



# Women and Children's Inequalities Project in South Bristol 2001-2004

## Evaluation Report

*...working in partnership with statutory and  
voluntary organisations and local residents*



This report was produced by:

Bristol South and West Primary Care Trust  
Kings Square House  
Kings Square  
Bristol  
BS2 8EE

[www.bristolwpct.nhs.uk](http://www.bristolwpct.nhs.uk)

If you would like further copies it can be downloaded from the PCT website, or telephone Rachel Metcalfe on 0117 9002326

e-mail [rachel.metcalfe@bristolwpct.nhs.uk](mailto:rachel.metcalfe@bristolwpct.nhs.uk)

1st December 2004



## Contents

Acknowledgements .....	3
Executive summary .....	4
Recommendations.....	7
1 Introduction.....	9
2 Needs assessment.....	13
3 Inputs.....	16
4 The process.....	17
5 Evaluation 1: What outputs were achieved? .....	19
6 Evaluation 2: What does this mean for our overall aim? .....	24
7 Problems and lessons learnt .....	29
8 Conclusions.....	31
Appendices.....	33



---

## Acknowledgements

I would like to thank all the agencies who provided resources to support the project, the members of the Steering Group and **all** the local parents involved. If I try to name them all, I am bound to forget someone, so I won't - but a special note of thanks must go to Jane O'Donovan and Vicky Thomas our 2 regular crèche workers. Without them, none of the work in Bedminster Down would have been possible.

Also thanks to Vera Matthews, volunteer in the crèche for several months at the beginning of the project, and Eugene Newton, Sara Carswell and Sam Houselander who provided cover for Jane and Vicky when required.

And finally, a thanks to Sally Bramley who produced this final report.

I hope you find the report useful. If you have any feedback or would like to discuss the project further please contact Judith Taylor on 0117 9003440.

Jane Kilpatrick  
Project Coordinator

1st December 2004



---

## Executive summary

### Aim of the project<sup>1</sup>

The aim of the project was to improve the health and well-being of women (expectant mothers and mothers of children under 5 years) and children under 5 years, experiencing inequality in health in a small area of South Bristol. This was to be achieved by:

- developing local professional roles
- enhancing local partnership working
- actively involving local women in needs assessment
- action planning and developing local resources/services to meet their needs.

### Needs assessment<sup>2</sup>

In Bedminster Down this was carried out by collecting statistics, talking to local parents and workers and carrying out a questionnaire survey with the help of local parents.<sup>3</sup> In the South Bedminster area a social audit had recently been carried out.<sup>4</sup>

### Inputs<sup>5</sup>

The Public Health Development Fund awarded £33,333 per year for 3 years to fund the Project Coordinator's post, rent of a local office and all other costs. Funding of £3,500 was provided by Bristol South and West Primary Care Trust (PCT).

The PCT Inequalities Task Group supported the development of two community development learning sets for health workers.

Local organisations and workers provided support, rooms and equipment etc. Local women and children contributed time, local knowledge, expertise and enthusiasm.

### Process<sup>6</sup>

The project was set up by a multi-agency steering group. A coordinator was recruited who initiated a community development project in an area of South Bristol. This was expanded later to include two other small adjacent areas. Local activities and groups were set up in response to the needs identified by parents and with their help. During the last year of the project, a parents' group was set up, which continues to meet.

Two community development learning sets were organised to support community health practitioners and to give them time to reflect on and learn from their own and others' practice.

The project was evaluated by recording inputs, processes and outputs and carrying out a final postal questionnaire with parents and workers. The ABCD framework<sup>7</sup> was

---

<sup>1</sup> See page 7

<sup>2</sup> See page 11

<sup>3</sup> Kilpatrick J 2002 Bedminster Down Women and Children's Project. Survey Report: Finding out about the needs of parents and carers in Bedminster Down.

<sup>4</sup> Dent R Revd 1999 Report on the Social Audit of the Marksbury Road Area of St Michael and All Angels, Bedminster, Bristol.

<sup>5</sup> See page 13

<sup>6</sup> See page 14



---

used to evaluate the outputs and processes in terms of community empowerment and the building of social capital - and therefore consequent improvements in health.

### **Evaluation<sup>8</sup>**

*Of the community project work:*

The project ran for three years and achieved many outputs. In addition, by asking questions of the process, it was shown to have achieved some increase in social capital and therefore improvements in health.

