



University of
Salford
MANCHESTER

Sure Start Little Hulton 39 week evaluation report

Rooke, JA

Title	Sure Start Little Hulton 39 week evaluation report
Authors	Rooke, JA
Publisher	Institute for Public Health Research and Policy
Type	Monograph
USIR URL	This version is available at: http://usir.salford.ac.uk/id/eprint/2608/
Published Date	2005

USIR is a digital collection of the research output of the University of Salford. Where copyright permits, full text material held in the repository is made freely available online and can be read, downloaded and copied for non-commercial private study or research purposes. Please check the manuscript for any further copyright restrictions.

For more information, including our policy and submission procedure, please contact the Repository Team at: library-research@salford.ac.uk.

39 Week Evaluation Report

Sure Start Little Hulton

July 2004-March 2005

John Rooke

Contents

Monitoring, Evaluation and Quality Management	3
Bookstart and Beyond	5
Crèche Development	10
Domestic Violence (Freedom Programme)	11
Enhanced Portage	15
Family Support Team	17
Health Visiting Team	21
Home-Start	25
Midwifery	29
Parental Development Co-ordinator	32
Perinatal Depression	35
Language Development	36
Welfare Rights	39
Conclusion	40

The 2004 Annual Evaluation Report for Sure Start Little Hulton covered the period to June 2004. The introduction of Children's Centre's from April 2006 means that the Sure Start programme will not run for a full three year period as originally anticipated. In view of this and the uncertainty that prevailed at the time as to future funding arrangements, it was decided to produce two further reports covering 36 week periods. In this way, three evaluation reports (covering the programme up to the end of December 2005) will be available by the time the transition occurs. This will also facilitate the production of a Three Year Report for the National Evaluation of Sure Start (NESS) albeit that the period covered will be a little less than 2.5 years.

Monitoring, Evaluation and Quality Management

It was mentioned in the previous report that leadership of the programme by the NGO Spurgeon's Child Care had led to difficulties in accessing PCT held information. This problem has now been resolved. Although the initial difficulties led to an early deficit in information, it also resulted in a considerable effort to register families with the programme in order to record their details. This pro-active approach to registration seems to have had positive benefits in promoting the programme among its target population.

Progress towards the integration of monitoring and evaluation has continued and the reader will notice that some monitoring data has been used in this report, alongside qualitative findings. Nevertheless, there is still a considerable amount of work to be done before we achieve the integrated quality assurance system envisaged in the 2004 Report. As a reminder of our intentions, an extract from Appendix One of the 2004 Report (a letter circulated to all projects) is reproduced here.

“The purpose of quality management is to enable everyone involved in providing services through Little Hulton Sure Start to:

- ◆ improve our delivery to service users;
- ◆ meet national and local service delivery targets;
- ◆ improve our communication with partner agencies;
- ◆ keep our funders and managers informed;
- ◆ identify and disseminate best practice.

At the moment, our quality management consists of various procedures we are required to carry out to satisfy National Sure Start: milestones; monitoring returns; evaluation. We need to ensure that these elements work together in a coherent way to enhance the work of individual projects, provide an overview of the programme as a whole and demonstrate to the Sure Start Unit that we are carrying out work that meets National Sure Start Targets.”

A particular success (for which most credit must go to the evaluator for Winton and SLP) is the Cost of Support per Family measure which now allows us to assess the cost of Family Support across Salford. Even here, however, difficulties remain and in particular two notes of caution must be sounded:

1. the measure is primarily intended as a means of comparing the cost of family support intervention with that of conventional Social Services intervention which may be necessary if a family's situation is allowed to deteriorate;
2. for comparison across family support services to be reliable, a minimum requirement would be a means of assessing the seriousness of the problems faced by referrals to the respective services.

The strategy for evaluation remains participative. Projects are encouraged to develop their own criteria for success and to do their own evaluation. This is a slow process, resulting in less data than might be produced with the use of more top down methods. However, a bottom up approach is likely to be far more effective in realising the aims of the quality assurance initiative. Thus, if evaluation data is to be used to improve the delivery to service users, it must:

- be appropriate to the methods used by service providers and the standards applied by them on the ground;
- be 'owned' by them and felt to be useful;
- be applied by them within the context of an 'improvement cycle' (plan, do, check, act).

All projects are now submitting quarterly evaluation reports. A traffic light system was introduced to regulate this process during the January-March quarter. Under this system, the following ratings were used:

Green rating: good progress in evaluation. Reporting has been timely and appropriate.

Amber rating: some progress in evaluation, but substantial room for improvement. Report has not arrived in time, or was inadequate in major respects. Any delay in reporting has been explained and measures taken to rectify the situation.

Red rating: lack of evaluation is a cause for considerable concern. Report has not arrived in time and no satisfactory explanation has been given.

Ratings for the January-March quarter were as follows.

Green rating: Bookstart and Beyond; Crèche Development; Family Support; Home-Start; Midwifery; PND; Enhanced Portage; Parental Development; Welfare Rights (9 projects).

Amber rating: Health Visiting; Freedom Project; Speech and Language (3 projects).

It is intended that the specific criteria for the traffic light ratings will change as the evaluation process evolves.

A service user satisfaction questionnaire is being developed, principally by the Project Manger, with input from parent volunteers mediated by the Parental Development Co-ordinator.

A partnership interview schedule has been piloted and will be further developed in the forthcoming evaluation period.

Bookstart and Beyond

Aims and targets

Bookstart aims to address PSA targets 2a & 2b and SDA target 9.

The PSA targets, concerned with appropriate linguistic development, are shared with the Speech and Language project and a strong partnership has been built between the Bookstart worker and the Speech and Language team. Achievement of the 2b target is measured by the Speech and Language team, using the Sure Start Language Measure. Achievement of the 2a target is measured by school teachers at the end of the foundation stage.

The SDA target, concerning use of library facilities is measured by: numbers of new library joiners; attendance at library events; numbers collecting Beyond Rucksacks (for which they must attend the library); and numbers participating in the library book-crawl. Library events are regarded as an important way of bringing families into the library environment and making them feel comfortable there.

New Joiners

Figures for new library members (aged under 4) are now available for five quarters and are given below. The number of new joiners has risen in three of the four quarters this year and is almost 200% higher in Jan-Mar 2005 than for the same period last year. However, it cannot be expected that this figure will continue to rise, numbers of joiners will tail off as library membership approaches saturation in the area. Number of books borrowed would be a preferable indicator in the long term, as it would give a more accurate picture of library use and be more sensitive to increased use.

<i>Period</i>	<i>Number of New Joiners</i>
Jan – March 2004	22
April – June 2004	38
July – Sept 2004	58
Oct – Dec 2004	54
Jan – March 2005	63
Jan 2004 - March 2005 (15 month total)	235

Library events

The project has succeeded in progressively increasing the number of events for under 4's taking place at Little Hulton Library. These include: Story/Rhyme times; baby parties; and one-off events.

<i>Attendance at Library Events</i>			
<i>Period</i>	<i>No of events</i>	<i>Average Attendance</i>	<i>Total Attendance</i>
Apr – June 2004	8	8	65
Jul -Sept 2004	9	12	111
Oct – Dec 2004	12	14	173
Jan – Mar 2005	14	18	253
Apr 2004 - Mar 2005 (annual total)	43	52	602

Story/Rhyme Times

The Story/rhyme times are cheerful affairs in which children are encouraged not only to sit and listen to a story, but to join in with songs, rhymes and craft activities. Both parents and children appear to enjoy themselves.

