured course)

The parents would arrive and we’d have some sort of icebreaker and it’s related to theory. So for the sensorial things we said look back over your childhood. Are there particular tastes or smells that you recall? After the icebreaker, we’d go into the main part of the session…for the sensory work we had a feely box….. We’d talk afterwards- how did that feel? We talk about what the child would be achieving from that – the relevance of the sensors. The next part of the session for the sensorial work. We had lots of covered containers with different smells. We’d pass it round, talk about the development of language…descriptive language; how to incorporate that into daily living or creative play situations.
Then we might have things like play dough, mix cornflour and water – different textures and about how it’s good for the child’s emotional development, self-expression and also keep talking about the language you can be developing with it. (Maggie: Play Start provider).

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

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

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

6.3.1 Improving Social and Emotional Development

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

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

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

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

…it’s helped us to understand what it feels like to lip read, and not hear properly. Mary tried to explain to us what it’s like to be partially deaf and not hear properly- it’s frustrating. She’d suggest things so that we could handle Jill with her temperament. We’d sit and encourage her with a book, and as time went on, she’d sit longer and longer… It tried to prepare her for school. While Jill was at nursery, Mary still came to work with her, to encourage the nursery in developing her drawing and colouring. Because the nursery said they were concerned, because she wouldn’t communicate; the other children didn’t want to know her, because they didn’t know what she was saying. School is finding it tuff to work with Jill, and Mary again, has spoken to the school; to say this is what’s happened with Jill and you’ve got to try and be patient, and work with Jill, the way she’s going. Mary came to school with me, because it just got Jill to a point, and stopped. Then Mary spoke to another school and said this is what her previous school does. They said no, we do this (instead). She’s done really well! (Play Start user).

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

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

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

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

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

He had a lot of trouble with sharing; it helped with sharing. He wouldn’t let anyone touch anything, now he’s a real luvy. His speech is much better. He’s in play school now. Talk more group helped him, but (for Play Start) Shirley would ask him questions – if she was reading a book she’d ask him ‘how many cars or dogs were on the paper…. I join in more. I’ll get the paints now, put a sheet down and we’ll sit. Sometimes; I find rather than telling them, I ask them, and give them the choice instead of ’go and do this’, say ‘would you mind doing this’. With his brother he’s learnt to share more. (Parent user)
6.3.iv Helping Progress Towards Early Learning Goals for When They Get to School

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

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

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

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

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

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

**Personal, social and emotional development**

- disposition and attitudes
  7. Is confident to…….speak in a familiar group
  8. Maintains attention and concentration
- social development
  1. Plays alongside others
  2. Builds relationships through gesture and talk
  3. Takes turns and shares with adult support, for example, playing card games such as picture dominoes
  5. Forms good relationships with adults and peers
  6. Understands that there need to be agreed values and codes of behaviour for groups of people, including adults and children, to work together harmoniously. For example that running in a classroom (user cited different context – on a bus) could cause an accident

**Emotional development**

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

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

b) Linking sounds to letters
1. Joins in with rhyming and rhythmic activities

c) Reading
1. Is developing and interest in books…for example, listening to stories with interest

Recognises a few familiar words
5. Shows an understanding of the elements of stories, such as the main character, the sequence of events and openings for example, the child identifies the main characters and sequence of events.

Mathematical Development
a) numbers as labels and for counting
1. Says some number names in familiar contexts, such as nursery rhymes
2. Counts reliably up to three everyday objects
4. Says number names in order
5. Recognises numerals 1 to 9
6. Counts reliably up to 10 everyday objects

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

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

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

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

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

…It’s helped me with his learning problems; he’s more sociable
…It helped me, the girls and the children we do different ways of sign language with my son, because he’s got hearing problems
…It’s helped us to understand what it feels like not to hear properly and to lip read
…It’s helped me (mum) because it’s given me ideas like match dominoes

…I (mum) got to find out what he likes, dislikes, without buying anything. It’s helped to manage him
…He listened to me and it’s helped him with his younger brother…
...It gave me a rest...
...It’s helped me (dad) on how to bring up children and look after them...

...It’s helped him to share with his brothers and sisters; and there’s been a change in me.
...It’s given me ideas for the older one and they do things together...

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

In general, the review revealed that the Play Start service had many positive features and solid foundations have been built for this part of the Sure Start programme. The following section highlights the strengths, limitations and effectiveness of the service, as identified by users, providers and referrers to the service; alongside the extent to which the objectives of the Play Start service are met, in terms of short and medium term impact.

7.1 Strengths

- **Multiple impacts to users of service.** Whilst users often took up the service for a particular purpose, for example to help their child’s language skills; there were often multiple benefits that were gained from using the service (for example on family relationships, developing parental confidence and managing children’s behaviour).

- **Easy access without the stigma of ‘NSPCC’.** Analysis of access to Play Start service suggested that users found it easier to access the service, because of the existence of other services, mainly the drop-in sessions. As a result of this access route, those users did not identify use of the Play Start service with the ‘stigma’ associated with the NSPCC.*

- **Simple and swift referral process.** The referral forms were easy to complete and deliver to the NSPCC. Similarly self referrers found that providers were accessible, and completed the forms swiftly, through discussion with the self-referrer

- **Tailor-made.** The identification of goals and subsequent planning of activities in discussion with parents, ensured that individual parents’ concerns, as they defined them, with the provider, were met by the Play Start service.

- **Flexible.** The service retained a degree of flexibility in term of negotiable times and frequency of sessions that are held. Users found this aspect of the service helpful in that it accommodated their practical needs.

- **Informative.** The service provided users with play ideas, so that they were able to help their children with specific difficulties with learning and behaviour, without incurring additional expense. In the context of the structured play course, parents were provided with more ideas, alongside an insight into the child’s perspective, through taking part in different play experiences.
• **Encourages and empowers parents to be self-reliant.** The service actively encouraged parents to resolve their concerns, by suggesting ways forward for resolving their problems*.

• **Strengthens relationships between parent and child.** The service helped to develop better relationships between parent and child by using specific strategies. First, to improve behaviour and second, to develop different kinds of interaction between parent and child. This also held implications for how siblings behaved with one another.

• **Identifies and supports special educational needs.** One of the implications of the individual attention given in this service was that particular special educational needs could be identified and supported (for example, by using a speech therapist) before the child was to start nursery; support was also given through informing, liaising and identifying the appropriate early educational setting that the child would subsequently attend.

• **Encourages children’s learning and works toward the development of early learning goals in preparation for school.** All users of the service expressed the view that the service encouraged the children in their learning, and in increasing the child’s confidence. In addition the activities and impact of the service (from the users and providers perspective) suggested that the service worked towards the early learning goals.

• **Individual help for parents from the home.** Given that group settings are not suitable for everyone, the home based service fills a valuable gap for different needs. For example, those parents who lacked the confidence to attend groups with their children, sometimes because their children showed behavioural problems, benefited from individual support in the home to help with managing behaviour, so that they were then able to attend group settings. Other parents who benefited from the home based aspect of the service were mothers with a new baby alongside an older child. In addition it was also useful to parents who found it practically difficult to leave the home setting, given that there were a number of children in the household.

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* This issue was also highlighted in a study of NSPCC family services currently being conducted Ruth Gardner and Amanda Bunn,
• **Value added.** The one to one aspect of the home-based service allowed parent and child to be given the time and patience that can only be achieved through individual assistance. In this respect, the service provided the ‘extra’ attention to users, that would not be available in a playgroup or nursery setting.
7.2 Limitations

- **Confusion of play related services.** Both users and non-users showed confusion about knowledge of the service. A number of users did not recognise the service by its name, until the home based aspect was clarified by the researcher. Non-users claimed that parents were not aware of the differences between the different kinds of play related services.

- **Lack of association with Sure Start.** Most users connected Play Start with the NSPCC, but not Sure Start with the NSPCC. Parents were not aware that NSPCC and Sure Start ‘worked together’ to provide the service.

- **Lack of communication between professional referrers and providers.** Referrers expressed the fact that they did not receive feedback from providers in terms of whether the family had received help; or in terms of the level of improvement that had occurred. One of the referrers considered this feedback to be an important channel of communication, to prevent the child becoming because ‘lost in the system’ if there were no improvement. Providers expressed the view that on occasion they received Play Start referrals that were inappropriate for the family’s situation at that time.

- **Lack of clarity on waiting period between referral and first visit.** Whilst users who were interviewed expressed the view that the timescale between the referral and the first visit was less than a week; one of the professional referrers claimed that her knowledge from users was in contrast to that claim.

- **Perception of lack of visible advertisements outside the NSPCC.** A number of users expressed the view that they had not seen fliers about the service outside of the Family centre. Similarly, a number of non-users expressed the view that they had no knowledge of the service. However, the review also suggested that parents were much more likely to have knowledge and take up the service, when they had been given verbal information, in addition to posters or leaflets.

- **A lack of clarity as to who may use the service.** A number of non-users expressed the view that the service was for parents and children who needed help. Providers expressed the view that this was a service, which was available for any family within the Sure Start

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*This issue was also highlighted in a study of NSPCC family services conducted by Ruth Gardner and Amanda Bunn at the time of the service review.*
area. Providers also expressed the view that there were strong grounds for expanding the geographical boundaries of the service.

- **Lack of users who are fathers.** Mothers mainly used the service although one single father was receiving assistance from the NSPCC alongside the Play Start service.
7.3. Effectiveness

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

- **Ease of referral.** The forms were simple to complete and the service providers were easily accessible.

- **Parent’s relationship with the provider.** Parents appreciated the fact that providers gave their time and patience on an individual basis. Providers were perceived to be approachable, with ‘time to give’, so that users felt comfortable with them and were able to talk to them. This was particularly the case when parents were experiencing ‘other’ problems and needed someone to help them ‘manage’ their children at difficult points in their lives. One parent described the provider as a mother – ‘she speaks to me like a mum’.

- **Children’s relationship with the provider.** A further factor that made this service successful was the relationship between the children and the provider. This was crucial to the success of the service. In all the cases that were interviewed parents expressed comments such as ‘…she looked forward to it…she got on with (the provider)...she was very excited to see (the provider). In other words, if the children enjoyed the service, they let their parents know.

- **Useful and enjoyable activities:** Parents found the activities useful and their children found them enjoyable.
In order to ensure that the existing level and quality of the Play Start service continues, the main recommendations for the Play Start service that are made on the basis of this evaluation are:

- **Developing strategies, which show parents that there is a clear relationship between Sure Start, the NSPCC and the Play Start service.** This is in recognition of the finding that parents were connecting Play Start with the NSPCC, but not NSPCC with Sure Start. Team workers from both the NSPCC and Sure Start, could for example, consider working together, at some level of promotion of the service.

- **Developing strategies to ensure non-user groups are aware and have knowledge about the service.** For example, by offering ‘taster’ sessions, about both aspects of the Play Start service, to families that have had contact with Sure Start for purposes other than Play Start.

- **Establishing a better understanding of the purpose of the service, so that existing channels of communication between professional referrers and providers are appropriate to needs.** Both groups can then receive the kinds of relevant information that they would find useful in referring and delivering the Play Start service swiftly.

- **Assessment of resources for special educational needs.** Given that one of the providers anticipated further cases of children with special educational needs, there needs to be an assessment of whether there are enough resources both in terms of trained staff (or if further training is required) and materials such as specialised toys, to fulfil this requirement.

- **An information leaflet for parents about preparing children for school, the early learning goals and Play Start.** One parent expressed the view that there needs to be explicit knowledge available about how the service helps the transition to school. Given that that the delivery content of the home based service ties closely with the Early Learning Goals – the report recommends that their relationship to activities be made explicit in explanations to parents and the service aims to help children for school.

- **Use of ‘Birth to three Matters’ in planning.** Service providers may also consider incorporating more recent documentation in their planning. For example, ‘Birth to three matters A framework to Support Children in their Earliest years’ which is endorsed by Sure Start at the national level, and will need to be considered alongside Early Learning Goals.
9. REFERENCES

Department for Education and Science/Qualifications and Curriculum Association

Department for Education and Science/Qualifications and Curriculum Association

• The Agreement

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

• Purpose and Principles

According to the service specification:

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

• Ways of Delivery

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

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

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

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

The specifications for the Play Start service stated that:

The Play Start service is designed to contribute, in conjunction with other Sure Start activities, to the achievement of certain of the specific Sure Start objectives and targets in
In this respect, the service addresses two Sure Start national objectives. They are objective 1 and Objective 3; to improve social and emotional development and to improve children’s ability to learn.

**Objective 1:** This objective aims to improve social and emotional development: -
- by supporting early bonding between parents and their children,
- helping families to function and by
- enabling the early identification and support of children with emotional and behavioural difficulties.

In order to deliver Objective 1, Play Start programmes will have:
- agreed and implemented, in a culturally sensitive way, ways of caring for and supporting mothers with post-natal depression (ibid)

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

**Objective 3:** This objective aims at improving children's ability to learn:
- by encouraging high quality environments and childcare that promote early learning,
- providing stimulating and enjoyable play,
- improving language skills and
- ensuring early identification and support of children with special needs.