The parents' agenda was also addressed. Many opportunities were provided for play, for adult learning and to meet other parents. Forty-seven parents were involved actively with the project. The need for better outdoor play facilities remains.

Many activities continue with workers and parents taking on new responsibilities. Final questionnaires indicated that:

- 68% of parents said that they had become more active in the community and 56% thought the project had helped them to do that.
- 36% felt that they now knew how to bring about change to community services.
- 79% of workers said the project had enabled them to increase their understanding of what other agencies did.

*Of the learning sets:*

These sets showed that many staff use a community development approach and want to develop this further. However, many feel ill equipped and unsupported, and experience frustrating bureaucratic barriers which make it difficult. The tension between caseload work and work with community groups is a major barrier.

Recommendations included that PCTs develop community development strategies and solve some of the day to day practical problems for practitioners.<sup>9</sup>

### **Problems and lessons learnt<sup>10</sup>**

Key problems experienced included:

- a lack of clarity on initial objectives
- lack of funding set aside for evaluation
- lack of government funding produced less commitment to joint working
- the effects of organisational change
- a lack of good venues.

### **Conclusions<sup>11</sup>**

This project ran for three years and achieved many outputs. Problems were identified and recommendations made. By asking questions of the process, we can see that the

---

<sup>7</sup> Barr A and Hashagen S ABCD Handbook. A Framework for evaluating community development  
Community Development Foundation

<sup>8</sup> See page 15

<sup>9</sup> Kilpatrick J and Taylor J 2003 Community Development Peer Support Group for Health Visitors and other practitioners working with communities Bristol S&W PCT

<sup>10</sup> See page 23

<sup>11</sup> See page 25



---

project achieved some increase in social capital and therefore, as research increasingly shows<sup>12</sup>, also helped to create some improved health and well-being.

---

<sup>12</sup> Cooper H et al 1999 The influence of social support and social capital on health: a review and analysis of British data. Health Education Authority



---

## Recommendations

### Recommendations from the community development project

#### On setting up an inequalities project for women and children:

- Do the research thoroughly - question if it is an area of high health need?
- - will it work as a partnership area?
- Be very clear about the aims and objectives. Do not assume that the same organisations and people will be involved throughout.
- Look at the local infrastructure and who is around to support the project: people and resources are important.
- Apply for enough funding to cover rent of a local base, good venues and crèches for all activities.
- Set aside funding for evaluation and decide how to carry it out early in the project, involving both residents and workers as much as possible.
- Involve local workers from the beginning of the project.
- In particular, engage with the managers of health visitors from the start.
- Engage with parents through local health practitioners.

#### On planning and setting up activities and groups:

- Provide a separate group for mothers with young babies, with a play worker to play with any older siblings. This results in a lot of social support, health and childcare information sharing, and a reduction of levels of stress, anxiety and depression.
- Provide courses with a crèche. This will meet a need for some parents and not others. This helps some children to get used to being away from their mothers in preparation for starting school, and helps mothers to prepare for work, or expanding their employment options. Some mothers will do courses for social reasons, others with a view to returning to work or 'keeping their hand in.'
- Improve parents' links with other local agencies, for example, Sure Start, health visitor teams, voluntary sector organisations and community workers.
- Find good quality venues in which to base activities for families with very young children. Facilities designed for other uses inhibit participation by many parents, and can keep numbers low.
- Children grow older! Therefore, for activities to be sustainable, ways of attracting new mothers and children need to be addressed.
- Engaging with young parents can be difficult and takes time.

#### On seizing opportunities and maximising benefits:

- Take any opportunities to provide information about the needs of the area and feed in to other initiatives. (This project was able to feed information into a local children's centre proposal and enabled it to properly reflect local need).



- 
- Use the project to bring together different initiatives enabling them to pool resources. This can provide opportunities to take forward existing recommendations from other initiatives.
  - Use the project to increase the facilities available in an area to support parents at home with young children, especially 'vulnerable' parents.
  - Through the project support any 'active parents' who may be prepared to get involved in developing facilities for themselves and other families.

## **Recommendations from the community development learning sets**

### *That primary care trusts:*

- Develop clear, practical and workable policies for:
  - the use of petty cash for community development and group activities.
  - crèches. Setting up a bank of crèche workers employed by the PCT to support group work activities could be considered.
  - use of external or non PCT facilities.
  - health and safety for groups facilitated by practitioners.
  - devolved decision making and support for grass roots staff involved in multi agency or partnership work.