In the April - June quarter, the Bookstart worker administered a survey to parents attending the story time sessions. Of the eight children surveyed:

- ◆ Parents of five said they shared books more with their child since attending the story time sessions;
- ◆ Seven children were library members and attended the library once a week or more;
- ◆ All eight parents shared books with their children more than once a week and said that they enjoyed doing so.

Parents also asked for sessions to be longer and the Bookstart officer has extended them by an extra quarter of an hour. She has also begun to run a second weekly session, in order to accommodate increasing demand.

Baby Parties

As mentioned in my previous report, the project worker has established good relations with the local health visiting team, who assist the project by distributing bags and vouchers for backpacks. The Health Visitors have now begun to hold health checks for eight month old babies in the Library. This forms the basis of the baby parties, which enable the Bookstart worker to introduce herself to families, while distributing Bookstart

bags. The parties are also attended by Speech and Language outreach worker, who also uses the opportunity to meet parents. Thus, the baby parties address two major Sure Start aims:

- ✓ to overcome barriers which prevent Sure Start families using available services;
- ✓ to develop co-operation between diverse service agencies for the benefit of service users.

One off events

The Bookstart officer has organized a series of successful one off events. Examples are the ‘Crazy for Maisy Party’ and the ‘Christmas Story-Rhyme Time and Dummy Swap.

Maisy is a character who features in a series of children’s books and a TV show. Children at the Story Time were involved in making decorations for the event. A costume was hired and the library assistant dressed as Maisy. Food and low sugar snacks were provided. Thirty children and twenty-four adults attended.

The Christmas Story-Rhyme Time and Dummy Swap was organized with the Speech and Language project as a result of planning for a week of Sure Start Christmas activities. Children attending were encouraged to swap their dummies in exchange for a book. The event was successful despite the illness of the Speech and Language worker on the day.

The Bookcrawl

All Salford libraries participated in the Book Crawl event, in which young children are awarded tokens for visiting the library and rewarded with gifts of books. The event was successful and it is planned to repeat it this year. It is noticeable that participation tended to be higher in libraries with a dedicated Bookstart officer.

The project has been able to access lending figures for children’s books for a week during the event. Unfortunately, in the absence of any figures for comparison, these cannot be used to assess the impact of the event.

Date of Issue	Number of Children’s Books Issued	Total of those which were picture books
16/08/04	5	2
17/08/04	44	24
18/08/04	49	43
19/08/04	30	21
20/08/04	8	2
21/8/04	17	9

The Little Hulton Bookstart Officer has collected figures for participation in the event from libraries across Salford. It is clear from these figures that libraries with a dedicated Bookstart Officer performed significantly better on average than those without.

Bookerawl Participants throughout Salford 2004	
Library	Number of Participants
Cadishead	1
Clifton	2
Charlestown	5
Boothstown	6
Walkden	9
Ordsall (Bookstart Officer)	12
Worsley Village	13
Eccles	14
Winton (Bookstart Officer)	18
Swinton	19
Broadwalk (Bookstart Officer)	23
Broughton (Bookstart Officer)	24
Little Hulton (Bookstart Officer)	31

Bookstart Bags and Beyond Rucksacks

Distribution of Bookstart bags and Beyond rucksacks is carried out mainly with the co-operation of the Health Visiting team.

<i>Distribution of Bags and Rucksacks</i>					
<i>Period</i>	<i>Bookstart Bags distributed</i>	<i>18-month Beyond Rucksacks</i>		<i>3-year Beyond Rucksacks</i>	
		<i>vouchers distributed</i>	<i>rucksacks collected</i>	<i>vouchers distributed</i>	<i>rucksacks collected</i>
Apr – June 2004	40				
Jul - Sept 2004	31	18	9	28	13
Oct – Dec 2004	61	59	21	57	23
Jan – Mar 2005	49	65	18	65	18
Apr 2004 - Mar 2005 (annual total)	181	142	48	150	54

Outreach Work

The Bookstart officer engages in outreach work, visiting schools, creches and other Sure Start events and projects to promote reading and the library service to families.

<i>Quarterly period</i>	<i>No of visits</i>
April - June 2004	7
July - Sept 2004	7
Oct - Dec 2004	7
Jan - March 2005	10

She has also been active in promoting Bookstart through posters, contacts with other agencies and through the local media.

Conclusion

The Bookstart project in Little Hulton is increasingly successful in involving parents and children in library and book based activities. It is participating in several promising examples of inter-agency co-operation. The project continues to grow in strength. However, the library membership figures that are currently being used as the principal measure of the success of the project will become less appropriate as library membership approaches 100% of the target population. A more accurate long term measure of the projects effectiveness will be available only when it is possible to access borrowing figures for young children on a regular basis.

Crèche Development

The Crèche has now obtained Ofsted approval and Worsley Community Association have taken over the administration of the building that they use. This means that the crèche is now potentially able to run at full capacity and operate without the presence of the crèche development worker. However, staff absences and turnover have meant that the crèche development worker has had to continue to attend, restricting her ability to develop additional facilities.

The project uses an evaluation tool based on the DfES 'Birth to Three Matters' framework. This provides an assessment of a child's development in four key areas: strength (confidence); communication; learning competence; and health. Seven children have now entered the assessment process. All appear to be developing in a satisfactory manner. However, five of these assessments were commenced in May 2004 and only two subsequently, in January 2005. The development worker has identified a need to train new staff in the use of the tool. She reports that parents like the assessment process.

Service user evaluations were carried out in June 2004 (six parents/carers) and February 2005 (eight parents/carers) using a standard questionnaire with a rating scale and space for written comments. User ratings on three items are given below (average score out of ten, to nearest decimal place).

<i>Item</i>	<i>June 04 feedback</i>	<i>Feb 05 feedback</i>
Child's enjoyment.	9.3	9.3
Benefit to parent/carer.	9.5	9.1
Benefit to child.	8.8	9.4*
Average over three items (to two decimal places).	9.22	9.25

*Average of seven responses, eighth respondent simply answered 'yes' to this.

- It is clear from these ratings and the supporting comments that the crèche is enjoyed by children and appreciated by their parents/carers.
- The evaluation comments stressed the benefit to the children of being able to mix with other their own age.
- Comments identified benefits to parents/carers in terms of respite, or help with the child's development.
- Several respondents commented on the friendly and caring atmosphere created by the staff.
- There was more emphasis in the February 2005 feedback on the crèche's contribution to the child's development.

Domestic Violence (Freedom Programme)

Domestic violence is one of the most serious and difficult problems that Sure Start attempts to address. The Domestic Violence Project engages in three activities:

- a Monday to Friday 9am to 5pm telephone support helpline for women and professionals, with out of hour's voicemail;
- awareness training for Sure Start workers
- the Freedom Programme and associated one-to-one support.

There is a single domestic violence project for the five Salford Sure Start programmes and it has proved difficult to obtain data specific to Little Hulton.

The Need for the Project

Information supplied by the project indicates that the Police Domestic Violence Unit in Salford records an average of 450 domestic violence incidents each month. One third of these calls are said to originate in the Walkden area, of which Little Hulton is part. The area thus suffers an above average rate of such reports. This may be due partly to the relocation of women to Little Hulton as a result of previous incidents of domestic violence.

Domestic violence is a notoriously difficult issue to address. Victims are often reluctant to take adequate action, either to restrain the perpetrators or to protect themselves. It can therefore be a recurrent problem in lives of many families.

Costs of the Project

The following table shows the costs of the project and how their funding is distributed amongst the five Sure Start programmes in Salford.