In order to deliver objective 3, Play Start programmes will:
- aim for all children in Sure Start areas to have access to good quality play and learning opportunities,
- help progress towards early learning goals for when they get to school (Part B: Service Specification -Objectives of the service p.1-2)

The Sure Start annual milestones to achieve objective 3 are that by the 4th quarter of year 1: (Feb-April02)
- Play Start will be working with 15 local families to encourage play skills and
- By the 3rd quarter of Year 2: (Nov 02–Jan 03)
- Play Start working with 30 families (Supplementary plan for new public service agreement 2001-2004)

The long-term impact of this delivery is to reduce the numbers of children with speech and language problems requiring specialist intervention by 5% in 2004.
The purpose and principle of the Play Start service can be understood in terms of medium term impacts of the service. They aim to:

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

(The extent to which those issues were raised in interviews with providers, users, non-users and referrers, was examined in the evaluation).
Appendix 2

Monthly Monitoring Information:

November 2001 – February 2003
PLAYSTART SERVICES

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

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

<table>
<thead>
<tr>
<th></th>
<th>New Users</th>
<th>Existing Users per month</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2001</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>December</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total 2001</strong></td>
<td><strong>4 new users</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2002</strong></td>
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<tr>
<td>January</td>
<td>8</td>
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<tr>
<td>February</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>March</td>
<td>3</td>
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<td>April</td>
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<td>May</td>
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<td>July</td>
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<tr>
<td>August</td>
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<td>September</td>
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<td>19</td>
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<td>October</td>
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</tr>
<tr>
<td>November</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>December</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total 2002</strong></td>
<td><strong>38 new users</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2003</strong></td>
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<tr>
<td>January</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>February</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total 2003</strong></td>
<td><strong>7 new users</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Users</strong></td>
<td><strong>49</strong></td>
<td></td>
</tr>
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</table>
Information about Playstart Children

Area live in  n=49

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<thead>
<tr>
<th>Locality</th>
<th>Number</th>
<th>%</th>
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<tbody>
<tr>
<td>Penhill</td>
<td>33</td>
<td>67%</td>
</tr>
<tr>
<td>Pinchurst</td>
<td>16</td>
<td>33%</td>
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Ethnic Breakdown  n=49:

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<th>Number</th>
<th>%</th>
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<td>90</td>
</tr>
<tr>
<td>White –Other mixed background</td>
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<td>10</td>
</tr>
<tr>
<td>Mixed – white/Black Caribbean</td>
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Age of child when first used PlayStart  n=49:

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<thead>
<tr>
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<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
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<td>8</td>
</tr>
<tr>
<td>1 year</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>2 years</td>
<td>19</td>
<td>39</td>
</tr>
<tr>
<td>3 years</td>
<td>12</td>
<td>25</td>
</tr>
<tr>
<td>4 years</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Total Children</td>
<td>49</td>
<td></td>
</tr>
</tbody>
</table>

Children with a disability  n=49:

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<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>14</td>
</tr>
</tbody>
</table>

Information about PlayStart Parents and Families

Lone Parents  (n= 44 families)

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<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
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<td>55</td>
</tr>
</tbody>
</table>

Pregnant Mums  (n= 44 families)

<table>
<thead>
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<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>9</td>
</tr>
</tbody>
</table>

Parent with Disability  (n= 44 families)

<table>
<thead>
<tr>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>9</td>
</tr>
</tbody>
</table>

(No families with both parents with a disability)

Other children over 4  (n= 44 families)

<table>
<thead>
<tr>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>18</td>
</tr>
</tbody>
</table>
(Number of families who have other children over the age of 4)
Appendix 3

Interview Schedules
Play Start Service Evaluation

Interview Schedule: Users

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

Expectations/ rationale
- Why did you choose to use it?
- What’s do you think its purpose is?

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

Referral process:
- How do parents make referrals (process) and why?

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

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

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

- Awareness of any other similar service offered in the area
Play Start Service Evaluation

Interview Schedule: Providers

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

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

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

**Referral process:**
- How do professionals/parents make referrals (process) and why?

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

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

**Improvement, needs and similar existing services:**
- Views on how play start service could be improved, and where there are identified needs which are not currently being met (e.g. from hard to reach groups.)

- Future plans for further development of play start service

- Awareness of any other similar service offered in the area
Play Start Service Evaluation

Interview Schedule: Referrers

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

Expectations/knowledge of service
- What do you expect from playstart when you refer?
- What’s do you think its purpose/objective is?

Access/take-up and barriers for take-up
- How do referrers find out about the service?
- Views on what stops parents taking up the service

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

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

Effectiveness/value added:
- Views on effectiveness of service and its strengths and weaknesses (does it appear to meet its objectives/Purpose and expectations)
- Views on factors which make the referral process in the programme successful
**Improvement, needs and similar existing services:**

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

Awareness of any other similar service offered in the area
Aim: to explore existing knowledge of the playstart service and reasons for non-take up and use

- **Existing use of/access to Sure start services:**
  What Sure Start services do you use and for who?
  How did you find out about those services?

- **Knowledge of Play start:**
  Have you heard of playstart?
  What do you know about playstart?
  From whom/how did you find out about play start?

- **Reasons for non take-up**
  Why don’t you use it?

- **Gaps/needs to identify a different version of playstart:**
  What would help you to use it? (e.g. Could it be organised differently: timing/location/frequency)

- **General**
  What sort of service would make a difference to your life/child?
PLAY START SERVICE REVIEW

SWINDON SURE START (PINEHURST AND PENHILL)

SUMMARY

APRIL 2003

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University of Bath in Swindon
Marlowe Avenue
Swindon
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The author would like to thank:

The parents, providers and referrers for their help in this service review.

The Sure Start information officer for her help in the review

University of Bath members - Louise Brown, Felicity Wikeley and Jane Batchelor; for their valuable advice in the review process.
1. INTRODUCTION

The University of Bath was contracted by Swindon (Pinehurst and Penhill) Sure Start to conduct a review of its Play Start service, as part of a local evaluation. The Play Start service began in July 2001, and was based upon a service agreement between Sure Start and the NSPCC in Pinehurst and Penhill. The service involved two elements: first, a home based play service and second, structured play courses for parents.

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

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

2. THE SERVICE REVIEW

Initially, the review involved examining relevant documentation, in order to construct an evaluation brief, which identified the aims and objectives of the review. The documentation included the ‘Supplementary Plan for the New Public Service Agreement 2001-2004’, and the ‘Service agreement between Sure Start Pinehurst and Penhill and NSPCC for the Provision of the Play Start service’.

A sampling strategy was devised. The sample consisted of users (both, past users and current users), non-users, referrers and providers. The baseline survey for Sure Start (conducted by Mori) was used to select families from the non-user group, as the survey had identified families who were willing to take part in research.

The final sample consisted of 33 users, 15 non-users, 4 referrers and 4 providers. 15 users were successfully contacted and interviewed (a response rate of 46%). 6 non-users were successfully contacted and interviewed (a response rate of 40%). All referrers and providers were successfully contacted and interviewed. A maximum of five attempts was made at contacting respondents. These were made on different days and at different times. A number of respondents were interviewed in the evenings, as they deemed this more convenient.

A total of 29 interviews were conducted. Telephone interviews were conducted with users, non-users and referrers. In the case of two of the Play Start users, face-to-face interviews were conducted at their request. Face to face interviews were conducted with providers of the service.

To overcome data protection issues concerned with the sharing of confidential information between NSPCC and the University of Bath; the NSPCC contacted all users of the Play Start service by letter in order to obtain consent to be contacted by the University researcher.

As part of the service review, the referral process for the Play Start service was described. In addition, in order to explore the perceptions of the Play Start service, the review examined the views of staff who delivered the service, professionals who
referred parents to the service, and parents who used and had not used the service. Their views were analysed in order to provide an evaluation of their expectations, knowledge and experience of the service, including issues concerned with accessing and barriers for taking-up the Play Start service. Their views were also analysed in order to identify the relationship between the Play Start service and the Sure Start objectives.
3. FINDINGS

The Referral process:

- The process of self-referrals was initiated through conversations with Play Start providers (at drop-in sessions), sometimes through a friend, a teacher or the health visitor.
- Self-referrals for Play Start often occurred as a result of parents accessing ‘other’ services at the NSPCC’s Swindon Family Centre, where providers would suggest, recommend or inform parents of the Play Start service. In addition, a parent may have simply telephoned the ‘Centre’ with a ‘problem’.
- Self-referrals were primarily associated with two areas of parental concern: children’s behaviour, and/or children’s speech and language difficulties.
- Professionals would identify a ‘need’ for referral by using their professional judgement and knowledge of the family circumstances.
- One of the problems encountered by providers of the Play Start service was of ‘getting the right Play Start referral’ for the family at that time. The extent to which the ‘Play Start Service was suitable for a family at a particular time was a cause of concern, given that in such situations, there were other family issues that had to be confronted, before Play Start could be provided successfully. This applied to self-referrals as well as professional referrals.
- One of the implications of ‘Play Start’ referrals that had ‘other family problems’ was that those parents needed to ‘talk’ about concerns with someone. Some providers would reserve the last 15 minutes of the ‘Play Start’ session for the parent, in order to satisfy that need.

Purpose and Expectations of the Service

**Purposes of the home based service:**

- Users: The purpose of the home-based Play Start service was to foster and support good family and social relationships; to develop children’s learning abilities, in particular the ability to persevere, communicate verbally and interact in their relationships with others; to provide help to parents in order to manage behavioural problems; and to help in the transition into nursery school.
- Providers: The main purpose of the home-based service was to help the relationship between the parent and the child. This was achieved through helping the parent (usually the mother) so that s/he had the confidence, knowledge and skills to use play to help his/her child with learning difficulties and manage his/her child’s behaviour.
- Referrers: The purpose of the Play Start service was to help both parent and child. It aimed to develop children’s learning skills and confidence, alongside helping the parents to learn how to play and strengthening their relationship with the child.

**Purposes of the structured play course**

- Users: The structured play course was primarily seen as a way of providing new ideas for children’s learning through the vehicle of play. Users expected to gain more ideas for play activities.
- Providers: It aimed to provide parents with hands on experience of play and some understanding of the child’s perspective

**Expectations of the home based service:**

- Users: Most users expected the service to help children in the areas of language and behaviour (which included social skills).
- Providers: Providers expected the service to help both the parent and the child individually; for example, to help the mother’s confidence in childcare, alongside developing the child’s language skills and behaviour difficulties; and in their relationship with each other, that is, to help the parent to help the child with those problems. Providers also expected the service to develop parental confidence in leaving the home to build social networks for their child.
- Referrers: Referrers expected play start to help the family with the referral problem. This ‘problem’ was usually couched in terms relating to the development of children’s social skills, the relationship between parent and child, developmental needs and knowledge for the parents. One referrer expected the provider to ‘model’ how the mother and child could interact using play, so
that the mother would be able to manage the child’s behaviour. Another referrer expected the provider to prepare the children for entry into nursery school.

Access to the Service:

- Providers acted as ‘Information Centres’. They provided access to information about the service both verbally and in the distribution of Play Start literature; and at various locations; for example, ‘drop in sessions’, ‘Fun days’, Sure Start events, during family visits, at doctors’ surgeries and to health visitors.

  The home based service
  - Users accessed the home-based service through using other services at the NSPCC. Most predominantly, the ‘drop in’ sessions were cited; although mother and toddler groups and coffee groups were also a source for finding out about, and accessing the service
  - Users also accessed the service by initially finding out about it through a friend who had successfully used the service, or through the reading the leaflets about Play Start (which users stated were usually to be found at the Swindon family centre, NSPCC).
  - Referrers accessed knowledge about the service through their previous links with the family centre; or through information provided in fliers and leaflets. One referrer had attended the ‘presentation’ about the service at a Sure Start event.

The structured play course
- Parents also accessed the structured play course through the use of other services, primarily, the home based ‘Play Start’ service. Leaflets and fliers, giving details about the ‘Play to Learn, Learn to Play’ course also allowed access to the structured course.

Barriers for take-up of the service

  The home based service
  - Users, Providers and Referrers: Stigma (of the NSPCC), lack of awareness of the value of play, and lack of knowledge of the service, were key issues that prevented take-up of the home based Play Start service.
  - As a consequence of accessing the North Swindon Family Centre and the range of services available to parents, the stigma associated with using the NSPCC was reduced
  - Referrers also cited practical issues of ‘time’ and an inability to maintain a weekly commitment as a barrier for take-up.
  - Non-Users: None held detailed knowledge about the service; one held incorrect knowledge and half held no knowledge of the service.
  - Non-Users: Expressed no interest in using the home-based service. The two reasons given were a lack of time and a lack of need. Their children were occupied on a daily basis, and used Sure Start services such as ‘talk and toys’. The parents ‘played’ with their children and assumed that the Play Start service was for families who ‘needed help’

The structured play course
- Non-users: Held no knowledge of the structured play course –‘Play to Learn, learn to Play’.
- Non-users: A number of non-user parents expressed an interest in the structured play course.

Knowledge, Delivery and Experience of the Service

  The home based service
  - In the ‘initial visit’ to parents’ homes, assessment procedures were carried out in discussion with parents. The assessment would inform the identification of particular goals for the child, and subsequent planning of activities.
  - Users and Providers: both groups explained how activities helped in managing children, in supporting Special Educational needs, in preparation for school, in helping to develop language and social skills and in helping to strengthen family relationships with particular reference to
helping the parent. In this respect, the Sure Start national objectives – improving social and emotional development, and improving children’s ability to learn-were apparent in the perception of impact of the activities.