### *That primary care trusts:*

- Develop community development strategies which include:
  - relevant training for practitioners - both mandatory and voluntary/additional.
  - support for staff involved in community development activities.
  - recommendations for the time balance between case-load and community development type work by health visitors.
  - other initiatives, such as those developed by some PCTs, e.g. secondments, mentoring etc.
  - enabling and encouraging fieldwork staff to attend relevant conferences and seminars.



---

## Project Report

### 1 Introduction

In July 1999, the Government launched its new Public Health Development Fund. Its aim was to provide the 'seed corn' for new approaches to public health, to help and encourage the development of innovative ideas, and to help tackle health inequalities.

The South West Region was given over £1 million for three years. It decided to prioritise areas of deprivation *not* receiving major government funding and projects that encouraged the development of partnership working.

Avon Health Authority commissioned Health Promotion Service Avon and Off the Record in Bath to undertake two parts of a three year project to develop partnership approaches to improving health and tackling health inequalities in women and children.

This report is the final evaluation of the Bristol half of this overall project - the Women and Children's Inequalities Project in South Bristol.

#### 1.1 Aims and objectives of the project

The aim of the project was to improve the health and well-being of women (expectant mothers and mothers of children under 5 years) and children under 5 years, experiencing inequality in health in a small area of South Bristol.

This aim was to be achieved by:

- developing local professional roles
- enhancing local partnership working
- actively involving local women in needs assessment
- action planning and developing local resources/services to meet their needs

The objectives were to:

- identify and establish a multi-disciplinary and inter-agency team i.e. all those professions and agencies concerned with the health and well-being of women and children experiencing deprivation in a Bristol ward.
- provide support to the team in planning, developing links and progressing ways of involving and working jointly with local women to develop an inter-agency action plan for their patch.
- develop or strengthen the use of a community development approach to support local women to develop initiatives/activities in response to their own needs.
- facilitate the sharing of learning between the team and other projects/teams to (a) develop local professional roles (b) enhance local partnership working and (c) progress ways of involving local women in the development of partnership based action to address their needs.



- disseminate and share the learning from the project with stakeholders and other interested people and agencies in Avon and South West Region.

## 1.2 Rationale

The use of community development as a means of improving health and tackling health inequalities is increasingly common and this approach was central to the project. This way of working means:

- assuming that there are wider determinants of health than the physiological and psychological characteristics of an individual.
- understanding that the people experiencing the problem are the best people to be in control of the solution.
- recognising that every person is of equal value and has a useful contribution to make.
- recognising that acting collectively is more powerful and more likely to get results and will raise individual confidence and self esteem along the way.
- making the best use of resources, starting small and working from the bottom up.

This process of bringing people together and working with them to tackle local issues and problems can create a greater sense of mutual support and social cohesion within a community. It also increases confidence and self-esteem and gives a feeling of well-being.<sup>13</sup> This is the benefit known as social capital and is becoming increasingly recognised as an important contributor to people's health.<sup>14</sup>

The adoption of the framework from the ABCD Handbook<sup>15</sup> was very important to the evaluation and enabled the project to clarify whether or not social capital had been increased. It helped us to check whether or not the project's many outputs (e.g. numbers of women attending courses, provision of a new mother and baby group) meant that community empowerment had taken place, social capital built, and therefore the project's overall aim of health improvement achieved.

The focus on partnership working is crucial to a community development approach to improving health, given the broad determinants of health. The further development of local professional roles was felt to be key to the project's success and sustainability - a crucial element, given the time limits set on the project.

---

<sup>13</sup> Smithies J and Webster G 1998 *Community Involvement in Health: From passive recipients to active participants*. Ashgate Publishing

<sup>14</sup> Cooper H Arber S, Fee L and Ginn J 1999 *The influence of social support and social capital on health: A review and analysis of British data*. Health Education Authority