	Winton	Little Hulton	Seedley, Langworthy & Precinct	Broughton	Ordsall	Total for Salford
Budget	£20,000	£8,000	£9,000	£5,000	£4,251	£46,251*
Cost of Administrator	£5,148	£3,744	£3,744	£2,340	£2,340	£17,316
Cost of Domestic Violence Worker	£11,536	£2,769	£3,692	£1,846	£923	£20,766
Other costs	£3,315	£1,487	£1,564	£814	£988	£8168

*This is the total for the five budgets, the total for expenditure is actually £0.01 less, at £46,250.99

The Domestic Violence Worker is employed for 22.5 hours a week (at £17.75 per hour) and the administrator for 37 hours a week (at £9.00 per hour).

Sure Start Little Hulton pays for three hours a week of the Domestic Violence Worker's time and for eight hours a week of the administrator's time.

The helpline

Use of the telephone helpline was monitored for three separate weeks during 2004, from: 12th October – 18th October; 8th November – 12th November; and 6th December – 10th December. Forty- seven phone calls were made to the helpline during these periods. The project has supplied an analysis of these calls which is presented in the table below. This analysis is difficult to interpret due to the lack of clear definitions for the categories used. As there is no qualitative data available, it is impossible to assess the nature of the service that is being provided.

Nevertheless, it would appear that the line received an average of 11.7 calls a week from service users over the three weeks that monitoring took place. There is no data on the geographical origin of calls, but the project has promised that this will be addressed in future evaluations.

It would appear that the help line receives on average 3.3 calls a week from professionals, though there is no indication of the content of these calls.

<i>Type of call</i>	<i>Number of calls</i>
Professional	10
Clients	11
Advice	1
Information	8
Support	5
Refer to DV Worker	10
Refer to other agency	2
Total	47

Professional Training

The project offers training in Domestic Violence awareness to other Sure Start workers. The evaluation of this aspect of the service has been positive. All delegates are asked to return an evaluation questionnaire at the end of the session. Analysis of these returns by

the evaluation researcher for Winton and SLP found that 96.6% of delegates who completed the training believed the training would help them to some or great extent. Fifty-eight delegates responded. While it is thought that most delegates will have returned the questionnaires, it is not clear how many delegates received training in total, or how many of them work in Little Hulton.

The Freedom Programme and associated support

The Freedom Programme consists of a twelve session course to educate women on the dynamics of domestic violence. This is supplemented by one to one support. The project has in the past supported a Freedom Programme course in Little Hulton, but this collapsed when a change of venue became necessary. Three women in Little Hulton are currently being supported on a one to one basis.

Qualitative feedback from service users indicates clearly that the project has been of considerable benefit to a number of people. However, it is not possible to tell how much, if any, of this feedback relates to the experience of service users from Little Hulton. Given the difficult nature of the problem and its prevalence in the Walkden area of which Little Hulton is part, the three hours per week dedicated to Little Hulton by the domestic violence worker appears to be inadequate to address the problem here.

Partnership working

The project appears to have no direct links with any of the agencies involved in the Salford Multi-Agency Domestic Violence Project. The project leader has represented Salford Primary Care Trust on the City's Domestic Abuse Policy and Strategy Group and now attends the city's Domestic Abuse Implementation Group. However, there is no indication of how this has contributed to the project's direction, activities, or profile. The project is not listed among the 29 voluntary and statutory agencies (including 24 hour helplines) published as useful contacts for sufferers of domestic violence by the Salford Multi-Agency Domestic Violence Project.

Conclusions

- Sure Start Little Hulton currently pays for three hours a week of the Domestic Violence Worker's time. This seems inadequate to tackle such a serious problem.
- The support provided for domestic violence sufferers and the training provided for other Sure Start workers are important services, but there is insufficient data available to enable a proper evaluation of their delivery.
- Better evaluation systems are needed for all aspects of the project's work.
- The project model results in a single (0.6) domestic violence worker dividing her time between five Sure Start areas. This has proved to be impractical.
- A disproportionate amount of the funding provided by Sure Start Little Hulton funds the Administrator. This does not appear to be good value for money.

- The help-line is not very busy, it may be that sufficient provision is available through other agencies.
- The services provided by the project do not appear to be planned with regard to the activities of other agencies addressing domestic violence in Salford.

Enhanced Portage

The Enhanced Portage project addresses the SDA 8 target. To increase the number of young children with Special Educational Needs who have been identified and an action plan put in place to assist their development. The project aims to carry out an assessment and structure a play plan for parents to follow within six weeks of receiving a referral. Waiting lists are subject to fluctuation due to uneven demand for the service, but families in other areas are currently waiting between 4-5 months for input from the Portage service. The project carries out the following activities:

- a detailed assessment of the child's development and S.E.N. needs;
- work in partnership with parents to enable them to support their children in reaching their potential;
- provision to parents of an action plan detailing appropriate play activities and strategies for resolving behavioural issues;
- provision to other professionals of a detailed assessment of the child's development within the home situation;
- a contribution to the assessment of need in regard to the child's first group setting or school placement.

Each child's development is measured on a visit by visit basis using progress charts.

Parents complete a questionnaire and service evaluation (either written or verbal) at three points in the service's input: at start up; on starting in first group setting and on closure of input.

The project's impact on parenting skills is monitored by measuring specific skills at the start and end of the project's input.

Evaluation of Parental Skills Improvement During Contact with the Project in 2004

The added value for ten parents was measured with the following results.

Parents using specific parental skills	Number at start of Input	Number at end of Input	Number who gained the skill
Actively participates in child's play	3	10	7
Uses positive reinforcement	4	9	5
Uses appropriate prompts/helping strategies	4	9	5
Breaks tasks down into achievable steps	2	6	4
Shows attention to wanted behaviour	1	9	8

Uses preventative strategies for unwanted behaviour	0	7	7
Total number of skills at start	14		
Total number of skills at end		50	
Total number of skills gained			36

Achievements

- ✓ The waiting list for Little Hulton has now been reduced to 4 weeks, due to the additional home visiting hours paid for by Sure Start. This, in addition to additional funding from other initiatives has enhance the service's ability to meet families' needs flexibly and efficiently.
- ✓ In percentage terms, the improvement in parenting skills achieved by parents = 60%

This leaves a percentage of possible skills remaining unlearned by parents of 17%. Two skills, 'breaks tasks down' and 'uses preventative strategies' account for a large proportion (12%) of this remaining skills gap.

Future Plans

In the next 12 months, the project intends to focus on two developments: the Portage Bridge; and Playing Together groups.

Portage Bridge

This work is designed to support children, parents and settings in establishing the child in their first placement, or to assist in transition between placements. Documents and process have now been developed by the project. Two designated home visitors will pilot the bridge with one child, family and early years setting. This will commence from Spring Term 2006, as soon as a child becomes ready to take up the place. This will be recorded and evaluated at the end of the process and compared to evaluation of other cases where the bridge has not been used.

Playing Together groups

Involvement in Early Years Centre parent and toddler group, 'Playing Together', based at the Sure Start Shop. This includes the provision of appropriate toys and equipment from the Portage Toy Library and support for any additional needs identified. This is a community based group for parents/carers and children aged 0-3, with a particular focus on parent's participating in and understanding the educational importance of their child's play. and understanding of the importance of play in relation to learning. Parents/carers participate in planning and decision making, based on the Birth to Three matters framework.