- Users and Providers: Both groups identified activities and their subsequent impact upon children and families. Their responses suggested that the six areas of the ‘early learning goals’ were being implemented within the Play Start programme. In some cases, activities worked towards the early learning goals; in other examples cited, activities worked at the level of the early learning goals.

- Users: According to the users of Play Start, the service supported families to develop their children’s language, concentration and social skills, and helped parents, through practical support strategies, as well as for their child’s development. In this respect, both the purpose and principle of the service (to encourage self-reliance rather than dependence and to increase the self-confidence of families in caring for and managing their own children) were being met by Play Start.

The structured play course
- In contrast to the home based Play Start, the structured play course was a general five week course, rather than planned for specific needs.
- Users: the users of the structured play course claimed that the course achieved its main purpose, which was, they stated, to provide them with ideas for play

4 CONCLUSIONS

In general, the review revealed that the Play Start service had many positive features and solid foundations have been built for this part of the Sure Start programme. The concluding section highlights the strengths, limitations and effectiveness of the service, as identified by users, providers and referrers to the service; alongside the extent to which the objectives of the Play Start service were met, in terms of short and medium term impact.

Strengths

- **Multiple impacts to users of service: a value added service.** Whilst users often took up the service for a particular purpose, for example to help their child’s language skills, there were often multiple benefits that were gained from using the service (for example on parent–child relationships, developing parental support, knowledge and confidence, and upon managing children’s behaviour). In this respect, the service added value to existing familial relationships.

- **Easy access without the stigma of ‘NSPCC’**. Analysis of access to Play Start service suggested that users found it easier to access the service, because of the existence of other services, in particular, the drop-in sessions at the NSPCC Family Centre. As a result of this access route, those users did not identify use of the Play Start service with the ‘stigma’ associated with the NSPCC *.

- **Simple and swift referral process.** The referral forms were easy to complete and deliver to the NSPCC. Similarly self referrers found that providers were accessible, and completed the forms swiftly, through discussion with the self-referrer

- **Tailor-made.** The identification of goals and subsequent planning of activities in discussion with parents ensured that individual parents’ concerns, as they defined them, with the provider, were met by the Play Start service.

- **Flexible.** The service retained a degree of flexibility in term of negotiable times and frequency of sessions that are held. Users found this aspect of the service helpful in that it accommodated their practical needs.
• **Informative.** The service provided users with play ideas, so that they were able to help their children with specific difficulties with learning and behaviour, without incurring additional expense. In the context of the structured play course, parents were provided with more ideas, alongside an insight into the child’s perspective, through taking part in different play experiences.

• **Encourages and empowers parents to be self-reliant.** The service actively encouraged parents to resolve their concerns, by suggesting ways forward for resolving their problems*.

• **Strengthens relationships between parent and child.** The service helped to develop better relationships between parent and child by using specific strategies. First, to improve behaviour and second, to develop different kinds of interaction between parent and child. This also held implications for how siblings behaved with one another.

• **Identifies and supports special educational needs.** One of the implications of the individual attention given in this service was that particular special educational needs could be identified and supported (for example, by using a speech therapist) before the child was to start nursery. Support was also provided by informing, liaising and identifying the appropriate early educational setting that the child would subsequently attend.

• **Encourages children’s learning and works toward the development of early learning goals in preparation for school.** All users of the service expressed the view that the service encouraged the children in their learning, and in increasing the children’s confidence. In addition the activities and impact of the service (from the users and providers perspective) suggested that the service worked towards the early learning goals.

• **Individual help for parents from the home.** Given that group settings are not suitable for everyone, the home based service fills a valuable gap for different needs. For example, those parents who lacked the confidence to attend groups with their children, sometimes because their children demonstrated behavioural problems, benefited from individual support in the home to help with managing behaviour, so that they were then able to attend group settings. Other parents who benefited from the home-based aspect of the service were mothers with a new baby alongside an older child. In addition it was also useful to parents who found it practically difficult to leave the home setting, given that there were a number of children in the household.

• **Value added.** The one to one aspect of the home-based service allowed parent and child to be given the time and patience that can only be achieved through individual assistance. In this respect, the service provided the ‘extra’ attention to users that would not be available in a playgroup or nursery setting.

**Limitations**

• **Confusion of play related services.** Both users and non-users showed confusion about knowledge of the service. A number of users did not recognise the service by its name, until the researcher clarified the home-based aspect of the service. Non-users claimed that parents were not aware of the differences between the different kinds of play related services.

* This issue was also highlighted in a study of NSPCC family services conducted by Ruth Gardner and Amanda Bunn, at the time of the service review.
• **Lack of association with Sure Start.** Most users connected Play Start with the NSPCC, but not Sure Start with the NSPCC.* Parents were not aware that NSPCC and Sure Start ‘worked together’ to provide the service.

• **Lack of communication between professional referrers and providers.** Referrers expressed the fact that they did not receive feedback from providers in terms of whether the family had received help; or in terms of the level of improvement that had occurred. One of the referrers considered this feedback to be an important channel of communication, to prevent the child becoming ‘lost in the system’, in a situation where for example there had been no improvement after using the service. Providers expressed the view that on occasion they received Play Start referrals that were inappropriate for the family’s situation at that time.

• **Lack of clarity on waiting period between referral and first visit.** Whilst users who were interviewed expressed the view that the time scale between the referral and the first visit was less than a week, one of the professional referrers claimed that her knowledge from users was in contrast to that claim.

• **Perception of lack of visible advertisements outside the NSPCC.** A number of users expressed the view that they had not seen fliers about the service outside of the Family centre. Similarly, a number of non-users expressed the view that they had no knowledge of the service. However, the review also suggested that parents were much more likely to have knowledge and take up the service, when they had been given verbal information, in addition to posters or leaflets.

• **A lack of clarity as to whom may use the service.** A number of non-users expressed the view that the service was for parents and children who needed help. Providers expressed the view that this was a service, which was available for any family within the Sure Start geographical area. Providers also expressed the view that there were strong grounds for expanding the geographical boundaries of the service.

• **Lack of users who are fathers.** Mothers mainly used the service although one single father was receiving assistance from the NSPCC alongside the Play Start service.

**Effectiveness**

The evidence suggested there were particular factors that made the service successful

• **Ease of referral.** The forms were simple to complete and the service providers were easily accessible.

• **Parent’s relationship with the provider.** Parents appreciated the fact that providers gave their time and patience on an individual basis. Providers were perceived to be approachable, with ‘time to give’, so that users felt comfortable with them and were able to talk to them. This was particularly the case when parents were experiencing ‘other’ problems and needed someone to help them ‘manage’ their children at difficult points in their lives.

• **Children’s relationship with the provider.** A further factor that made the service successful was the relationship between the children and the providers. This was crucial to the success of the service. In all the cases that were interviewed, parents expressed comments such as ‘…she looked forward to

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* This issue was also highlighted in a study of NSPCC family services, conducted by Ruth Gardner and Amanda Bunn at the time of the service review.
it…she got on with (the provider)…she was very excited to see (the provider). In other words, if the children enjoyed the service, they let their parents know.

- **Useful and enjoyable activities**: Parents found the activities useful and their children found them enjoyable.

5. **RECOMMENDATIONS**

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

- **Developing strategies, which show parents that there is a clear relationship between Sure Start, the NSPCC and the Play Start service**. This is in recognition of the finding that parents were connecting Play Start with the NSPCC, but not NSPCC with Sure Start. Team workers from both the NSPCC and Sure Start, could for example, consider working together, at some level of promotion of the service.

- **Developing strategies to ensure non-user groups are aware and have knowledge about the service**. For example, by offering ‘taster’ sessions, about both aspects of the Play Start service, to families that have had contact with Sure Start for purposes other than Play Start.

- **Establishing a better understanding of the purpose of the service, so those existing channels of communication between professional referrers and providers are appropriate to needs**. Both groups can then receive the kinds of relevant information that they would find useful in referring, delivering the Play Start service swiftly, and helping the family appropriately.

- **Assessing resources for special educational needs**. Given that one of the providers anticipated further cases of children with special educational needs, there needs to be an assessment of whether there are enough resources both in terms of trained staff (or if further training is required) and materials such as specialised toys, to fulfil this requirement.

- **Providing an information leaflet for parents about preparing children for school, the early learning goals and Play Start**. One parent expressed the view that there needs to be explicit knowledge available about how the service helps the transition to school. Given that that the delivery content of the home based service ties closely with the Early learning Goals – the report recommends that their relationship to activities be made explicit in explanations to parents, and how the service aims to help children for entry into school.

- **Using ‘Birth to three Matters’ in planning**. Service providers may also consider incorporating more recent documentation in their planning. For example, ‘Birth to three matters A framework to Support Children in their Earliest years’ which is endorsed by Sure Start at the national level, and will need to be considered alongside Early Learning Goals.
The Role of the Sure Start Health Visitor

Service Review for Sure Start Pinehurst and Penhill, Swindon

Report

May 2003

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THE REPORT AND ACKNOWLEDGEMENTS

This is a report of a service review commissioned by Sure Start Pinehurst and Penhill, Swindon, to a team at the University of Bath into the role of the Sure Start Health Visitor. The review focussed upon what the Sure Start Health Visitors are currently doing, in order to identify the Sure Start Health Visitor model.

The author would like to thank members of the University team – Jane Batchelor, Louise Brown and Felicity Wikeley for their valuable advice in the conduct of this review.

CONTENTS

Executive Summary
1. Background
2. Research Design and Data Collection Methods
3. Sure Start Health Visitors’ Perceptions of their Role – Findings from the Interviews
4. Parental perception of the Sure Start Health Visitor Role – Findings from the Interviews
5. Implications and Conclusions
6. References

Appendices
Appendix 1 The Sure Start Health Visitor Interview Schedule
Appendix 2 The parent Interview Schedule
Appendix 3 Referral Data
Executive Summary

The service review of the role of the Sure Start health visitor for Pinehurst and Penhill (Swindon) was undertaken between January and May 2003.

The review aimed to identify what activities the Sure Start health visitor service involved, and explored perceptions and views of parents and Sure Start health visitors, on the value and effectiveness of the Sure Start health visiting service.

Outcomes of the study were intended to provide a baseline model of the Sure Start health visitor service, from which different models could be compared and contrasted.

Telephone interviews were conducted with a sample of parent users and two face-to-face interviews (in pairs) were conducted with the Sure Start health visitors. The results that were yielded did not provide data about the negative experiences from the user perspective. This may be in recognition of the fact that the Sure Start health visitors recruited the sample of users. Therefore, some degree of caution needs to be maintained when examining the results of the data.

The overall findings of the review revealed that the Sure Start health visitor’s role had many positive features. In particular, parent respondents were keen to emphasise the particular and supportive relationships that they had with the Sure Start health visitors. There was clear evidence to show that they were able to be flexible and responsive to users’ needs.

Sure Start health visitors provided multiple forms of delivery (outreach, individual help at home and groups) of activities. The activities placed emphasis on health promotion, prevention and intervention for medical or social reasons. Their work also involved providing support with child management and its affect on children’s behaviour.

Sure Start health visitors developed networks with other support agencies and professions in the provision of activities, and help for both individual families and groups.

This cross discipline or ‘joined-up’ thinking and working, and the ability to give time to individuals within families, were key characteristics of how Sure Start health visitors approached their role. Indeed the way that the Sure Start health visitors worked, was interwoven with the kinds of service that they provided (‘what’ they did, was as important as ‘how’ they did it). One of the consequences of this approach to their work, was that it resulted in an ‘enhanced’ health visiting service to users. In turn, this had a positive impact on individual families and group members, particularly in the area of social and emotional difficulties.
1. BACKGROUND

This review was commissioned by Sure Start (for Swindon – Pinehurst and Penhill) to evaluate the role of the Sure Start Health Visitor. The focus was to explore perceptions about what the Sure Start Health Visitors are currently doing, in order to identify a Sure Start Health Visitor model.

Analysis of data sought to highlight issues concerning the Sure Start health visitors’ and parents’ experiences and perceptions of the value and effectiveness of the service.

Prior to the employment of the Sure Start Health Visitors, the existing health visiting service was GP attached, with a pilot project of a health visitor being GP attached with a remit for a geographical area. The existing health visiting service provided health advice and information, developmental screening, identification of abnormalities, health promotion and family support (Pinehurst and Penhill Round 3 Plan 18.1.2001; p.41)

The new activities for Sure Start therefore aimed to ‘employ additional health visiting staff as core staff to work from the Sure Start centre, to undertake outreach services and run groups with other workers where appropriate on health issues (ibid.).

At the time of the review, there were two part-time Sure Start health visitors making up just over one full time post, with an allocated time of twenty two hours each (the equivalent of a 1.2 post). They had taken up their posts in October 2001, at the outset of Sure Start’s operational delivery of their services. Seventeen health visitors worked within the Sure Start areas, who were attached to GP surgeries.
2. RESEARCH DESIGN AND DATA COLLECTION METHODS

The review began with a scrutiny of three pieces of relevant documentation, in order to identify the aims and objectives of the review. The relevant documentation were:
First – the employment brief, listing the duties and responsibilities of the Sure Start Health Visitor;
Second – The Pinehurst and Penhill Round 3 Plan;
And third, the Supplement Plan for the new service agreement 2001-2004.