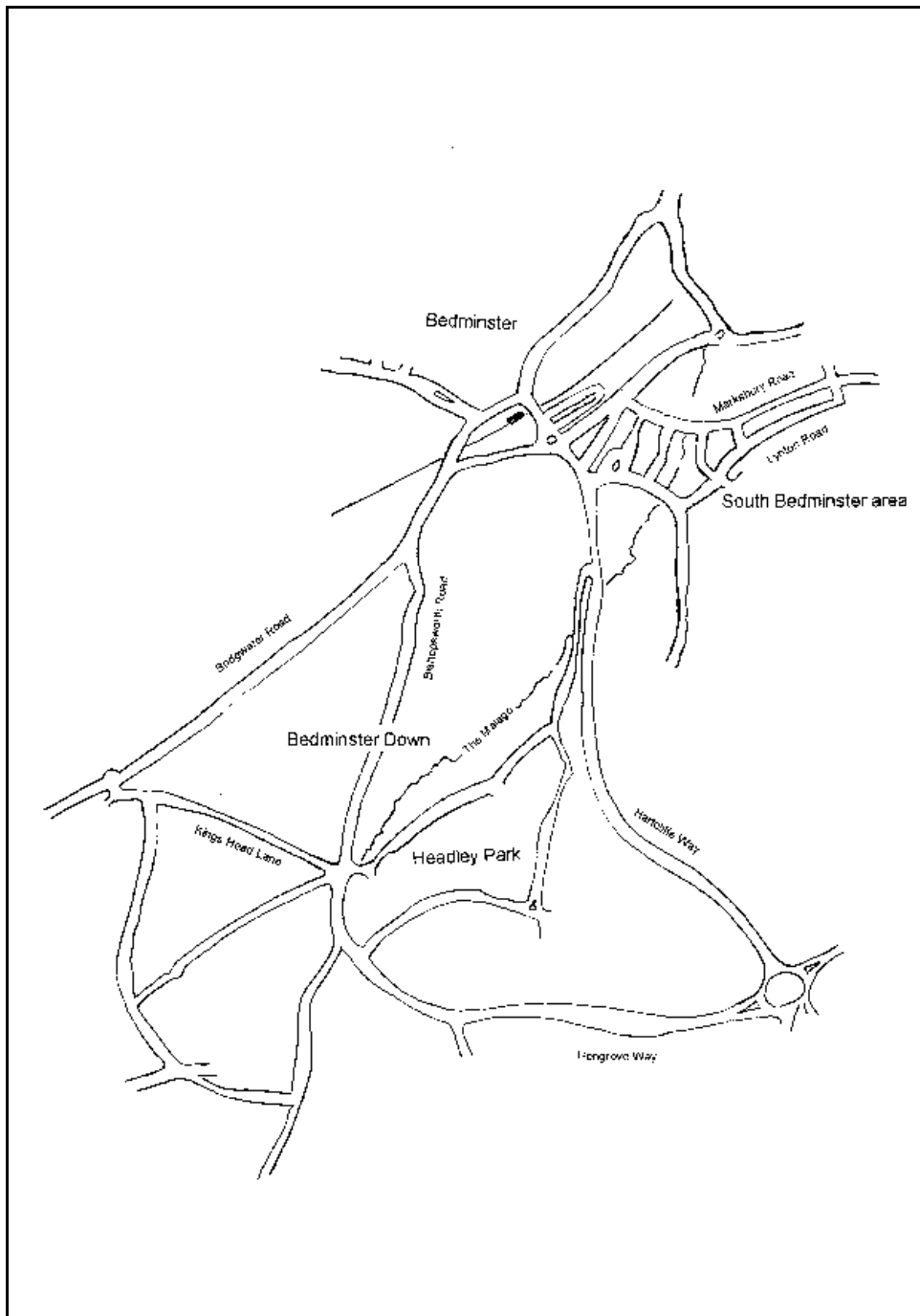
<sup>15</sup> Barr A & Hashagen S *ABCD Handbook. A Framework for evaluating community development* Community Development Foundation



### 1.3 The Area

The Project Steering Group decided to focus on Bedminster Down, a small triangular shaped area on the South Western edge of Bristol bordered on 3 sides by Bridgwater Road, King's Head Lane and the Malago valley.

#### Bedminster Down and South Bedminster





---

Statistics and local workers confirmed a level of deprivation and lack of services for parents in the area, although it was not eligible for major government funding. The area is adjacent to one with greater levels of need and with an established Sure Start programme for families with children under 4 years. This has increased the disparity experienced by parents between themselves and their friends and relatives nearby.

The housing in Bedminster Down is a mixture of small early twentieth century terraces built on the steep hill sloping down to the Malago valley, and on top of the 'Down,' semi-detached council houses (many of which have now been sold). The busy Bishopsworth Road runs north/south through the middle of the area and has most of the area's shopping facilities including a small supermarket, hairdresser, chemist and a newsagent. There was also a post office (closed in December 2003) and a small cafe. The area still has a community feel to it, partly because of the attractive 'village green' in Cheddar Grove near the church and the shops.