Family Support Team

Aims and methods

The Family Support Team make the following statement of intent:

“We can provide confidential advice and guidance to children and families and also involve the wider family. We acknowledge that parents know their children the best. Family Support workers will be friendly and positive when working with families. We will share ideas and be open to new ones. Family Support Workers will treat families with respect and be non-judgemental.”

(From the Family Support Team Evaluation Report April 2005)

The service aims to address two Public Service Agreement (PSA 2a; PSA 3) and two Service Delivery Agreement (SDA 12; SDA 14) targets, with primary emphasis on SDA 14 (increase the proportion of families with young children reporting personal evidence of an improvement in the quality of family support services).

Family support workers conduct home visits, facilitate group activities and offer active support to parents accessing other agencies. They offer parenting advice based on the Webster Stratton system. They also offer advice on child proofing and hygiene for the home. They facilitate and encourage play activities and outings. They help parents/carers to keep appointments and will, when appropriate accompany them or make a phone call on their behalf. They offer additional practical assistance when appropriate.

These activities are well recorded and are evaluated by means of a system in which parents collaborate with the family support worker to quantify their needs on an assessment scoring form.

The service aims to make initial contact after receiving a referral within a maximum period of 5 working days and within 48 hours wherever possible. Initially, the family support workers collaborate with the parent/carer(s) to establish the family's needs with regard the service. These are recorded and the level of need is quantified on the assessment scoring form. Support is initially provided for a twelve week period. The case is then reviewed; the level of need re-quantified and a decision is take as to whether further support is required.

At present, the service works solely with Sure Start Little Hulton families and is normally available between 8am and 6pm from Monday to Friday.

Comments from users

Project workers are receiving positive feedback from service users. They have reported the following comments:

“Yes I am a lot calmer now and happier with myself because I have had someone to listen to me”

“Find my Family Support Worker friendly and helpful”

“It was useful having someone that I could open up to”

“The Family Support Team and my personal worker have provided fantastic support in many ways to every member of my family, whether it be emotional or physical support or even just a lift to the shops. Without them I would be a wreck”

“I would not be able to take my 4 children out for a treat or a different experience if it wasn't for the family support team”

Cost-Benefit Analysis April 2004 – March 2005

Total cost of project (£)	87,279*
No of hours funded per week	122
No of families supported	72
Cost per family (£)	1,212.21**
No of contacts	1,641***
Cost per contact (£)	53.19

*This figure includes the full costs of project, including costs of employment, operating expenses, office accommodation and management expenses.

**This figure does not take into account additional activities undertaken, such as group sessions.

***This figure includes home visits and significant family specific contacts (e.g. making a telephone call on behalf of client, or providing support in a crisis). It does not take into account additional activities such as group sessions.

The case load

In the period October 2004 to March 2005, the project received 21 referrals and completed 17 cases. The project's total case load at the end of March 2005 was 25. While the project currently shows a good throughput of cases, the difference between numbers of referrals and completions may be a cause for concern if it continues in the long term.

Over the period October 2004 to March 2005, sources of referrals were as follows:

Source of referrals	Number of referrals October 2004 – March 2005
Self referral	8
Health Visitors	6
Social Services	4
Welfare Rights	2
Midwifery	1

The four Social Services referrals were all in the latter of the two quarters (January - March 2005), indicating an increased tendency to receive this type of referral which is commensurate with the experience of the longer established Seedley, Langworthy and the Precinct team.

Comparison with other Family Support Teams

The table below takes the average cost of support per family as the most realistic single measure of cost-effectiveness. Figures for Seedley, Langworthy & the Precinct and Winton & Peel Green are taken from the *Report to the Mainstreaming Group 25th April 2005*, by Meg Allen & Mary Black. The following caveats from that report should be borne in mind.

- The different length of time they have been operating means that they are at different stages of development.
- Local variations in need mean that the teams have responded differently and provided slightly different services.
- Differences in the local context mean that they have had different rates and types of referral, this does not necessarily mean that one has been more successful than another – just that local need is different.

(*op cit* page 10)

With regards the first point, the Little Hulton team has been in operation longer than Winton & Peel Green, but not as long as Seedley, Langworthy & the Precinct.

However, the most important point to note is that the level of need experienced by families using the service will affect the cost of support. At present, we have no formal method for assessing this. However, a comparison of sources of referral may in future provide a helpful indicator.

The Little Hulton team is shown to be performing very well on the basis of the cost comparison. Furthermore, as noted by Allen & Black, these costs are very low compared to the cost of intervention by Social Services.

<i>Sure Start Local Programme</i>	<i>Winton & Peel Green</i>	<i>Seedley, Langworthy & the Precinct</i>	<i>Little Hulton</i>
<i>Cost of Support per Family (£)</i>	1,500	1,350	1,212

Health Visiting Team

This period has been a difficult one for the Health Visiting team. A severe staffing shortage in other areas of Salford necessitated the transfer of one of the team, reducing the available Health Visitor hours almost to the pre-Sure Start level. Although this situation has reportedly been resolved, the service is still understaffed due to maternity leave. In addition, it has proved difficult to recruit and retain the adequate administrative support in Little Hulton. Under these circumstances, the team has obviously been handicapped in delivering its Sure Start services and evaluation efforts have unfortunately been given a low priority. However, the staff nurse role has continued to develop and the team has reported on this and other activities.

The Health Visitors

With a reduced staffing level, the team are finding it difficult to maintain the level of service detailed in the previous report. It is no longer possible for a Health Visitor to be continually available at the health centre.

The Staff Nurse (E grade)

The role of the staff nurse has developed to encompass the following areas.

Immunisation

The Staff Nurse is responsible for the immunization of all babies and children that attend the Little Hulton baby clinics. She visits families who have difficulty in getting to the clinic and immunizes the children of these families in their own homes. She is also responsible for the availability and safe storage of vaccines.

Home Visiting

The Staff Nurse visits the homes of all babies between their fifth and seventh weeks. The main focus of the visit is immunization. The Staff Nurse introduces herself and discusses the immunization programme, its side effects and the diseases it protects against. She also discusses health and safety in the home, weighs the baby and discusses more general concerns that the parents may have, reporting back to the Health Visitors when appropriate. Parents are given booklets on immunization and health and safety and a changing mat with a safety logo, to encourage them to change the baby's nappy on the floor.

She also visits new families moving into Little Hulton area to introduce the Health Visiting team, check their child's immunisation status and help with registration to Sure Start. She distributes Child Care Advice leaflets on these visits.

At 5-6 months, babies' families receive a second visit from the Staff Nurse. Developing health and safety needs are discussed, using a check-list and immunisation status is assessed. Weaning is also briefly discussed and a visit from a Health Visitor is offered if necessary. Parents are given a 'safety pack'.

Following up Accident Reports

The Staff Nurse reads, files and takes appropriate action on all discharge slips and casualty reports concerning young children. This includes offering families a visit to provide safety advice, or support if the child has been in hospital.

Drop-in Clinic (1 to 1 contact with clients in clinic)

For one afternoon each week, the Staff Nurse is available for a drop-in session at the clinic. During these sessions, she gives immunisations, weighs babies, answers parents' enquiries and takes telephone calls.

Liaison with GPs

The Staff Nurse keeps up to date with new arrivals in Little Hulton by liaising with GP surgeries.

Helping with group work

The Staff Nurse contributes to several aspects of the Health Visiting Team's group work:

1. assisting Health Visitors in running and promoting the monthly Weaning Club;
2. working with the rest of the team in health promotion, including initiatives such as 'Fun in the Sun' (skin protection), 'Bug Busting Day' (head lice) and 'Smile for Santa' (dental care);
3. covering for nursery nurses at baby massage sessions.