Subsequently, the aims of this service review were elicited as follows:
1. To identify what activities the Sure Start Health Visitor service involves, how it is initiated and identified, planned, delivered, maintained, works in conjunction with other agencies and responds to local needs.
2. To explore perceptions and views of parents and Sure Start health Visitors, on the value and effectiveness of the Sure Start health Visiting service.

More specifically, the objectives of the review were:

a) To explore with whom and how the Sure Start health visitors work to identify, plan and deliver services and how this takes account of local needs, and the kinds of support and activities offered to those families.

b) To explore what activities the Sure Start health visitors provide and the extent to which the activities are innovative and integrated, and their relationship to the exiting GP health visitors.

c) To identify the Sure Start health visiting role as a member of a team for individuals, families and groups, and the areas in which they act in those roles.

d) To identify the ways in which the Sure Start health visitor service is perceived by parents and the Sure Start health visitors, as an enhanced health visiting service, and the comparisons that are used to identify it as an ‘enhanced’ service.

e) To identify the ways in which activities that the Sure Start health visitors provide are evaluated to identify the reasons for non-take up.

The above objectives were examined in relation to two of the Sure Start national objectives.
1. Improving social and emotional development: by agreeing/implementing ways and caring for and supporting mothers with post-natal depression; enabling the early identification and support of children with emotional and behavioural difficulties; supporting early bonding between parent and children, helping families to function.

2. Improving health by supporting parents in caring for their children to promote healthy development before and after birth: a reduction of mothers who smoke in pregnancy; by providing parenting support and information; guidance on breast feeding; hygiene and safety; a reduction in children aged 0-3 admitted to hospital with gastro-enteritis, a respiratory infection or severe injury through the provision of home visits/new parent groups/anti-natal classes).

Following discussion with health visitor managers to finalise the review’s aims and objectives, a brief discussion with the Sure Start health visitors was held, in order to establish whom the population were for the parent sample.

**The parent sample**

Since the Sure Start health visitors did not carry a ‘case load’, in the sense of a traditional health visitor, there was no available data base which was specific to the health visitors and which provided information about the number of families that they worked with. The health visitors were therefore asked to recruit a sample, obtaining permission for the University researcher to contact the parents. They obtained the consent of seventeen individuals (mothers) who agreed to be interviewed. Eleven of the parents were successfully contacted (65% of the sample). The parent sample covered the experiences of a range of Sure Start health visitor provision, from individual to group sessions.

The results that were yielded did not provide data about the negative experiences from the user perspective. This may be in recognition of the fact that the Sure Start health visitors recruited the sample of users. Therefore, some degree of caution needs to be maintained when examining the results of the data.

**Interviews**

Telephone interviews were conducted with parents and the interview schedule focussed upon issues concerned with objectives a, b and d.

Two face-to-face interviews (in pairs) were conducted with the Sure Start health visitors. The interview schedule was informed by the job description for the Sure Start health visitor and the objectives of the review. In addition, documentation listing activities conducted by the Sure Start health visitor, which was produced at a Sure Start ‘away day’, was used to prompt further discussion during interview.
The findings of the face-to-face and telephone interviews were analysed in order to identify perceptions of the Sure Start health visitor role and the Sure Start health-visiting model.

Findings are presented and discussed under the following headings:

- Overview of Sure Start Health Visitor Activities
- Referring, Signposting and Liaising
- Group Sessions
- Individual Contact
3. SURE START HEALTH VISITOR PERCEPTIONS OF THEIR ROLE – FINDINGS FROM INTERVIEWS

3.1. Overview of the Sure Start Health Visitor Activities

The Sure Start health visitors have been involved in a range of activities since taking up their post in October 2001. During their first year, they were part of a small number of members of the Sure Start team, which has expanded over time. As the team have expanded, so the kinds of activities and the roles they play in the activities have also changed. Figure 1 summarises the activities that Sure Start health visitors had been involved in since taking up their posts.

Figure 1 – Sure Start health Visitor Activities

- Referring, Signposting and Liaising
  Weekly referral meeting
  Referrals for child care places
  Referring, signposting and liaising to meet family needs

- Group sessions
  Working with Sure Start and non-Sure Start Professionals
  Smoking cessation
  Breast feeding peer support group
  Co-running Postnatal depression support
  Co-running stress management
  Young parents Group
  Parent Skills group
  Presentations on existing groups

- Individual Contact
  Direct and Indirect contact (general health advice for adults and children; ‘family walking’ – accompanying parents or children to activities)
  Behaviour management: toilet training, sleep, eating, and behaviour

- Other Sure Start Activities
  ‘Talk and toys’ – drop in parent/child group
  Administrative Tasks
  Planning and conducting New Birth Visits
  Transfer in/Initial Visits
  Networking and Promoting Sure Start
  Staff Training - smoking cessation and breast feeding
  Supervisors for other team members
3.2. Referring, Signposting and Liaising

One way that Sure Start health visitors built up case loads was through referrals, which were both self-referrals and those from professionals. GP health visitors referred families to Sure Start health visitors for additional support, or advised families to contact Sure Start, which sometimes led to self referrals.

Sure Start health visitors produced a general referral form for Sure Start at the outset of their post. The forms were sent to a range of organisations that might access Sure Start, for example, GP surgeries, educational organisations, play groups, social services and the Swindon walk in centre.

Initially, the referrals received by the Sure Start health visitors were from GP health visitors within Swindon who had families on their caseload, who resided within the Sure Start area. There were also self-referrals from families. According to the Sure Start health visitors, referrals from GP health visitors were often for ‘additional support for the family’ for example, in terms of support for the mother with post-natal depression, or a mother whose child was experiencing language problems. Records of referral data (see Appendix 3) suggested that most referrals for post-natal depression support, to date, had been provided by the community health visitor. In contrast, most referrals for stress management and smoking cessation, were provided by the family themselves (self-referrals).

Weekly referral meeting and the Sure Start health visitors’ knowledge base

Sure Start health visitors used their knowledge base to either provide advice about health related issues or signpost individuals and families to other professionals who could help them.

Following initial referrals, the Sure Start team decided that a weekly referral meeting would be held in order to allocate families to Sure Start workers. The referrals tended to be either health related or speech related. If families were requiring help that was not specific to speech and language, the Sure Start health visitors would follow up those referrals, as one of them explained:

The speech and language expert found for example, the family visited wasn’t appropriate for her skills…so it came back it was more appropriate for us, because as health visitors, we have a broad knowledge base; who to access. It’s about signposting. And even if we don’t know it directly ourselves, we would know how to find the appropriate service for the family (Sure Start Health visitor 1)

Sure Start health visitors would decide whether families needed specific health related advice or ‘signposting’ on the basis of their visit. This was not always clear-cut, as there occurred cases in which social factors were affecting health, and so health related advice would be given alongside signposting and support to access other organisations. In such situations, the Sure Start health visitor would assess what the family had done; the contacts made, and support the family to be able to change circumstances or act on their behalf. One of the Sure Start health visitors explained:

On the surface it could be a health issue. A parent could say a child is getting lots of respiratory tract infections. …But as you go into the home, and the home is in a very poor
Placed in that situation, the Sure Start health visitor might contact the housing department, as she explained:

As a traditional health visitor, it is very much about empowering families; but I think the difference here is that we haven’t said ‘this is what you need to do’, we've been able to help them along the way; we’ve got the time; we may be able to provide the transport to get there (Sure Start health visitor 1).

Referrals for child care places:
Having constructed the application form for childcare, the Sure Start health visitors had given criteria (from the board) for offering funded childcare places to families. They received referrals, which were requests for day care nursery places; which they would follow up, in order to gather more information, which would then be used to present a case to decide whether it was appropriate to fund a childcare place for the family.

Referrals, signposting, support and liaising to meet family needs:
The referral process was sometimes an on-going process, with individual families, in order to provide ongoing support and meet the family’s needs.

In this instance, an initial referral would be made to the Sure Start health visitor, who would subsequently involve other members of the team through a further process of referral. One of the Sure Start health visitors explained a situation of a mother with drug related problems:

SShv2: I got involved via her health visitor, a referral to get her child a nursery place. From there, we’re doing lots of other things and trying to make her a bit more acceptable of her health.
RC-D: How did she get involved with other team members?
SShv2: By me referring her
RC-D: How did you decide?
SShv2: By talking to mum and finding out what were her problems and where her concerns were and thinking to myself, who else would be best able to help in that situation….I know where to signpost, where people can access help, but I’m not skilled to help her move forward.

In this situation, the Sure Start health visitor had referred the mother to a family worker within the team, whom she had liaised with, in order for her child to be walked to nursery. She had also liaised through referral, with an outside agency, drug link, who had become involved with the family; and she was considering referring the mother to the Sure Start social worker.

Indeed, both Sure Start health visitors expressed how their knowledge of available services had expanded since working at Sure Start, because of the need to signpost and refer families for different needs. One of them explained:
I think you look at them more…you’re always going into a family and thinking ‘who else can we involve in the family to meet the family’s needs’ (SSHV 2)

Another example cited by one of the Sure Start health visitors, further illustrated the idea of referrals as an on-going process in order to meet the needs of the family:

I had a phone call from a GP health visitor. She had sent a referral in from a family. There were behavioural issues with the children; the older child at the school, and the younger one’s three. I picked up the referral and spoke to the health visitor to discuss ‘what are you doing’, so we’re not duplicating. And on discussion with her, she talked about the behavioural management issue, and I said if I go in re-iterating what you’re saying but also looking at other things that we could offer the family, immediately thinking (to myself) who else could we get involved in this family. And I said well perhaps if mum has lots of anger, we may be able to offer stress management course for mother and maybe able to talk about Play Start and she said yes, so I said fine, I’d discuss it with the family. (SSHV 1)

The range of professionals that the Sure Start health visitors have referred to, signposted and liaised with, in response to different needs, have been located in the areas of education, health, voluntary and statutory agencies for example,

- Nurseries, school staff, Marlborough House (for behavioural issues), New College (for adult education)
- Health visitors, school nurses, midwives, community dieticians, psychologists
- Social services, housing, community development workers, youth workers
- NSPCC, Home Start, Focus (for carers of family with mental health problems)

3.3. Group sessions

Working with other Sure Start Health Professionals

When two midwives came into post, the Sure Start health visitors worked in conjunction with them to provide initiatives on the smoking cessation and breast-feeding provision.

Smoking cessation

Initiatives in the smoking cessation programme:

The health visitors expressed the view that despite a number of initiatives, the smoking cessation programme has yet to show any successful impact. To date there have been three initiatives that one of the Sure Start health visitors has planned, each with an on-going evaluation to inform follow up initiatives.

- Open access advice and support group
  The first initiative was to set up an open access time where a Swindon and Wiltshire smoking cessation adviser would be available at Sure Start, to advise and support anyone within the sure Start area to stop smoking. All residents of the sure Start area were sent fliers. A group was run every week, for six months and three people arrived on different occasions for one session.
- Outreach support and advice session
  The second initiative was an outreach initiative, which involved working with a Sure Start midwife to plan and target pregnant women (during the anti-natal period), who smoked, rather than the entire Sure
Start population. One of the Sure Start health visitors explained how the initiative was planned and delivered:

The Sure Start midwife and I then decided to go into the local Penhill surgery every week on a Thursday morning, during the antenatal period – to be able to talk about, gain from them where they were at with smoking, and what they would accept (SSHV 2)

The Sure Start health visitor and midwife co-delivered this support individually, alternating (on a weekly basis) between them (for a period between 4-6 months). During the session they would complete a questionnaire with the mother to elicit the kinds of delivery that the mother would like, in order to increase the likelihood of accessing the smoking cessation support. One of the problems with the second initiative, was that they were seeing the same mothers-to-be, because those women would be attending their thirty-six week anti-natal appointment and return for weekly visits to see their community midwife. Therefore the numbers of women accessed through the outreach group were limited.

The questionnaire revealed that women would prefer individual support if they were to stop smoking. The difficulties of limited numbers and user preferences that were highlighted in the questionnaires, informed the third smoking cessation initiative -individual help at home-, which was on-going at the time of the review.

- Individual help at home

Individual help at home for smoking, was accessed through the Sure Start anti-natal visits at home. Two Sure Start midwives (one of whom was trained in the smoking cessation provision), conducted the anti-natal visits at sixteen and thirty two weeks; . If during the visit (after the midwife had asked whether the mother smoked) a mother expressed a desire to stop or reduce her smoking, and the midwife trained in smoking cessation was conducting the visit, then she would provide provision. If the midwife who was untrained in smoking provision, was conducting the visit, she would pass on the need for provision to the Sure Start health visitor, who would in turn, provide individual help at home.

The individual help at home involved an assessment of the ‘readiness’ for giving up smoking (based on a wheel of change), and subsequent practical strategies to help them achieve change. Given that the Sure Start health visitors claimed they had not received referrals, there was a limited amount of support that the Sure Start health visitor had been able to offer for smoking cessation.