Bedminster Down has a reputation as a very traditional part of South Bristol, with a high proportion of older people. But that image is changing and more recently the area has become increasingly popular with first time buyers and young families. Most families do have local connections, but increasing numbers are moving in from elsewhere.

There are a number of open spaces, but being near roads they are not safe. Nor do they have any play equipment suitable for young children. For families with young children without the use of a car, there are no play parks within easy reach.

During the life of the project and in response to local workers' concerns and requests for support, the project was extended to include two nearby areas in South Bedminster.

The second area targeted by the project is a part of the Marksbury Road estate, south of St John's Lane, Bedminster. The houses are mainly council owned 2 storey 1930's maisonettes, or walk-up flats, and were available to house homeless young parents.<sup>16</sup>

Work in this area was a late addition to the project and was only possible because of the report already produced by the St Michael and All Angels Church.<sup>17</sup> and the presence of other workers and organisations already active in the area.

Headley Park is another area adjacent to Bedminster Down where support was offered to local parents who were already active in their community.

---

<sup>16</sup> Malago Play Association 1990 Social Audit

<sup>17</sup> Dent R Revd 1999 Report on the Social Audit of the Marksbury Road Area of St Michael and All Angels, Bedminster, Bristol.



---

## 2 Needs assessment

Needs assessment was an integral part of the project, particularly in Bedminster Down. This section describes how information was collected and what it revealed.

### 2.1 How was information collected in Bedminster Down?

The Steering Group collected together statistics and talked to local workers in order to make decisions about the area for the project. For the first eighteen months the project focussed on Bedminster Down.

The Project Coordinator worked with local women to identify needs by:

- talking to more parents.
- talking to local workers, for example, youth workers, the vicar, head teachers, health visitors and midwives.
- carrying out a questionnaire survey with the help of local parents.
- looking at statistics and existing reports. Ward statistics were not very helpful given that (i) Bedminster Down is only one third of Bishopsworth Ward (ii) boundaries had changed since many statistics were collected.

### 2.2 What did we find out?

A picture of the area was built up and a whole range of information collected. A report was written and distributed locally<sup>18</sup>.

#### The residents

Key characteristics of the Bedminster Down area are:

- a higher than average number of elderly people, many living in their own homes.
- a significant number of young families with young children.
- a slightly lower number of children under 5 (5.25%) compared to the Bristol average (5.58%).
- an increasing number of families moving into the area.

#### Facilities and services

The area had few facilities with only one toddler group, one nursery class and no playgroup or day nursery. There had been a group for young mums up to the age of 25 years, but this was no longer meeting. The community workers knew of no groups or specific projects going on in this area.

The nearest health visitor clinic was in Withywood, over a mile away, with a weekly outreach baby clinic in nearby Bishopsworth. There is one GP surgery within the area and another about a mile away.

The use of services was said to be high, possibly indicating the lack of a support network for these women and children and that they were relying on their GP practices for support and reassurance. Yet local workers had mixed views about the

---

<sup>18</sup> Kilpatrick J 2002 Bedminster Down Women and Children's Project. Survey Report Finding out about the needs of parents and carers in Bedminster Down.



---

level of need in the area, suggesting that compared to other parts of Bristol, children had fewer behavioural problems and parents coped well, making good use of facilities and were highly motivated to do the best for their children. But they also suggested that there were parents who felt isolated and unsupported, especially those with new babies.

### **The survey**

The questionnaire survey interviewed 54 local parents and carers to find out what they thought of local facilities and what services and voluntary activities they would like to see developed. It showed:

- 46% thought local services for families with young children were 'poor'.
- Over 80% were satisfied with health services such as GPs, health visitors' clinics and ante-natal services.
- 92.5% of families with under 4 year olds attended at least one toddler group, or similar activity. 36.5% of families attended the local toddler group; others went to groups further away.
- Generally parents were well supported by partners and family, e.g. 85.2% would ask relatives to baby sit for them.
- Quite a high proportion of parents interviewed (63%) had the use of a car.
- Out of all the local services and facilities, parks and 'open spaces' were identified by 73.5% of users as 'poor'. 100% of interviewees wanted to see improvements made to local parks. 44.4% gave it as the top priority on their wish list'.
- Other popular choices from their 'wish lists' were:
  - local adult learning opportunities with childcare provided.
  - a group to give your children more play opportunities.
  - an opportunity to do more interesting things with the children.
  - an opportunity to meet other parents with young children.