Ongoing Activities

The Health Visiting Team has reported on the following ongoing activities, mentioned in the 2004 evaluation.

- ◆ All families with children under 5 whom the health visiting service are aware of and are new to the area are being offered the opportunity to register with Sure Start. The Health Visiting Service is also offering the opportunity for other families with children under 5 in the area to register, as and when the service has contact with families.
- ◆ Parents of all babies have been invited to attend the baby massage group by the time the baby is six weeks old. The aim of the Baby Massage Group is to reduce parental

isolation and improve the relationship between parents and babies. Those attending appear to benefit from the sessions and find the group supportive.

- ◆ The Weaning Club is running monthly and all parents of babies aged between 12 – 16 weeks are invited to attend. The aim is to encourage a healthy diet and reduce early weaning, with the long term effects of reducing levels of childhood obesity and later heart disease. Parents are reported to find the club helpful and informative.
- ◆ Babies attending their 8 month checks receive a toothbrush, toothpaste and Tomee Tipee cup (if this has not been given earlier). This is intended to reduce levels of dental decay. Parents appear to appreciate and make use of these gifts.
- ◆ All children receive a 1st Birthday card reminding them about the MMR injection which is due at around 14 months of age. The team reports indications that MMR uptake rates are beginning to increase.
- ◆ Children are offered a play visit at 14 months by a Nursery Nurse at which they receive a safety wrist strap. The aim is to increase parental awareness of the importance of both play and safety. Parents appear to appreciate the visit and gift.
- ◆ The Parent and Toddler Group is continuing with an attendance of up to 15. Due to its popularity a waiting list has been introduced. The intention of this group is to reduce parental isolation, give opportunity for parents and children to have quality time together and help the children to ensure they maximise their developmental potential.
- ◆ Three year olds receive a fitness pack (bag and skipping rope) when they are given their pre-school immunisation booster. This is intended to lead to an improved uptake rate for immunisation and to encourage exercise. The response from parents and children is reported to be positive.

New Activities

The team has reported on the following activities which were not mentioned in the 2004 evaluation.

- ◆ All children now receive cards on their 2nd and 3rd Birthdays to remind them of developmental checks and booster immunisations.
- ◆ All babies are offered weigh and play visits by Nursery Nurses by the 5th or 6th week of life. At these visits parents are given advice on baby massage and supplied with a toy pack. The intention is to improve parental awareness of the benefits of play and of baby massage.
- ◆ Parents are invited to attend a weekly Sleep Drop In Session, if they are experiencing difficulty with sleep management. Sleep issues can have an important effect on family dynamics and on the health and development of children. The team feel that an effort needs to be made to encourage more parents to attend these sessions.
- ◆ Eight month health checks are now carried out at baby parties at Little Hulton library, where families can meet the Bookstart worker and the Language Development worker.

Conclusions

The team is providing a service under difficult circumstances and evaluation has been neglected. This makes it impossible to offer an accurate assessment of the true impact of staff shortages, or the progress of the Sure Start funded initiatives. The team is currently contemplating a merger with the Walkden which brings with it the prospect of further disruption in the short term.

Currently, it is not possible to offer an adequate evaluation in either quantitative or qualitative terms. It will be necessary to discuss the future evaluation strategy, if a more useful outcome is to be obtained in the next reporting period (April - December 2005). It may be advisable to focus on one or two key aspects of the team's activities for measurement and service user evaluations.

Notwithstanding, these considerations, there is a concern regarding the investment of Sure Start resources in the Health Visiting service. It appears that the Little Hulton programme has been paying for a full time Health Visitor, when this additional resource is no longer available for Sure Start Little Hulton parents. Such a situation contravenes Sure Start guidelines and may cause funding to be withdrawn. The Sure Start programme management has been assured that the situation is only temporary and it is clear that the Health Visiting service has had no choice but to re-allocate resources in the face of staff shortages across Salford. However, both the programme management and the Primary Care Trust may wish to contemplate the following questions:

- Is Sure Start Little Hulton funding Health Visitors to perform tasks that might be equally well performed by others, thus exacerbating the staff shortage?
- Should the PCT reimburse Sure Start Little Hulton for the Health Visitor hours lost to the area during the staffing crisis?

On a more positive note:

- ✓ the Staff Nurse role appears to be developing well and may prove a useful model for other teams;
- ✓ many other initiatives are ongoing and appear to be well received by service users;
- ✓ new initiatives have been undertaken, including a partnership initiative with Bookstart and Speech and Language.

Home-Start

Aims and methods

Home-Start describe their aims as follows:

“Home-Start offers support friendship and practical help to parents with young children [...] recruiting and training volunteers - who are usually parents themselves - to visit families at home who have at least one child under five to offer informal, friendly and confidential support.

To help give children the best possible start in life, Home-Start supports parents as they grow in confidence, strengthen their relationships with their children and widen their links with the local community.”

In support of these aims, the paid coordinator engages in the recruitment, training, supervision and support of volunteers. She, in her turn, is supported by a senior co-ordinator.

The case-load

The Little Hulton case load is generally about a dozen families and turnover is about one family per quarter. As this is a befriending service for families with relatively low levels of need, this makes the service very expensive (see analysis below). Home-Start say they have noticed a drop in referrals since Sure Start introduced family support workers. When they have inquired into the reasons for this, referrers have told them that they prefer to refer to the Family Support Team.

The Home-Start Organiser is intending to liaise more closely with Family Support in order to develop a more complementary way of working. A model exists for the relationship between Family Support and Home-Start in the Family Action Model.

The Organiser is also intending to make two presentations a month to promote the service.

The service intends to carry out a survey of potential referrers, to investigate reasons for the lack of referrals.

The service will be liaising with Sure Start management to discuss the problem further.

Maintenance of the voluntary resource

The induction, support and retention of a sufficient number of volunteers is clearly crucial to Home-Start’s functioning. It is natural, therefore, that these activities should involve the bulk of the coordinator’s time.

A volunteer preparation course was run October and November 2004. There were seven volunteers on this course. Although all seven are now working as Home-Start volunteers, only one is currently working in Little Hulton. Discounting recruitment and planning, data for which is not available, the course involved the co-ordinator in sixteen sessions. This is a considerable effort expended in order to prepare one volunteer.

The course is evaluated each week and as a result improvements are planned for the next course. To this end, the organiser has attended five full day meetings. Planned changes include new guest speakers, new exercises and a new format. Course content has also been changed to include training on: drug and alcohol awareness; fire and safety; and mental health. An end of course evaluation is to be introduced.

In preparation for the new course, the organiser has engaged in six recruitment events around Salford, including three in Walkden. She has made four home visits to prospective volunteers. The results of the recruitment campaign are as follows.

Number of enquiries received	37
Number selected for home visits	18
Number offered a place on the course	14

Of the fourteen, one lives in Little Hulton. Three others, living in other areas of Salford, have no transport. It remains to be seen how many take up the offer of a place on the course and how many ultimately come to work in Little Hulton.

The organiser has also engaged in two volunteer support meetings and attended the volunteer Christmas Party.

Cost Comparison of Home-Start with Family Support

Notwithstanding that Home-Start is a volunteer service, it provides a comparable service to Family Support inasmuch as the service visits families in their homes and offers assistance with a broad range of problems. However, as a volunteer befriending service, it is to be expected that the problems faced by Home-Start families will be less severe than those experienced by users of the Family Support Service. In view of this, comparison below reveals the cost of the Home-Start service to be uneconomical at the current level of performance.