Breast feeding peer support group

The most recent arrangement (at the time of the review) with midwives was that a Sure Start midwife delivered the breast-feeding support group. A group of breast-feeding mothers were being trained to support future breast-feeding mothers, with the long-term view of providing support in the home. One of the Sure Start health visitors explained:

They are mothers who have breast fed in the past and/or, are still breast feeding, who come to find out more to be able to develop a group to support other women who are breast feeding, but with a view that they would be able to go in as in a volunteer capacity, to offer additional support, to help women continue to breast feed, because there’s lots of research.
to show that there are key times when women give up breast feeding and its often down to a lack of social support. (SSHV 1)

The idea of a training group was initiated because other groups in other parts of the country had successfully run peer groups (rather than professionals) for breast-feeding.

To generate the group, the Sure Start health visitor and the Sure Start midwife used two strategies. They contacted mothers who had been in contact with them and who breast-fed. They also liaised with the community health visitor to find out of anyone who had successfully breast-fed.

The difficulty in generating a group was the availability of breast-feeding mothers in the Sure Start area. GP health visitors were able to cite breast-feeding mothers who would be interested in joining the group, but who resided outside of the geographical boundaries of the Sure Start area. Given this situation, the breast-feeding support group was opened out to a wider geographical area. The support group, at the time of the review, was composed of two mothers who were from the Sure Start area and three who were from surrounding areas.

The Sure Start health visitors and Sure Start midwives had delivered a six-week course in autumn 2002, for breast-feeding mothers to become peer supporters. This has evolved, and, at the time of the review, existed as an open access support group for anyone new to breast-feeding. The group would meet at the Pinehurst Peoples’ Centre once a week. Although in the long term, it is hoped that the mothers would provide support in the home; at the time of the review, the mothers were ‘linking up’ with mothers in a maternity hospital, so that there was a base into which they could be directed.

With respect to the breast-feeding initiative, the Sure Start health visitor’s role, as a member of a team, had evolved from initiator, to health awareness promoter, trainer and facilitator. As part of that role, she had conducted the following activities:

- Setting up / planning of the group with the Sure Start midwife
- Identifying the information that was needed in order to deliver the service
- Self –training - which also involved a day's training with someone who had set up a similar idea in another part of the country
- Sharing knowledge with other health professionals and midwives in the wider Swindon breast feeding groups. (There exists a working party across Swindon to increase the rate of breast feeding)
- Compiling a training package for the breast-feeding support group with the Sure Start midwife.

The Sure Start health visitor’s role has also involved course delivery during group meetings, where she has supported the group and shared knowledge; for example, she has talked about breast feeding problems, and elicited opinions as to how the parents wished to take the group forward.
The training package that the Sure Start health visitor had compiled with the midwife included identifying the following areas for the course:

- Physiology of how breast feeding operates
- Common breast feeding problems
- Successful breast feeding (position and attachment)
- Relevant issues
- The boundaries between peer support and the need to speak to a professional

Both the representative of the ‘National Childbirth Trust’ and the lead health visitor for breast feeding in Swindon, were also invited to present particular sessions, for the group; therefore, utilising the skills and knowledge of professionals from other support agencies.

Further initiatives of the breast-feeding support group

The breast-feeding support group initiative is part of a seven-step UNICEF Baby Friendly initiative. The Sure Start health visitor and the Sure Start midwives were planning to continue on the seven-step programme in order for Sure Start to achieve ‘the baby friendly unit’ award.

Post-natal Depression Group

At the time of the review, there had been four courses provided by the Sure Start health visitors. They were co-delivered with a psychology assistant and a Sure Start health visitor.

The first course was initiated and delivered by a previous member of Sure Start staff who had a health-related background. She began planning with members of the psychology department at a local hospital along with a community psychiatric nurse. The service was initiated, as it is part of the Sure Start national targets, to support women with post-natal depression. One of the Sure Start health visitors observed the course.

The second course was planned in Summer 2002. Two people attended the course, and as a result, the course was discontinued.

The third course was planned for autumn 2002, where the Sure Start health visitor co-worked with a member of the psychology department. As referrals arrived, the Sure Start health visitor spoke to mothers individually, conducted home visits to introduce herself, and provided information about the course. Four mothers attended the course to its completion.

During March 2003, the fourth course was in its final week, which was co-delivered by the Sure Start health visitor and the psychology assistant. Sure Start health visitors followed up referrals with home visits. Six mothers attended the course. The planning, delivery and review of the fourth course was conducted with the psychology assistant and in relation to the principles of the Mental Health Foundation paper (March 2002) for supporting women with post-natal depression. The delivery
involved a sharing of skills. The psychology assistant’s input was with respect to her specialist knowledge, and the Sure Start health visitor’s input was in terms of practical strategies for example, in the daily experience of having baby.

One of the strengths of the post-natal depression group has been the increase in numbers of referrals. The Sure Start health visitor felt that this was due to an increased awareness that the group was part of a package on offer that was on going, in terms of support. Evaluation and feedback indicated that the group was happy with the course, as the Sure Start health visitor explained:

One mum who completed the last group has come along as a volunteer every week and in the first week she said to them, she stuck it out, and she shared her experience….At the group the mothers are supportive of each other. (One discussion was about relationships and partnerships)…. I sat back…that’s really what we’re looking for, because it meant that the mothers were offering advice, were actively being able to move on, to see things differently and to be able to offer that to each other. (SSHV 1)

Stress Management

The stress management provision was another joint service offered in conjunction with the psychology department (from Victoria hospital), and initiated by a previous member of Sure Start. Discussions with members of the department and Sure Start revealed that there were gaps in daytime provision (with childcare) in the Sure Start area. The stress management course fulfilled that need.

The first course was delivered on October 2002 for a period of six weeks. It was a structured taught course that was delivered by the psychology department. One of the Sure Start health visitors organised the arrangements for the first course (for example, the venue and child care arrangements). She also liaised with parents, in order to increase the rate of attendance. A further course was to be co-delivered in May 2003 and at the time of the review; the Sure Start health visitor was co-planning with the psychology department in order to co-deliver the forthcoming course.

One of the strengths of the course has been the high number of attendees. A high proportion of males attended the last course. The Sure Start health visitor felt that the main reason for the success of the course was that it fulfilled a need. She explained:

Its plugs a gap. And people are recognising the fact that they can get stressed with children, workload and family situation. So it’s meeting a need. (SSHV2)

She believed that the high proportion of male attendees during the third course was due to fact that they could ‘identify’ with the problem of stress.

The Sure Start health visitors evaluated the stress management and the postnatal depression group, with questionnaires and feedback forms, in order to elicit both numerical and descriptive information about the courses.
Young Parents Group

The ‘Young Parents Group’ was initiated in order to help fulfill a Sure Start national target, ‘to provide support for young families’. There have been two initiatives to date. During the first initiative, a time lag between identifying and delivering activities prevented success, as one of the Sure Start health visitors explained:

The young mums whom we initially set it up with identified things they wanted, and we couldn’t move forward with it quickly enough. Because of that, when we did set it up, the girls had moved on…for example, they wanted to do aerobics, but when it came up it was just before the schools broke up (which would have been the venue). Whoever we tried to contact was on holiday (SSHV2)

The follow-up strategy, at the time of the review, involved working with other organisations such as the housing department (given that new housing for 16-29 year olds had recently been constructed in the Sure Start area) NSPCC and the community health visitor; alongside working with the youth service for its delivery. The Sure Start information officer had identified ‘what parents wanted’ through a questionnaire compiled with a member of the youth service. Suggestions included ‘cooking’ and ‘keep fit’. At the time of the review, the health visitors were liaising with organisations to plan guest presenters for each activity.

Parenting skills

As a result of an increased need for practical support strategies for behaviour management, which was usually provided to individual families, the Sure Start health visitors were, at the time of the review, initiating ways in which a structured course may be provided to help parents prevent difficulties with children’s behaviour. A Sure Start health visitor explained:

All the behaviour management things are all ways of giving parenting skills, we’ve said well, that’s dealing with part of the situation, can we stand back and help parents in a preventative way so parents have those skills, knowledge base, to prevent these issues becoming a crisis (Sure Start health visitor 1).

To this end, the Sure Start health visitors were developing further links with the GP health visitors, with a long-term view to arranging structured provision in the area.

Presentations on Existing Groups

One of the Sure Start health visitors had presented individual sessions on a group entitled ‘Talkmore’. The Sure Start speech therapist delivered this activity, and the parents within the group had expressed a need for help with children’s behaviour. In response to this demand, the Sure Start health visitor had worked with the speech therapist to elicit particular topic areas to be presented, for example, temper tantrums.
3.4. Individual Contact

Although the Sure Start health visitors did not hold a caseload as such, their work involved working with individual families based on initial referrals, or initial visits. This is how their caseload or workload would develop. The kinds of service they provided depended on the family’s need (a decision made through professional judgement).

Direct and indirect contact

Sure Start health visitors’ involvement with individual families was both direct and indirect at different times, depending on the family’s needs. The Sure Start health visitors explained that they saw some families regularly, perhaps once a week; others perhaps, once a month and a few, at different times, depending on their needs. In such cases their involvement would be direct (through an initial visit), following which, they may make a referral, to another professional, at which point they would have indirect contact with the family by liaising with the professional, in order to monitor the family’s help. At another point in time, their involvement with the family may become direct again, depending on the needs of the family, which they would identify through conversation with them. One of the Sure Start health visitors described this process of ‘dipping’:

I think that’s what we do an awful lot of here- direct and indirect, dipping in and dipping out; booking somebody else in, then going back out; then doing something else; then coming back out of family involvement (SSHV 2)

Within the process of indirect and direct contact with individual families, the Sure Start health visitors took on a number of roles at different points in time. They were being advisers, supporters, facilitators and signposters, and they monitored the family situation. The following example illustrated this approach. In the example cited, the Sure Start health visitor explained how her involvement had been both direct and indirect. Her initial involvement occurred as the Mother was attending ‘Talk and Toys’ and had made a request for help with managing her child’s behaviour. The Sure Start health visitor explained how direct and indirect involvement developed:

Then things started to deteriorate with the husband’s mental health quite dramatically, and led to issues of domestic violence; and there had been several relapses in his mental health. So its also been co-ordinating and referring for support for her as carer for someone with mental health issues; because he’s now getting medical help and social help from mental health services, but they will deal with the patient, not the carer of the patient. This is where we got her in touch with a charity who do that. ….I’ve actually stepped back…..because I went to the home, I hadn’t been able to get her on the phone…and she updated me on the current situation; that she has got all this support; so I said ‘fine, you get back to me if you feel you need me’….but some of the issues, she’s got to deal with herself…she’s said ‘I’ve got to make my decisions myself, but I know where you are, if I need you’. Which is fine, because she’s got the appropriate help, the specialist counselling to develop her own confidence, to make her long-term decision (SSHV 1)
Other illustrations cited by the Sure Start health visitors suggested that the range of role in individual contact, and the variation of involvement at different point in time with individual families, reflected a fluidity of the Sure Start health visitor role which was responsive to the needs of the family, whilst ensuring that individuals did not get ‘lost in the system’. In addition, despite the initial involvement being based on specific purpose, for example a childcare request or help with behaviour management, there was multiple impact (and benefits) of their involvement, on a variety of needs, that were encountered in their relationship with the family.

**Time and Relationships**

One of the most important issues raised by Sure Start health visitors in their role, was that of ‘time’, which in turn influenced the kind of relationship that developed between the Sure Start health visitor and the individual families. Indirect and direct involvement and associated referrals that were made for individual family needs took time, as one of the Sure Start health visitors explained:

> It takes up a lot time. You’re having to liaise…with everybody, trying to find out how we’re going to work with the family to move them forward (SSHV 2)

In the example cited earlier, the mother would telephone the Sure Start health visitor if circumstances were deteriorating; the Sure Start health visitor would then contact the Mother’s GP health visitor, in order to inform her of the situation, and to ensure that she was happy to allow her to continue work with the mother. In that situation, the Sure Start health visitor claimed to have a greater amount of time to make the further contacts and provide the amount of support that was need as she explained:

> With this particular family was time, because her health visitor had two case loads, and because I had a relationship with the family to be able to give that support (SSHV 1)

**Individual work and behaviour management**

Over the preceding year, the Sure Start health visitors have found that their individual work with families has involved practical help with behavioural management, alongside health issues. For example, behavioural issues triggered by sleep disorders have in some cases, revealed other issues within the family, such as relationships between parents, which in turn, has affected how the parents manage the children’s sleep.

### 3.5 Other Sure Start Health Visitor Activities

**Talk and Toys**

An initial consultation exercise was conducted with parents at the time of the submission of the Sure Start proposal for Pinehurst and Penhill. It had identified the services parents deemed important. When the Sure Start health visitors came into post, they conducted a second consultation exercise as part of the Sure Start team. An issue that arose in both consultations was a parental need for parent toddler groups and play opportunities in the area. Therefore, one of the first Sure Start services that was initiated, planned and delivered by the Sure Start health visitors was the ‘talk and toys drop in sessions’, held at Pinehurst and Penhill respectively for two mornings of the week. Each of the Sure
Start health visitors took responsibility for one of the sites. Prior to the delivery of the service, they also arranged resources (for example, buying toys) that were required in order to deliver the sessions.