## **2.3 The South Bedminster Area**

Statistics indicated that this was an area with high numbers of lone parent households and high unemployment. The data for the electoral districts covering this area indicated that this was a disadvantaged neighbourhood. Council tax benefit rates were almost double the Bristol average.

The Project Coordinator visited nine parents with babies or young children and found:

- many young parents had some family support.
- many did not go out to community facilities, such as toddler groups.
- many did have regular support from their health visitor.
- several showed interest in continuing their education.

Educational attainment is a major issue in both these areas. Low expectations of educational achievement amongst families was identified as a concern by local



---

teachers. The percentage of adults with GCE 'A' levels or above is very low compared to the average for Bristol.

#### **2.4 The Headley Park area**

Support offered in this area was opportunistic and related to an existing parents' initiative which was trying to increase the availability of local community services. A full needs assessment was not carried out.



---

## **3 Inputs**

### **3.1 External funding**

The initial funding from the Public Health Development Fund was £33,333 a year for 3 years, between April 2001 and March 2003. This funded the Project Coordinator post and approximately £5000 a year for the rent of a local office, hire of premises, payment for crèche workers for meetings etc.

Additional 'Closing the Gap' inequalities funding of £3,500 was provided by Bristol South and West PCT.

The PCT Inequalities Task Group supported the development of the peer support groups and funding was provided from the PCT inequalities budget. This covered the costs of meetings, supervision for the facilitators, and extra resources. There was no funding available to pay for staff cover, but line managers gave staff the time to attend.

### **3.2 Local funding and support**

The existing services and organisations in the area were a huge resource and contributed a great deal to the project. Many local organisations provided rooms and equipment etc (see Appendix A).

Workers from many agencies supported the project by providing their time to attend meetings, by working with the Coordinator in setting up activities and by providing local information and expertise.

In addition to this, and most importantly, local women and their children contributed huge amounts of time, local knowledge, expertise and enthusiasm to the project.



---

## 4 The process

The initial aims of the project stated that it should involve:

- partnership working
- helping parents to identify their needs
- involving women and children in group activities
- developing local professional roles.

This section explains what happened in each of these four areas and how this was evaluated.

### 4.1 Partnership working

The project was set up initially by a multi-agency steering group. This steering group continued to meet quarterly throughout the life of the project. As the project developed, local parents and carers also joined the group.

Informal partnerships were created for particular parts of the project, for example, with City of Bristol College, in order to organise courses.

During the last year of the project, a less formal parents' group was set up.

### 4.2 Helping parents to identify their needs

The Project Coordinator worked with local parents and workers to build up a picture of the needs in the area (see Section 2). The involvement of parents in the Steering Group helped to ensure that this process continued.

### 4.3 Involving women and children in group activities

A series of local activities and groups were set up in response to the needs identified by parents and with their help and their involvement.

Contact was made with mothers through:

- referral from health visitors and midwives (with their consent).
- through the needs survey.
- by word of mouth from other mothers.
- advertised events, activities and courses.

### 4.4 Developing local professional roles

Two community development learning sets were set up for health visitors and other practitioners working with communities and facilitated by the Project Coordinator and a local health visitor. The aim was to give staff an opportunity to:

- reflect on their practice
- learn from each other
- identify additional learning needs
- increase their skills and confidence in this area of work



- 
- pass on these skills to other colleagues in their teams.



---

## 5 Evaluation 1: What outputs were achieved?

In this section, we will assess how well the project did in terms of outputs relating to both the aims of the project and the needs identified by parents.

### 5.1 How did we evaluate?

The project was evaluated by observing and recording inputs, processes and outputs over the duration of the project (see Appendix A for a progress diary).

A final postal questionnaire was also sent to all parents and workers who had been involved with the project. This was returned by 25 parents/carers and 14 workers (see Appendix B for a summary of responses).

In addition, the ABCD framework<sup>19</sup> for evaluating community development initiatives was used to find out about:

- empowerment
- positive action
- community organisation
- participation and involvement

This project was relatively small and short term and was not expected to have an impact on the health statistics for the areas covered by the project. ABCD provided a way of evaluating qualitative change which would have a long term impact on both individual and community health.