<i>Comparison of Home-Start and Family Support Performance: October 2004 - March 2005</i>	<i>Home-Start</i>	<i>Family Support</i>
No of new referrals	1	21
No of completed cases	2	17
Current case-load	11	25
Total case load (current case-load + cases completed this quarter)	13	42
Number of contacts*	200	866
Cost of service this quarter (£)**	17,077.50	43,639.50
Cost of support per family over the period (£)***	1,313.65	1,039.04
Cost per contact (£)***	85.39	50.39

*These figures may be subject to slightly different methods of counting adopted by the respective projects. For Home-Start, the figure includes home visits, telephone calls, visits to other agencies and shopping trips. For Family Support, the figure includes home visits and significant family specific contacts (e.g. making a

telephone call on behalf of client, or providing support in a crisis). It does not take into account additional activities such as group sessions.

**These figures may not be strictly comparable. For Family Support, the figure represents the full cost of the project, including costs of employment, operating expenses, office accommodation and management expenses. However, for Home-Start, the figure includes only the Sure Start Little Hulton contribution, it is not clear whether this constitutes the full cost of Home-Start's activities in Little Hulton.

***These figures represent the average cost of supporting a family over the six month period. As families are usually on Home-Start's books for much longer than 6 months, it does not reflect the total cost of support per family.

Discussion and conclusion

Currently, Home-Start compares badly with the Family Support service on all measures of cost used. Perhaps the best single measure of the cost effectiveness of a service such as that provided by Home-Start is the average cost of support for each family. However, the low rate of turnover of the Home-Start case load, as compared to Family Support, makes a meaningful comparison on this basis impossible.

It is recommended for present purposes that the cost of contact is used as the primary basis for comparison. This should show the cost of a Home-Start contact to be less than that of a Family Support contact. In fact, Home-Start contacts are currently 69% more expensive than contacts with the Family Support service. In addition, Home-Start uses a somewhat broader definition of 'contact'; if definitions were standardised it is likely that the cost difference would be greater still. This is a serious matter.

It has been suggested to the project in the past, that Homestart's performance might be shown in a somewhat better light if they focussed on the service's impact on the employability of parents in the Sure Start area. The service has plans to focus volunteer recruitment campaigns more specifically on Little Hulton area with the Little Hulton Organiser spending at least 2 weeks recruiting within the area. This may be an opportunity to monitor and evaluate the impact on employability, though two issues need to be borne in mind: 1) volunteers must meet other Sure Start criteria if they are to be included in the evaluation; 2) volunteers recruited in Little Hulton may not want to work in the area that they live in.

Clearly, Home-Start have considerable ground to make up if they are to demonstrate that they are providing a cost effective service. The service has a small case-load and a low turnover. The latter may be inevitable, due to the nature of the service, but it is impossible to escape the conclusion that the size of case the load must increase dramatically if the cost of the project is to be justified.

There are two possible reasons for the small case load: low rate of referrals, or non-availability of suitable volunteers. It is clear from the figures given above that the referral rate is low. However, there is little point in soliciting referrals if suitable volunteers are not available. Thus, Home-Start are wise to make volunteer recruitment the focus of their initial efforts to rectify the situation.

On the other hand, these efforts will only be ultimately vindicated when Home-Start can demonstrate a substantial and sustained increase in the number of families supported. Thus, developing a good working relationships with other partner agencies is imperative if

the service is to succeed. In particular, the relationship with Family Support is crucial. There is opportunity for Home-Start to complement the Family Support Service by taking up less acute cases of need, thus allowing Family Support workers to focus their efforts more effectively.

Midwifery Service

Little Hulton Sure Start pays for five days midwife time: three days lead midwife time and two days split between the other four Little Hulton midwives. The project also supports the Bouncing Babies, nursing mothers group, though no additional funding is attached to this activity.

Evaluation of the Midwifery service is still at an early stage and we are still working out the best way of solving the difficult problem of evaluating such a diverse and established service. Nevertheless, the first steps have been taken towards evaluating two aspects of the service, support for nursing mothers and the administration of the Well-Being Assessment.

Nursing Mothers.

The Sure Start lead midwife has introduced several innovations to the support for nursing mothers. The project drop-in has been renamed Baby Capers and the volunteer group has relocated from the clinic to the Sure Start Shop, where they share the premises with other Sure Start activities. There are several reasons for these changes.

- The drop-in sessions at the clinic were not well attended. It was felt that, on the one hand, women who are inclined to breastfeed probably have existing sources of support and advice within the community (their own mother's being the most obvious). On the other, successful promotion of breastfeeding requires a major cultural change; such change is not achieved overnight.
- It was felt that basing the group at the clinic carried the danger of confusion as to the medical status of the advice that volunteers are able to give.
- It was felt that much of the language by which the project was characterised was uninviting. Thus, the emphasis on "breast-feeding", with its possible connotations of sexuality and taboo, has been replaced with an emphasis on "nursing the baby". The term "breast-milk", as contrasted with "bottle milk", has been de-emphasised in favour of the more accurate and inviting "mother's milk", as contrasted with "cow's milk".
- By meeting at the Sure Start Shop, the volunteers will come into contact with a wide range of Sure Start families in an informal environment. To this end, the "Baby Capers" soubriquet is non-exclusive.

In February, the Sure Start lead midwife reported a much improved attendance, which included expectant parents. However, when the evaluator made two brief visits in April the sessions were quiet. Each visit lasted between 20 and 30 minutes of a 90 minute session. Volunteers were not observed interacting with other parents during these periods. At each session, the Sure Start Midwife attended briefly at the start.

At these visits, two of the three volunteers in attendance completed evaluations. Both volunteers were satisfied with their involvement in the project and the amount of support they had received from the Sure Start Midwife. The volunteers appear to be a well organized group who have no difficulty in staffing the Baby Capers sessions.

The volunteers both stressed the importance of early access to appropriate information in determining choices about feeding. One suggested that giving information in school sex education classes would be appropriate.

One volunteer also suggested that the availability of breast pumps is an important factor.

A second Breastmates course is currently under way.

Well-being Assessments.

The antenatal well-being assessment (WBA) takes about forty minutes and is administered at the third or fourth midwife's visit, between the sixteenth and twenty-fifth week of pregnancy. It replaces the visit to listen to the baby's heartbeat, which was ruled by NICE to be unnecessary. The Midwives feel that a visit at this time has important psychological benefits. The assessments are being carried out by all the Little Hulton Midwives. A copy of the assessment is passed on to the health visiting team. It can also lead to referral to other agencies.

Since records are kept frequency of administration of the assessment and of the number of referrals made by the midwifery service, it will be possible to use the latter as an indicator of the effectiveness of the assessment in picking up problems.

Each Midwife conducts the assessment for the mothers-to-be on her own case-load. The Midwifery team report that they are generally happy with the WBAs although they find them very time-consuming. The Sure Start lead has prepared WBA packs to streamline the process and offers to cover clinical work for other team members to enable them to do the assessments.

In February, the team reported that, as a result of the conducting the WBAs, Midwives had made the following referrals/contacts:

<i>Agency</i>	<i>Number of Referrals*</i>
Perinatal Depression Project	3
Housing Department	3
Dietician	1
Physiotherapist	1
Freedom Project	1

*These figures may be higher, as one midwife has been on sick leave and unable to provide data.

In addition, an amount of unmeasured work is performed by Midwives themselves to provide additional care in response to WBA results.