During the first six months in post, the Sure Start health visitors also carried out the following activities:

Administrative tasks: for example, devising general referral forms and new birth contact sheets

Planning and conducting new birth visits: The purpose of the new birth visits was to provide additional support to new parents (usually mothers) in the home, at the time when they would be visiting their GP attached health visitor at the clinic. New birth visits were therefore carefully planned, so that they did not duplicate the work of the community health visitors, and also provided an ‘enhanced service’, as the Sure Start health visitors explained:

We spent quite a lot of time before doing any new birth visits, actually thinking through how we could make them different from the community health visitor service. Discussing it amongst ourselves; first, how we could keep to the remit that Sure Start is about 'additionality'. Yes, we would have to go in and do the initial ‘how are you and the baby’ but that there would be an element that was different, so as not to create that confusion (Sure Start Health visitor 1)

Decisions revolved around discussions of ‘timing’ of visits and ‘liaising with GP attached health visitors’:

So timing of the new birth visits; contacting every individual health visitor so we could have a chat with them and say we were going to have a chat with them (the mothers)...setting up letters of communication about a family (for the community health visitor), so that they are fully aware of what we’re doing with the family (Sure Start health visitor 2)

The element that was ‘different’ was the promotion of Sure Start services to the family.

Transfer-in and initial visits:
In a similar vein to the new-birth visits, if a family had relocated into the Sure Start geographical area, the Sure Start health visitor conducted a visit to the family’s home to discuss what Sure Start is and the services they offered. Similarly, initial visits were also made to families in the Sure Start area. Sure Start health visitors described themselves as ‘Sure Start workers with a health visiting background’ when visiting families.

Networking and Promoting Sure Start:
Networking involved visits to, for example, pre-schools and nurseries, to inform staff of the presence of Sure Start and the services that were available for families in the area.

As the first year progressed, the Sure Start health visitors received actual referrals for Sure Start services, and began the initiatives for breast-feeding, and smoking cessation groups. They also began the assessment procedures for speech and language measures* and set up childcare service provision.

**Training - Smoking cessation and breast-feeding:**

The first step in planning for smoking cessation and breast-feeding support provision, (both of which are national Sure Start delivery targets), was to access specialist training in those areas. Each of the Sure Start health visitors took responsibility for one of the areas. One of the Sure Start health visitors therefore accessed a local NHS programme for smoking cessation; whilst training for the breast feeding support programme involved attending a three day ‘UNICEF Baby-Friendly Breast Feeding programme in London, which included information about groups and peer support, and subsequently informed the UNICEF seven step programme which Sure Start have been working towards. The smoking cessation programme has involved a series of initiatives, forming an on-going evaluation of the provision to date.

During the second year in post and in the subsequent period to date, provision of earlier activities continued, but in some cases the role of the Sure Start health visitor also changed. Responsibility for planning and delivery of ‘talk and toys’ and ‘new birth visits’ was transferred to the nursery nurses and the Sure Start health visitors' role became one of a supervisory capacity to the nursery nurses.

**Supervisors**

The Sure Start health visitors have undertaken a supervisory role for the Sure Start nursery nurses. It has involved an induction programme, one to one supervision and record keeping. One of the Sure Start health visitors supervises one nursery nurse, whilst the other holds responsibility for two of the nursery nurses. Time has been a constraint in fulfilling this role, as the Sure Start health visitors are employed on a part-time basis, whilst the nursery nurses are employed on a full time basis, as one of the Sure Start health visitors explained:

> One of the difficulties is we’re part-time and they’re full time. It’s a completely new role for them, because it's different from the community nursery nurses. It's taken us a lot of time with professional development. (SSHV 1)

As supervisors, the Sure Start health visitors were expected to observe the nursery nurses, hold one to one discussions with them, assessing the extent to which they were meeting numerical Sure Start targets (for example, numbers of new birth visits).

* This is an exercise which provides a baseline assessment of the range of language abilities of two year olds, as perceived by parents. It is currently conducted by the speech therapist and her assistant.
At the time of the service review, the Sure Start health visitors were looking at the idea of providing ‘topics’ for mothers at ‘talk and toys’ and advising the nursery nurses on its planning and delivery. One of the examples cited was ‘gastro enteritis’. The idea would involve ensuring children washed their hands before a snack, a general conversation about the topic, and perhaps a display and activity based around the topic. A similar idea was planned for behaviour management as a topic.

To conclude, the main findings with respect to the Sure Start health visitors’ perceptions of their role were:

- Sure Start health visitors provided multiple forms of delivery of activities. They included outreach activities and individual help at home and in groups.
- The activities emphasised Sure Start promotion, health promotion, prevention and intervention for medical and social reasons.
- Sure Start health visitors have initiated, promoted, trained, facilitated and co-delivered group initiatives.
- Ongoing evaluations of group programs have informed subsequent initiatives.
- Workloads and case loads for Sure Start health visitors developed through home visits and referrals. GP health visitors referred individual families for additional support and sometimes the referral process was ongoing, in order to meet families’ needs.
- Sure Start health visitor involvement with individual families was both direct and indirect, depending on the family’s needs.
- The Sure Start health visitors developed networks with other support agencies and professionals in order to initiate, plan and deliver activities to groups and to support individual families.
4. PARENTAL PERCEPTIONS OF THE SURE START HEALTH VISITOR ROLE – FINDINGS FROM INTERVIEWS

4.1. Overview of the Sure Start Health Visitor Activities

Parents who were interviewed represented users of a range of Sure Start health visitor activities. Parent interviews indicated that they used groups provided by the Sure Start health visitors. Such groups included the post-natal depression group and stress management group. The remaining parents were involved with the Sure Start health visitors on an individual basis. The purposes for individual contact were related to helping adults and children. In particular, parents identified a need for help with their children’s behaviour, a need for a nursery place, and a need for help with a child with physical disabilities. In terms of adult needs, parents stated that they used the Sure Start health visitors because they needed help to cope with current circumstances. In some cases, the Sure Start health visitor was contacted to elicit help for both adult and child – for example, in the need for help with post-natal depression, along with a request for funded nursery provision for their child.

4.2. Referring, Sign posting and Liaising

In most of the cases, the GP health visitor made initial referrals. After parents had either, spoken to them about their concerns, or the GP health visitor had identified a need based on her knowledge of the family’s situation.

In one case, ‘a friend’ was a parent representative for Sure Start and had recommended the Sure Start health visitor as a contact point for requesting a nursery place. Self referrals were also made through accessing other Sure Start activities, such as ‘talk and toys’ drop in sessions, where Sure Start health visitors had informed parents of forthcoming groups such as stress management and post-natal depression, that were available to them.

In some case, the Sure Start health visitor also liaised with other professionals and team members in order to provide the support required and to respond to immediate needs. The following example, illustrated how the Sure Start health visitor had helped a mother through such liaising:

I have a disabled daughter, who was one at the time. I was having problems with social services and the health visitor said get in touch with Sure Start and the Sure Start health visitor (1) came out. She got my child into a private nursery; she advised us on things; she put us through to a company called ‘Family Trust Fund’, a trust fund for people who have children that are disabled…My child also got physiotherapist …at Sure Start, and she got her a moulded shoe to help her walk.

* The results that were yielded did not provide data about the negative experiences from the user perspective. This may be in recognition of the fact that the Sure Start health visitors recruited the sample of users. Therefore, some degree of caution needs to be maintained when examining the results of the data.
If GP health visitors referred mothers to Sure Start, the Sure Start health visitors would then contact the mothers in order to discover any existing professional contacts and, thereby identify appropriate provision. In one case, the GP health visitor accompanied the mother to Sure Start in order to initiate attendance at various groups. In another case, the GP health visitor conducted a home visit accompanied by the Sure Start health visitor and suggested to the mother, that the Sure Start health visitor might be able to help the mother.

One mother expressed the view that the Sure Start health visitor had liaised and accessed different people in order to provide help to both the mother and child. The mother suffered from post-natal depression, hoped to secure a nursery place for her three-year-old son and felt that she could no longer cope with her younger child. She explained how the Sure Start health visitor had accessed different people in order to help her with her difficulties:

My health visitor came round with the sure Start health visitor one day and said maybe she could help out with the three-year-old. The Sure Start health visitor found me a nanny who came out once a week, and it gave me a break so I could get washed and changed in the morning and have a break….she’s trying to get him into another nursery, because the local one only offers a set number of sessions, and she spoke to them and they offered more. Any problem and I just ring her up. She’ll say ‘I’ll go and speak to the head of the nursery and get him another session. I want to go back to work and my three-year-old’s not at nursery on a Wednesday afternoon, so she’s suggested a childminder and she’ll try to find one. She helped me with potty training. She does everything for me, because having two kids is difficult.

4.3. Group Sessions

Aside from contact with Sure Start health visitors on an individual basis, parents that were interviewed attended the post-natal and stress management groups.

Parents who attended the post-natal depression and stress management groups, felt that they had been helped by being given support through practical strategies, that were suggested at groups, in order to try to overcome difficulties, as well as health awareness through an understanding of the condition. For example, one parent stated:

In the sessions, they talk about stress, how to handle it; panic attacks - don’t breathe in too deeply because it produces more. She (the Sure Start health visitor) sat behind writing things down as the things were done. There were two young women from a college. It helped because I get adrenalin; how to control breathing. We were made to feel welcome. They didn't judge you. I spoke up, but some parents didn't.

The issue of support was strongly highlighted by parents attending the post-natal depression group. For example, one Mother stated:

She was a supportive role- for example, if we were in the group and we had a concern that was causing us grief and if it was a practical problem. One lady couldn't get to sleep, because she couldn't get her baby to sleep after feeding. The Sure Start health visitor would offer advice. Me in particular, as a whole, it was the support and the fact that she would give me reasons not to feel the way I was feeling. She made me list the things I was doing -
Another parent expressed the value of the group situation, which allowed an exchange of ideas as a form of support.

4.4. Individual Contact

Fluidity of role and multiple impacts

A common issue raised by parents who had had individual contact with the Sure Start health visitor, was the extent to which a range of needs were responded to, and the multiple benefits that parents experienced from that help. The Sure Start health visitors were flexible enough to help with different and a number of concerns, at different times. For example, one parent explained how she initially required help to cope generally. Subsequently the Sure Start health visitor had helped her in a number of areas - adult education, children's sleep disorders, potty training - her role had been to give health advice, and social and emotional support. The parent commented:

The Sure Start health visitor (2) has been coming round every two weeks and giving me advice. Because I've been struggling…. She's given me advice, and I've been interested in going back to school and doing some courses. And she contacted the Sure Start training officer; and she (the health visitor) walks over there with me and stays one hour. I've got my son and daughter and I feel I can't really help them. So I'm doing maths to re-open my mind. So she's given me lots of confidence. One problem I had was my child sleeping. She gave me ideas I wouldn't have thought of. And helping me with a star chart, because of lots of bed wetting…. she's advised me now to put the potty upstairs….she's there for whatever I want to do. If I need to give her an earache for something, she'll sit and listen.

The issue of multiple benefits and the Sure Start health visitor's role was apparent in a number of interviews with parents. Parents would refer or be referred to the Sure Start health visitor for specific reasons for example, behavioural problems of the child, but would find that the mother would be helped as much as the child. One Mother explained;

She comes weekly to me. She's really good support. She's like someone I can talk to and outside the family, about my boys. I find its another support for me. I'm not stressing out. She sits and listens to everything I moan about, with my two-year-old. He's swearing all the time, and she advises me to ignore it and distract him, so that's coming along…..She said it would go good one week and bad another, and not to pin my hopes in them being good every week. So she's helped the children in behavioural problems.

Time and relationships

Parents were asked to identify the reasons why their experience with the sure Start health visitor differed from their GP health visitor. By far the most prevalent issue raised during parent interviews were that of the perceived availability of additional time given to parents. This may be as a result of the fact that the Sure Start health visitor has no remit that has to be completed for each visit. The following comment was illustrative of the perceived value of time given by Sure Start health visitors:

Because the GP health visitors are busy, they can seem rigid. The Sure Start health visitor didn't seem rushed. You had time to articulate what you wanted to say. Its an add on (to the GP health visitor). It feels like its more personal attention; and when you're feeling low, just that extra few minutes re affirms that feeling that you're a person in your own right.
Other parents commented:

I don't feel like I have to rush with the Sure Start health visitor
I didn't feel like she's always watching her watch
Sometimes the GP health visitor's a bit clinical - weigh baby, health issues, see you, then bye; and you think 'hello, what about me'.

Parents perceived the subsequent relationships that developed as a result of more time given to parents, as 'friendship'. A number of parents used the phrase 'she's like my friend' and found that their relationship with the Sure Start health visitor was therefor more personal in approach.

In most cases then, parents perceived that the Sure Start health visitors provided an 'addition' to the GP health visitors' service that they received. The 'additional' element presented itself in terms of extra time developing into a ‘friend’ relationship. It was someone who could help them, and someone that parents felt that they could open up to. In some cases, they were therefore not regarded as health visitors; although parents were aware that the Sure Start health visitors held a health visiting background.