Other Activities

Aqua-natal sessions. These take place on Tuesday evenings between 7-8pm at Walkden Pool. Sure Start families are given passports for free use of the pool and discounts on swimming costumes. Sure Start also funds taxis to the pool and back.

Midwives Drop-in. A midwife is available every morning from 9-10am and from 1-3pm on a Wednesday afternoon at the Brierly Community Centre in Little Hulton.

Diet and exercise. Midwives issue vouchers for Slimmers World and a 'Worried about your Weight?' leaflet.

Smoking. The Midwifery team has the capacity to make four kinds of intervention to help pregnant women give up smoking.

They ask about smoking habits at every antenatal visit and warn of the risks.

They offer advice on giving up when it is requested.

Where appropriate, they help in getting nicotine replacement prescription from the GP .

Where appropriate, they refer to the smoking cessation service which offers home visits and telephone support by specialist workers.

Between July 2002 and October 2004, 33 pregnant women were referred by midwives to the Smoking Cessation Midwife.

Parental Development Co-ordinator

The Role

The aim of the parental development project is to support parents and carers from Sure Start families in increasing their confidence and ability. This is ultimately intended to result in service users engaging in a range of activities, including: education, training, employment, voluntary work, and Sure Start management activities. The role is a difficult one and inevitably slow to evolve. As the role has developed in Little Hulton, three aspects can be identified:

1. outreach;
2. building experience, confidence and community;
3. help into education, training and work.

Outreach

In order to engage the interest and trust of potential service users, the PD co-ordinator has engaged in a wide variety of outreach activities, including:

- agitating to ensure a ready supply of baby formula for mothers who have milk tokens to exchange;
- helping with welfare rights problems, bereavement, child development issues, childcare advice, clothing, family relationship problems, housing issues, legal advice, lone parent issues, health and wellbeing issues;
- participation in the organization of day trips, aqua-natal activities, etc.

Building experience, confidence and community

In June 2004 when the PD Co-ordinator joined the team there were two parents representatives on the Parent's Panel for the Capital Sub-Group. She has supported an increase in this representation to seven. This has involved:

- helping with transport;
- negotiating crèche provision at meetings;
- management of meetings to prevent time over-runs;
- telephone reminders and general encouragement.

In June 2004, the parental development worker ran a Face Painting course for eight parents. The intention was to enable them to build their self confidence and to introduce them to one another.

Some comments from participants:

‘Nervous at first but felt better as session went on’.

‘Don’t think I was much good at it but I really enjoyed it’

‘Can’t believe I met other mum’s who live so close to me and I didn’t even know them – Good laugh’!

She has also encouraged parental involvement in evaluation, helping to design a user satisfaction questionnaire.

By involving service users in group work, the PD Co-ordinator not only helps them to build their confidence and experience, but simultaneously encourages the formation of relationships that will offer mutual support for later development.

These efforts have been rewarded in tangible ways as the following reports show:

A service user enrolled on a Basic Maths and English course struggled with her Maths assignments. She obtained help with her exam from another service user who she met through Sure Start. They booked a room at the Sure Start shop for an hour, in order to go through the Maths assignments prior to the exam.

The helper in the previous example has been encouraged to use her skills further and enrol on an on-line European Computer Driving License (ECDL) course. Because of this involvement, it was possible to encourage another service user to enrol on the same course with the understanding that they will be able to support each other.

Another service user has, with encouragement and support from Sure Start, enrolled on a basic IT course. She contacted the office to say she was having trouble doing her assignment as she was having difficulty ‘finding’ her way around her PC. She was nervous about phoning her tutor for assistance, as she did not “want to look thick!” The PD co-ordinator was able to arrange for a second service user, acquainted with the first, to help.

Accessing Education, Training and Employment

The PD co-ordinator has had several successes in helping Sure Start parents into education, training and employment.

- In September, a service user accessed training for Lone Parent Mentoring, with funding from Job Shop Plus. After qualifying, she signed up in November for the New Deal for Lone Parents. In December she secured employment as Crèche Development worker.
- Also in September, two service users signed up for training with A4E.
- In November, six service users signed up for a six week Criminology Taster Course provided by Salford Adult Education.
- Also in November, a woman referred to the Family Support Team by Social Services, expressed an interest in training for employment. In December she signed up for the New Deal for Lone Parents and is now on a Pathway to Employment course. She hopes to be training as a nurse by the time her son is at school.
- In February, a service user joined a Learn Direct Basic Skills course.

- In March, two service users joined a Learn Direct ECDL IT Course and another signed up for a Learn Direct Basic IT course.
- Also in March, a service user embarked on a portfolio building course with a view to becoming a Dad's worker. This course was specially designed as a result of negotiation between Sure Start, the A4E training provider and the Job Centre and has become a pilot scheme for more flexible training programmes for men entering into the Social Care Profession. The service user commented, "It was really hard work to get agencies to recognize what I wanted to do. Sure Start support was important to get me to the stage I am now at." The course is 26 weeks long and has elements of one to one work, group work and event organizing. E4A manage and accredit the course, while SSLH provides a placement.

Contacts

Summary of contacts over the nine month period.

	<i>Total contacts recorded</i>	<i>Group activity</i>	<i>Volunteer or group attendance support</i>	<i>Employment issues</i>	<i>Training support</i>	<i>Funding issues</i>
July-Sept 2004	46	5	0	2	10	2
Oct-Dec 2004	94	29	1	4	15	2
Jan-Mar 2005	135	48	4	4	16	5

Perinatal Depression

The project was late in starting and has only been running from the beginning of the year, but now appears to be functioning well, and to have robust monitoring and evaluation procedures.

The project employs two part-time clinical psychologists (each 0.2), a mental health worker and a part-time counsellor (0.2). Groups at Winton Library, the Langworthy Road Women's Centre and Little Hulton are facilitated with additional help.

Referral guidelines have been designed and circulated to GPs, Midwives and Health Visitors. A satisfaction survey has been designed for service users, to elicit both quantifiable and qualitative feedback. A one and a half day training course has been designed. A one day training course for Health Visitors and Midwives has been designed and delivered. It is hoped to run and half day follow-up.

The project reports the following referral figures:

Total number of referrals	52
Did not meet Sure Start inclusion criteria	12*
Did not meet other project inclusion criteria	1
Declined service after referral	3
Did not attend after first appointment	4
Number of actual service users	32
Total Sure Start referrals	40

*2 of these also failed to meet other project inclusion criteria

The project reports the following geographical breakdown of referrals:

Area	No. of referrals	% of referrals	% of funding
SLP	13	32.5	41
Winton and Peel Green	4	10	32.8
Little Hulton	7	17.5	16.8
Broughton	10	25	4.7
Ordsall	6	15	4.7
Total	40	100	100

Language Development

Language Development has continued to function well, though maternity leave has reduced capacity in the January-March 2005 quarter.

Home Visits

Working in partnership with the Health Visitors, the project has developed an informal home visit option for children and families wanting advice or information regarding communication development.

The project has had feedback from Health Visitors which indicates that these visits improve the likelihood of families accessing the service.

The Speech and Language Therapist has received feedback from parents which indicates:

- the flexibility of the home-visiting service has improved the parent's experience by reducing waiting times for triage;
- the home visit allows parents to address their concerns without a formal assessment, many parents aren't sure if their children are developing language normally and can be reassured and advised appropriately;
- parents also feel their child is better able to show their full potential in the home environment.