In other cases, the Sure Start health visitors were seen as providing different, rather than additional help. This was for example, in the area of immediate access to resources. The GP health visitor could access medical resources immediately; the Sure Start health visitor was able to access other resources that were able to help the family.

To conclude, the main findings of the parental perceptions of the Sure Start health visitors’ role were:

- Individual contact with the Sure Start health visitors served a range of parental needs, which were for health related and social and emotional reasons. In turn, there were multiple benefits for both parents (mothers) and children.
- Parents claimed that Sure Start health visitors accessed other professions to help parents (mothers) and children in individual families.
- Parents who attended the post-natal depression and stress management groups were given support through practical strategies, and understanding of the condition and a co-operative group context in which to exchange ideas.
- Parents perceived that the Sure Start health visitors provided an 'addition' to the GP health visitors' service that they received. The 'additional' element presented itself in terms of extra time developing into a 'friend' relationship.
- Parents perceived the Sure Start health visitors to have helped them with social and emotional difficulties.
5. IMPLICATIONS AND CONCLUSIONS

5.1. Overall Findings

- The review revealed that the Sure Start health visitor's role had many positive features. In particular, parent respondents were keen to emphasise the particular and supportive relationships that they had with the Sure Start health visitors. There was clear evidence that the Sure Start health visitors were seen as approachable and responsive to the needs of individuals.

- Sure start national objectives were being worked towards as a process by the Sure start health visitors. Those objectives were:

To improve social and emotional development: by agreeing/ implementing ways and caring for and supporting mothers with post-natal depression; enabling the early identification and support of children with emotional and behavioural difficulties; supporting early bonding between parent and children, helping families to function

And

To improve health by supporting parents in caring for their children to promote healthy development before and after birth: a reduction of mothers who smoke in pregnancy; by providing parenting support and information; guidance on breast feeding; hygiene and safety

- Parents highlighted a positive impact on their social and emotional development through the support that they received from the Sure Start health visitors.

- Sure Start health visitor responses indicated that there was a range (outreach activities and groups and work with individual families) of activities that the service provided. The most substantive groups have been the smoking cessation, post-natal and stress management. Smoking cessation continues to be a difficult target to fulfil. The activities and provision (including work with individual families) were initiated through discussions with other agencies or within the Sure start team. They were identified on the basis of needs.

- Sure Start health visitors elicited users' needs in a number of ways. First, through consultation exercises with parents mainly identified through large and small scale surveys distributed to target groups; second, through initial visits to families in the Sure Start area and visits that followed
referrals (which were in the main from community health visitors); third, through identifying existing gaps in provision when planning joint service provision with agencies such as the psychology department at a local hospital; and fourth, through evaluation exercises of the various group activities. Evaluations of smoking cessation groups for example, provided information, which informed follow up courses, such as the need for individual help at home.

- There was a degree of fluidity in family involvement, when Sure Start health visitors were responding to individual needs. This demonstrated itself in the fact that the Sure Start health visitors maintained both direct and/or indirect contact with individuals in families, during the course of their relationship with them.

- The Sure Start health visitors used a number of resources and provided different kinds of support, in order to respond to parental needs, and fulfil the requirements of national targets for Sure Start.
  - They would use their own substantive knowledge of health and social factors affecting health to develop parental understanding and health awareness.
  - They would provide the emotional and social support to help the families move out of those difficulties.
  - They would access and liaise with other professionals as a knowledge resource (both within and outside of Sure Start) and organisations to provide appropriate support to individual families, and to co-plan, and/or co-deliver group activities for promoting health awareness.

- The Sure Start health visitors undertook a number of different roles for different areas of their work.
  - Their role involved Sure Start promotion, health promotion with individuals in the home and in group sessions for different programmes.
  - Their role involved initiating, planning (or co-planning), delivering or co-delivering and evaluating various group programmes (including out reach programmes such as smoking cessation) that they offered as part of Sure Start’s health related targets.
  - They offered a supportive role to parents, both to individuals in families and in the delivery of sessions withing group programmes. They gave that support by providing help for parents to receive a free nursery place for their child, by providing advice about who to contact, or contacting the organisation for the
parent, by providing health advice and practical help, with ideas to resolve children’s behavioural problems, and by providing time to listen to parental concerns and anxieties.

- They undertook the role of supervisor offering advice to nursery nurses and monitoring the extent to which they were achieving numerical targets (such as number of new birth visits).

- The review revealed some findings into the relationship between the existing GP health visitors and the Sure Start health visitors.

- The Sure Start health visitors had placed a premium upon ensuring that their service was about 'additionality' to existing GP health visitor related service. They had therefore ensured that there were channels of communications created, in order to liaise with community health visitors and to provide an additional service.

- Community health visitors also liaised with Sure Start health visitors by providing referrals to them after they had identified needs and through discussion with parents. Sure Start health visitors would liaise with community health visitors in order to respond to needs and provide appropriate physical, social and emotional support to parents.

- Both the Sure Start health visitors and the parent sample saw the Sure Start health visitor service as an enhanced service. The comparison made by the sure Start health visitors and the parent sample, was with the community health visitor service. The service aimed to provide ‘additionality’ to the existing health visiting service. For example, the post-natal depression group or the timing of the new birth visits were all examples of additions to existing advice that was given by health visitors.

- ‘Additionality’ was also about promoting Sure Start services in addition to specific health advice. One of the impacts of this additivity, was that parents felt that it enhanced the existing health visiting service because it provided additional ‘time’ and ‘personal attention’, which in turn helped to improve social and emotional difficulties that they were experiencing.

5.2 Discussion and Implications

The Sure Start health visitor model is very much a mixture of content and process that are interwoven. 'What' they do, is as important as 'how' they do it.

Two issues that were strongly identified in the review were ‘time’ given to parents and the use and promotion of Sure Start identity. Parents perceived the Sure Start health visitors as 'friends', with a background of health visiting. In this respect, the Sure Start identity seemed to be greater than the health visitor identity.

Because Sure Start is multidisciplinary in its identity, the Sure Start health visitors were ‘freed-up’ to be able to work in a different way than a traditional health visitor. The Sure Start health visitors'
approach was cross disciplinary (a form of joined-up thinking and joined-up work). This approach in itself enhances the existing health visiting service, because the Sure Start identity ‘frees’ the Sure Start health visitors from a particular remit that has to be fulfilled in a time limit; that community health visitors are required to fulfil.

Furthermore, as a consequence of Sure Start health visitors being part of a cross-disciplinary team, they were freed up from a ‘medical model’ (cause and effect) way of looking at the world. One of the consequences of that 'freeing' was that it allowed the Sure Start health visitors to give time to their families, and they were able to pay attention to 'the system' that parents and children were a part of. That is, as part of a family and a neighbouring community. Their networking with relevant professionals for families (for example, nursery managers) ensured that the ‘cogs and wheels were oiled’ so that parent or child could function as part of their family and community. In principle, this process enables individuals in families to begin to help themselves. In one respect, this is resultant of the Sure Start identity; because Sure Start is about empowering the self, and therefore helping individuals and families towards that goal.

If the Sure Start health-visiting model were to be replicated, its key elements would be as follows:

- Multiple forms of delivery -- for example, outreach, individual help at home and groups
- In order to undertake roles within forms of delivery, they are able to give ‘time’ to users.
- They are able to be flexible and responsive because they are unhindered by boundaries.
- The joined-up (cross discipline) thinking approach has a multiple impact on users. It impacts on various aspects of their lives that they are part of (selves, family, community)
- The process involves the empowering of users
- The activities provided by Sure Start health-visiting model place emphasis on health promotion, prevention and intervention for medical or social reasons.
- It invests in the development of networking with other support agencies and professionals in the provision of activities, and help for both individual families and groups.

In addition, the Sure Start health-visiting model has incorporated into its service, the insights about how appropriate child management can affect behaviour. In this respect, the issues raised in the most recent edition of the 'Hall Report' (4th Edition 2003), with a greater emphasis on health promotion, prevention and intervention for children at risk, which (for medical or social reasons) have been recognised in the Sure Start health visitor model. The Sure Start health visitor model as examined in this review, was co-ordinated by the Sure Start health visitors, who managed the service, trained appropriate staff and evaluated and monitored initiatives in relation to national Sure Start targets and future initiatives

How effective was the existing model?
One cannot assume that the Sure Start health visitor model that is demonstrated is the only Sure Start health visitor model, or indeed the best one. What one can state is that it was ‘effective’, in that it is a model that worked, because it achieved what it set out to do. It set out not to be autocratic in its approach, and this was manifest in both the perspectives that were examined in this review. An interesting third perspective would be to explore the model that the GP health visitor service operates within.

A further question that could therefore be examined would be:
What model does the GP health visitor service operate within, and how does that affect the way in which they work?
6. REFERENCES

http://www.health-for-all-children.co.uk/pdf/HFAC4%20draft%20pdfs

London: OUP (in press)
Appendix 1

The Sure Start Health Visitor Interview Schedule

Themes to be explored:

Activities
What activities are provided (and are they involved in) and how?
Individual/group activities – reflective evaluation

Needs
How do they identify ‘needs’?

Relationship with other professionals
Whom do they work with? how do they decide who to work with/how to work with them?

Relationship with GP health visitor activities
How do you liaise/decide your role with the GP health visitor?
Appendix 2

The Parent Interview Schedule

Themes to be explored:

Activities/ use of Sure Start health visitors
How have you used them/ how did you decide?

Activities/ use of GP health visitors
How have you used them? / Relationship to S/S health visitor

Value and effectiveness
How well has the Sure Start health visitor helped? In what ways? How would you like to use them?
Appendix 3

Referral Data : May 2003

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Process Review with Stake Holders


JULY 2003

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OVERALL SUMMARY

To date, partnership arrangements have been concerned with identifying the needs of the Sure Start programme, planning it, and developing strategies for implementation. Partnership at the level of implementation has involved establishing service level agreements, which has included a 'secondment' type arrangement with one agency. Representatives of the different agencies from health, Early Years Development and Childcare Partnership, voluntary bodies (NSPCC, and the Pre-School Learning Alliance) and Social Services, were involved (through consultation) at the outset of the Sure Start initiative when planning the submission proposal for the programme. Their involvement continued through the development of the Sure Start Board, which also included parents and a community member. Board level decisions were concerned with strategies and finance, alongside assessing recommendations that had been made by sub-groups. Service level agreements had been arranged between two of the agencies and Sure Start, whilst a 'secondment' type arrangement had been made with another agency, who had 'seconded' an employee to Sure Start. Parent representatives contributed to the running of the programme through their involvement in sub-groups, and their contribution to different areas of the programme – for example, recruiting Sure Start staff, initiating services, planning and developing strategies for parent recruitment at the level of delivery. There was little current and recent involvement by representatives of the 'Police' and 'Education' in the planning and running of the programme*. Future partnership arrangements will need to address those gaps, and Board decisions will need to revolve around the future needs of the area.

* According to the Sure Start Manager, a representative of the 'police' was involved at an early planning stage, as was an 'Early Years Adviser' who represented 'education', and was a previous member of the Board.
1. INTRODUCTION

This is a summary report of a review undertaken by a team at the University of Bath, commissioned by Sure Start Pinehurst and Penhill, Swindon. The review represents the first stage of an on-going process review of the working practices and processes through which Sure Start is delivered.

The review was conducted between March and April 2003, with analysis and writing occurring between June and July 2003. Interviews were conducted with members of the partner agencies who were represented on the Sure Start Board.

The aim of the review was:
• To identify across a range of agencies, how successful the partnership arrangements are in contributing to the successful implementation of the Sure Start programme

More specifically, the objectives of the review were:
• To identify the partner agencies involved in delivering the Sure Start programme
• To identify the formal and informal processes of communication put in place for collaboration and decision-making
• To explore the perceptions of the different stakeholders as to how well the partnership arrangements are working and the levels of involvement of different agencies
• To identify any changes that may be required to improve upon the partnership arrangements

Analysis of the data aimed to highlight issues concerning:
• How and what different agencies were represented
• Processes of communication and decision making
• Perceptions of success of partnerships and level of involvement

2. EVALUATION METHODS

For the purposes of this review, members of the partnership Board who represented the ‘stakeholders’ were contacted. Appendix 1 lists the representatives from different agencies that were contacted.

Interviews:
Focussed interviews were held with fourteen members and ex-members of the Sure Start Board. At the time of the review there were fourteen members of the Board and three ex-members. All seventeen (as listed in Appendix 1) were contacted by letter to inform them of the review, and subsequently telephoned in order to make arrangements for a face to face interview. Out of a potential seventeen current and previous Board members, fourteen agreed to be interviewed. The remaining three either had insufficient contact with Sure Start to be of any help, or their agency was already represented.

Interviewees represented the following agencies: Health (Primary Care Trust, Acute Health Trust), Early Years Development and Childcare Partnership, Pre-School Learning Alliance and the NSPCC as voluntary bodies, Social Services, parents and a community representative. In addition, the acting chair and newly appointed chair were also interviewed.
The interviews were analysed in order to address the aim of the review. The themes that emerged from the interview data can be grouped under the following headings:

- Representation
- Partnership Arrangements
- Collaboration and Decision-making
- Impact and Changes

3. SUMMARY OF THE FINDINGS

General Conclusion

In general, the review suggested that the partnership arrangements have worked well, whilst Sure Start has been in its formative stage. Stakeholders represented health, Early Years Development and Childcare Partnership, Social Services, parents, community and the voluntary sector. Representatives of agencies were accountable to their lead body unlike parent and community representatives; and representation was a two-way process, with Sure Start also being represented on agency Boards. Service agreements, which included a 'secondment' type arrangement from one agency, were further examples of partnership. Collaboration and decision making occurred at different levels within the Sure Start programme structure - the Board, sub-group and team level, with lines of communication both between and across levels, through inter professional collaboration. Initial problems that were being encountered at Board level (such as the role of sub-groups) had been resolved. Decision-making was inclusive, and therefore accepting of parents’ suggestions.

Representation:

- Current and ex-Board members (fourteen individuals) represented the different agencies, of health (Primary Care Trust, Acute Health Trust), Early Years Development and Childcare Partnership, Pre-School Learning Alliance and the NSPCC as voluntary bodies, Social Services, police, education, parents and a community representative.
- Concern was expressed that no one from ‘public’ health was represented.
- Parents on the Board were a different type of representative to the remaining Board members. Unlike other members, they were not accountable to another body, but were members because they were parents (that is, they belonged to a particular group). Does this raise questions about how other parents’ views are elicited, included or reported to?
- Representatives of the Board had their own policy agendas. Members of the Board stated that they represented their agency by providing the benefit of relevant professional knowledge and experience, including their agency requirements and current policy changes in their particular sector.
- Representation was a two-way process. One the one hand members represented their agency on the Sure Start Board, and on the other hand Sure Start was represented on agency boards.
- An issue arose regarding the period of time agency members were representing on the Board. The longer the membership, the more beneficial it was in their understanding of the Sure Start programme. Does this then raise questions about the need for stability of representation?
Partnership Arrangements

- In the initial stages of the Sure Start programme, members of the Board held a common purpose, which was to identify the needs of the Sure Start programme, and plan the programme.
- Partnership was inclusive in that ideas for services, new initiatives and opinions had been discussed, and in some cases accepted at Board level. Some members praised the leadership style of the chair; since she had ensured inclusiveness, so those members such as parents were able to ask if they did not understand particular issues.
- Employment links had been made with social services and the health sector. This ensured continuity of employment for certain Sure Start team members, into mainstream services, beyond the duration of Sure Start.
- Strong links had been established between mainstream midwifery providers and Sure Start midwifery providers. The success was based on clear aims within the service agreement with Sure Start.
- Some firm links had been established with providers within social services and Sure Start; although stronger links needed to be made from various teams within social services.
- Due to changes in employment of various members, new members had not fully understood the ‘wider picture’. The newly formed induction process would in principle, help new members’ awareness of the past, present and future of Sure Start.
- Concern was expressed about the lack of knowledge some Board members had, of the work at operational level, for example Sure Start core team’s work and their plans. This was important to those Board members, because they were in a position to offer advice and existing knowledge to support activities.
- There was concern about duplicating the use of people with similar aims, from Sure Start and from the agency. Does this raise questions about developing more working relationships (at the operational level with service providers), through joined planning, joined training and co-ordinating work with families?
- There was concern about how Sure Start connected with existing community groups on issues for example, concerned with community safety.

Collaboration and Decision-making. How did it work?

- Collaboration and decision making occurred within a Sure Start structure. Within the structure lay the Board, sub-group and operational level. Figure 1 provides an indication of what ‘actually’ happened in terms of collaboration and communication from the Board members’ perspectives and within the Sure Start structure, according to the review.

- Board level decisions were strategic and concerned with, the programme strategies in relation to the Sure Start targets, financial matters and relevant policy issues. Recommendations from outside agencies/representatives, or sub-groups were ratified or considered at this level.
- There were horizontal levels of inter professional collaboration at different levels of the structure.

Inter professional collaboration existed at Board level – where representatives pooled information to common aims.
Inter professional collaboration existed at sub-group level – where representatives and outside professionals pooled information to common aims (see Appendix 2 for information regarding sub-groups at the time of the review).
Some inter professional collaboration with agencies existed at the operational level between Sure Start providers and agency providers (for example, in the area of midwifery, and certain teams within social services).
Where there were service agreements, (for example in midwifery) the respective Board representative was able to elicit whether Sure Start was providing an additional service, to their existing structure, through communication strategies with providers at the operational level.
• Parent representatives were present on most of the sub-groups and contributed to different areas of the Sure Start programme – for example, in the recruitment of Sure Start staff, initiation and planning of certain services.
• Parent representatives communicated with members of the Sure Start team through informal meetings with Sure Start team members (since the parent forum had not proved successful in recruiting parents). Discussions revolved around:
  a) ways of recruiting parents to the parent forum in order to move the forum forward
  b) recent developments for example, the intention of a Sure Start café
  c) The contents of the newsletter.
In this respect, despite a lack of parents on the parent forum, collaboration existed at grass roots level, which allowed for parental voice to be heard.

Impact and Changes

Positive effects
Parents’ voices had been inclusive in the partnership process.
Sure Start had brought integrated preventative services for children and families, to a geographical area where facilities were previously limited.
In some cases, partnership arrangements had increased flexibility and integration in terms of service delivery. For example, in the area of health,
  - there had been enhanced maternity care, by being more flexible.
  - there had been enhanced communication between different professionals, therefore reducing the referral process.

Concerns
Improvement is required in involving more parents.
There was some concern about adaptability for the future. Sure Start works to fixed targets, so to what extent will it be able to respond to local needs?

4 CONCLUSIONS

In general, the partnership arrangements had been successful and revolved around identifying the needs of the Sure Start programme, planning for it and developing strategies for implementation. There were different kinds and levels of involvement, which allowed representatives from agencies to contribute to the Sure Start process. This occurred, for example, in the early stages of planning the proposal, and later, through service level agreements, which included a 'secondment' type arrangement at the level of delivery, in addition to pooling knowledge and experience in decision making at the Board and sub-group level. These decisions were largely concerned with the planning, budgeting and monitoring of the programme. Board members represented on sub-groups were concerned with decision making relevant to the sub-group. The role of the sub-group had evolved with the development of terms of reference. Parents’ voice had been inclusive, at Board, sub-group and informally at delivery level, where they collaborated with team members.

The evidence suggested there were particular factors that had made the partnership arrangement successful. They were:

A sense of ownership. A number of the Board members had been consulted and had advised at the planning stage, during the time of programme submission. In addition, opinions and innovative ideas had in some cases, been taken up at Board level.
Sound attendance at Board meetings from stakeholder representatives.
An improvement at involving parent and community representation (by ensuring that they were welcomed and without assumptions of previous knowledge and background).

Clarity about membership. This was decided at an early stage within the protocol sub-group alongside the requirement that Board members held the authority to make decisions on behalf of their organisation.

Development of a structure and reporting mechanisms; for example, from sub-group level to Board and delivery level.

Development of terms of reference for the Board and sub-groups. In this respect clear expectations of roles and responsibilities had been identified.

A democratic process of decision making, where no one agency had dominated. This was perceived at both Board and sub-group level.

Attempts to ensure clear decision-making. Board members understood what decisions had been made and why.

A clear oversight of the policy being delivered. In this respect there was a shared understanding of the purpose of Sure Start.

Knowledge and expertise at Board level and within the delivery team.

Inclusive - Accepting of suggestions from parent representatives.

Good relationship with the programme manager. This allowed for approachable lines of communication between users, providers and stakeholders.

Negotiations with agencies; for example, through the development of service agreements.

Clearly, Sure Start has given parents the opportunity to effect the services in their area, through both parent and community representatives. However, the parent forum has been at a developmental stage, so there have been insufficient representatives to forward as Board members. A major stumbling block lies in the parent forum. Professionals for example, deliver Sure Start 'drop in' parent and child groups, so that parental help is not a necessity. Does this raise questions about empowering parents?

Concern was expressed that the agencies at the Board level may not understand what each does, and can do. A new representative found it difficult to ‘find a voice’, that is, to be able to locate where their agency could accommodate relevant needs.

There was a noticeable gap in the contribution of 'education' from for example, members of the Education Department within Swindon Borough Council. Given that one of the aims of Sure Start is to provide children with an excellent start in education, the gap needs to be addressed.

There were certain issues raised by Board members. The issues can be addressed as the following questions:

a) What had Sure Start achieved within its geographical boundaries within the statutory agencies?

b) To what extent had Sure Start been able to attract vulnerable families (in order to avoid issues concerned with child protection)?

c) To what extent had Sure Start developed interventions that deliver their objectives (for example, in the areas of outreach work, home visiting, health care, good quality playing and learning and children with special educational needs)?

d) What were the benefits of multi-skilled workers with a family?

e) What can other agencies implement into this approach?

f) How can Sure Start ‘roll out’ the lessons learnt, to ensure there is a preventative strategy of models, for other agencies to use?
5. RECOMMENDATIONS

In order to ensure that the Sure Start programme continue the success of the ‘forming stage’, whilst at the same time moving forward in the partnership process, the Board will have a new role to play in the future. Their decisions will need to revolve around the future needs of the area.

The following recommendations are made:

1. Restate the policy being delivered, in order to sustain a clear sense of direction and agenda.
2. Inform Board members of each other's work – in particular what they ‘do’ and ‘can do’.
3. Continue to develop the strength (in terms of membership and clear focus) of groups at sub-group level.
4. Review the extent to which working relationships have or have not been developed, between service providers within Sure Start and service providers within the stakeholders’ organisations, in order to ensure that there are no duplication of skills, and to develop ways of joined-up working and joined-up planning to achieve shared aims (i.e. collaborative enterprises to build horizontal bridges).
5. Develop clearly defined roles and responsibilities with representatives from the police and education (Early Childhood Education and Primary Education). Sure Start’s work can then be mainstreamed for example, within the local education authority agenda.
6. Develop strategies for further links with the local Sure Start community.*
7. Review future needs, for example, special needs, preventing poor primary school performance, child safety; and develop structures to focus on strategies to fulfil those needs.
8. Begin an external focus and the ‘rolling’ out process of Sure Start initiatives into the wider Swindon area, for example through use of attendance at Swindon Board level (such as, the ‘Children and Young People’s Strategic Partnership’). Sure Start’s work can then be mainstreamed within the wider Swindon agenda.
9. Review whether areas of the programme require restructuring for the purposes of mainstreaming; For example, by addressing issues concerned with Sure Start staff employment. How for example will health visitors’ posts become mainstreamed once funding is in decline? How will agencies such as Sure Start and 'education' and other Board members agree to re-structure, in order to mainstream Sure Start’s work in the wider Swindon community?

* At the time of the review Sure Start were in the process of securing a post for a community development worker.
Appendix 1: The representatives from different agencies that were contacted, for the purposes of this review.

Health
Swindon Primary Care Trust (statutory)
Swindon Midwifery Manager (statutory)

Early Years Childcare and Education:
Early Years Development and Childcare Partnership (statutory)
Pre-School Learning Alliance (voluntary)
Schools Improvement Manager (Early Years and Primary) (statutory)

Parents
Parent Representatives (x 3)
Ex parent Representative (x 1)

Community
Penhill Forum Community Representative

Voluntary Bodies
Area Children’s Services Manager, NSPCC
NSPCC Team Manager

Swindon Borough Council
Planning Officer, Social Services (statutory)
Social services (statutory) ex-member

Other
Police Inspector (statutory)

Chairs
Acting Chair of the Board
New Chair of the Board (at the time of the review)
Appendix 2

The Sub-Groups

Membership into sub-group was through general invitation at Board level. Decisions made at sub-group level were perceived as a democratic process of consensus. The following provides an overview of sub-groups on which Board members were represented:

- **Protocol Process sub-group (an early sub-group)**
  Decisions were made on the expectations of the Chair’s role, the components of the Board, the frequency of meetings, early structural mechanisms such as which sectors should be represented, how many representatives were required, the expectations of the information that this produced by the Board, reporting mechanisms, reporting to stakeholders.

- **The Finance subgroup**
  The subgroup aimed to examine the priority budgets as a collaborative exercise.

- **The Childcare Panel**
  This working group had drawn up criteria and principles for granting applications for nursery places (with a local nursery).
  The group met on a three monthly basis to:
  a) examine decisions that the Sure Start team (a working sub-group) had made,
  b) review whether they should continue the provision for individual families.
  The Childcare Panel initially allocated places to a private nursery. The service then expanded by giving placements to childminders.

- **Capital sub-group**
  The group had examined the plans, capital issues and equipment required for a nursery building. Members of this group included Board representatives, an architect and a Sure Start facilities manager is planned (who is familiar with procedures for planning applications). In this respect, the group aimed to offer and exchange relevant experience, knowledge and ideas.

- **Partnership Working and Governance Sub-Group**
  The group had examined the overall membership and Sure Start aims and objectives. It is to review this regularly, and decisions made at the Board level. Decisions made at this group involved establishing a structure for training new Board members, to ensure equality of opportunity.

- **Evaluation Sub-Group**
  The terms of reference stated that the main function of the evaluation sub group is to oversee and monitor the Sure Start local evaluation and to provide reports to the 'Partnership Board'.