Take up of the home visit option has been 100% for the October-December 2004 and January-March 2005 quarters.

The Communication Development Worker also carries out home visits. These focus on parent/child interaction and communication development. This input is assessed using rating scales which measure parents' use of strategies that promote children's communication development. Strategy use is measured both before and after the sessions, and increases in the number of strategies used have been observed.

Partnership with Bookstart and Health Visitors

The project has developed a strong relationship with the Library Bookstart officer, undertaking many shared sessions. For example, the Bookstart officer has presented a session on books at Speech and Language's Talking Tots groups, while the Communication Development Worker regularly attends Bookstart's Story/Rhyme Times, in order to introduce families to the Speech and Language service.

In the October-December 2004 quarter, partnership with Bookstart and the Health Visitors developed further with the introduction of 8 month Baby Parties at the Library. The Communication Development Worker gives out a pack containing a nursery rhyme CD and book at these events. It has proved a further opportunity to chat to parents about communicating with their baby and on several occasions about concerns regarding older siblings.

Nurseries and Crèche

The Communication Development Worker has also worked successfully with the Sure Start Crèche and local School Nurseries. Shared sessions have been conducted with the Crèche workers. A mobile toy library and coffee morning style drop-ins commenced in the July-September quarter. These are intended to create an opportunity for discussion and awareness raising with parents. The mobile toy library in particular has proved popular and has encouraged parents to visit drop-ins and chat to the Communication Development Worker. A spin-off from this initiative is that a local school is now considering setting up its own toy library.

Activities at the Early Years Centre

The project's Speech and Language Therapist also works within Little Hulton Early Years Centre as part of the mainstream Speech and Language Therapy service. The dual nature of this worker's role enables the mainstreaming of Sure Start principles and practice. The Therapist, together with a Senior Therapist, has delivered an Hanen Early Childhood Educators Course to the Early Years Centre staff. This evidence based training programme (subtitled Learning Language and Loving It) involved an orientation session, five three-hour teaching sessions and four individual video feedback sessions for each member of the course. Eleven Early Years staff commenced the course and ten completed it.

The Communication Development Worker holds her weekly drop in at Little Hulton Early Years Centre and during this time has been able to support a community group run there. She hopes to develop the drop-in further, in partnership with the Early Years Resource Officer.

Talking Tots

Talking Tots is a parent/toddler group that focuses on communication development. The project continues to receive positive feedback from families about these sessions and this is reflected in the independent user evaluation. Users' only complaints about these sessions are that they are insufficient in number and this has led to the development of a follow up party to reunite Talking Tots families.

Parents and carers report that they find the sessions supportive and enjoyable. They report learning new skills and better parenting strategies, but do not feel that they are being judged or criticised for their child care practice. Benefits mentioned relating to the linguistic performance of the children included clearer speech, better pronunciation, better communication, and enhanced learning of new vocabulary and songs. In addition, parents and carers valued the opportunity that the sessions provided for their children to interact with others. Project workers are characterised as approachable and friendly and all respondents seemed comfortable with the project workers, whom they readily referred to by their first names. Overall, they gave the impression of an informal, yet constructive environment in which they were kept well informed and encouraged to interact with their own and others' children.

One parent now assists in running the group as a volunteer. This not only helps the running of the group but also increases uptake by other parents and adds value to discussion and advice given during the group. Other families have requested that they attend a second group, this has prompted discussion around follow on groups.

The project makes a point of reporting the attendance of two Dads at the October-December sessions.

They also stress the value of the sessions as an opportunity to promote other Sure Start activities and projects, reporting that families have attended Bookstart, Splash and Play sessions and playgroups as a result of their recommendations

Babbling Babies

The babbling babies sessions are a new group initiative, to work with parents and babies between 8 – 12 months. These sessions were planned in the January-March 2005 quarter, in conjunction with the parent volunteer. Opinions were taken from parents and carers at the 8-month parties, the majority of whom expressed an interest in attending.

Training

Training sessions have been provided for Home-Start volunteers and other Sure Start workers.

SSLM

The project aims to visit all two year olds and administer the Sure Start Language Measure (SSLM) and Communication Development Worker made the required 15 successful visits during the national monitoring period. Parents tell the project that they find these visits useful to discuss their child's development and talking. The Communication Development Worker has found that they are also a good way to contact hard to reach families. A number of children that have received a follow-up visit.

Service User Evaluation

The project has supplied the evaluator with 17 service user contacts for the purpose of conducting evaluation interviews. Currently, 8 of these have been successfully contacted. In interviews, users have commented on the Talking Tots and Babbling Babies sessions. Evaluation of the former is included in the appropriate section above.

Maternity Leave

A Sure Start Senior Speech and Language Therapist is currently on maternity leave, this has had an impact on the project's capacity in the January-March quarter.

Welfare Rights

The Welfare Rights project addresses PSA target 1 and SDA targets 13 and 15.

The project provides a specialist welfare rights worker available for consultancy, advice and representation on benefit and tax credit issues. It aims to: promote awareness and take up of benefits and tax credits via posters, leaflets and attendance at events; provide welfare rights advice to families through casework; inform parents of the overall financial implications of taking up education, training or work; provide benefits awareness training to midwives and to ensure ease of referral for pregnant women needing advice; liaise with partner agencies such as JobCentre Plus to assist service users transition into education, training or employment.

Thus, a key aim is to ensure that parents who wish to return to education, training or work receive a full package of support to ease the transition by accessing help from all available sources. However, the intention is partly preventative, ensuring that service users currently unable to take up paid work due to care responsibilities, disabilities, or illness are able to maximise their family's income to ensure the stability of financial circumstances and so avoid potential barriers to work in the future.

The welfare rights officer post commenced in July 2004. It quickly became apparent that a high demand for welfare rights advice exists amongst families in the area. In addition, front line staffs were often not aware of existing welfare rights and debt advice provision already established in the City to refer families on to. The consequent high level of referrals resulted in the majority of the Welfare Rights Officer's time being taken up by providing a direct casework service to individual families. Many presented with complex benefit problems and priority debt issues as well as other areas of need including family support, housing, legal and employment requiring referrals to other providers.

In January 2005, the service was reviewed by the Sure Start Programme Manager, the Welfare Rights Service Manager and Principal Officer and the Sure Start Welfare Rights Officer. Evaluation of the previous quarter showed that the high level of need was leading the service to take on a reactive character with the emphasis on case-work with families in financial crisis. It was felt that greater emphasis needed to be placed on helping families to become more financially literate and thus able to take more control of their finances. Consequently, it was decided that the post should be re-focussed toward developing systems which enable Sure Start staff to identify early warnings of family finance issues and take appropriate steps to address them before a crisis point is reached. The welfare rights officer is to remain accessible to programme workers for advice and consultation, but will not take on any new cases. Existing cases will be continued until current issues have been resolved.

A family finance leaflet and workers training sessions are planned in order to disseminate more skills within the area. Evaluation will be directed towards assessing project workers views on the support offered to them from the welfare rights post holder.

Conclusion

A great deal of progress has been made in the nine month period, both in the delivery of service and its evaluation. Three key themes were identified in the conclusion to last years report: integration; best practice and partnership. We are beginning to develop an integrated quality management system in which monitoring data is fed back to projects and used in the evaluation process. We are also seeing many examples of innovation, improvement and exemplary practice among projects. Models of partnership working are also beginning to emerge, notably the Baby Parties at Little Hulton library, the product of collaborative relations built between Bookstart, Speech and Language and the Health Visitors since the commencement of the Sure Start Programme.