### 5.2 Enhancing local partnership working

Thirty-seven people were involved in the Steering Group for this project. Of these thirty-seven, six were local parents who attended regularly after joining in the second year of the project, and 31 were workers. Only nine of the workers were actively involved and attended meetings. These included health visitors and midwives and representatives from PCTs, community education and social services.

In addition, many individuals and organisations supported the project and informal partnerships were formed with health visitors, midwives, Churches, the youth club, voluntary and community groups and adult education providers.

The final questionnaire from 14 local workers identified many benefits gained from local partnership working and 79 per cent said the project had enabled them to increase their understanding of what other agencies do.

Benefits identified included:

- stronger networks
- improved community coordination
- better relations with the community
- facilitation of good communication and liaison between statutory and voluntary sector

---

<sup>19</sup> Barr A & Hashagen S ABCD Handbook. A Framework for evaluating community development  
Community Development Foundation



- 
- increased awareness of their premises within the local community.
  - more interaction with other agencies.

### **5.3 Actively involving local women in needs assessment**

In total, 83 parents were involved with the project, with 47 taking an active part in a variety of ways. Women in Bedminster Down were involved in needs assessment throughout the life of the project in:

- carrying out the initial questionnaire survey
- attending steering group meetings
- attending parents groups.

The needs assessment process was on-going and a central part of the project. For example, it was through the 'Space for Yourself' sessions that a need for computer classes was identified.

### **5.4 Action planning/developing local resources/services to meet their needs**

A number of services and activities were set up in conjunction with local women. These were:

- Mothers and young babies group. 37 women and 42 children attended at some time with between six and nine attending weekly.
- Space for Yourself - taster sessions with City of Bristol College. These consisted of six sessions - one introduction, two on aromatherapy, and one on first aid, computer skills and craft (marbling). On average four people attended.
- Summer programme of activities, for example, coach trips, picnics and barbeques.
- FUN 2 PLAY course organised in collaboration with City of Bristol College with a crèche. Six women attended.
- Twins Club. Four women organised this in St Oswald's Church where there was more space and approximately 12 attended this group.
- CLAIT accredited computer course run by community education funded by UK ONline with crèche provided. Six women achieved CLAIT 1.
- CLAIT 2 computer course. 5 women attended.
- Cooking Course. This was funded by Community Education and the PCT Community Nurses Grant. It took place in Withywood School in a purpose built cooking room and crèche and therefore was able to take more students than the other courses. 8/9 women attended.
- Visits and outings for young mothers in South Bedminster. The Project used a minibus to pick up the mothers and babies and take them to local places of interest, such as the Park Community Education Centre in Knowle, and the Knowle West Health Park; or to somewhere for a social activity such as Weston-super-mare, or Hengrove Park.
- Windmill Hill City Farm offered a room to meet in, free of charge, once a month for six months.



---

In the final questionnaire:

- 52% of parents felt activities were of benefit to their children
- 60% of parents felt activities were of personal benefit to them.

In addition, many of the activities continue. For example:

- in Bedminster Down, women took on responsibility for the local toddler group, as well as starting a new one; for working with a local health visitor to start a group for mothers with new babies; and for running their twins group, with health visitor support. Mothers continue to meet to work towards improving local childcare facilities. Two local crèche workers gained additional childcare qualifications, and further employment as a result of working for the project.
- in South Bedminster, young mothers befriended and supported each other and agreed to help establish a young parents' project.
- in Headley Park, ten women were involved in setting up their own group and organising a public meeting about improving facilities for families. Four women joined Headley Park Community Association to gain access for families to their community centre.

## **5.5 Developing local professional roles**

The PCT Health Inequalities Task Group is a multi-agency steering group which oversees the PCT's strategy on health inequalities. This group funded two learning sets for community health practitioners which ran for seven sessions each. A final report was produced.<sup>20</sup> Twenty six health visitors expressed an interest in these groups. Eventually six took part in the first group and seven in the second.

The learning sets identified a number of issues that were fed back to the PCT, through the Inequalities Task Group. These included:

- a lack of time to do community development work
- concern regarding confidentiality, or conflicts of role
- lack of management support
- bureaucratic barriers within the PCT
- money management
- crèche issues
- use of facilities outside the PCT
- multi-agency and partnership working - Staff have expressed difficulties around being expected to be the PCT spokesperson for 'health' in a multi-agency group, without having the link to, or support of, the relevant manager within the PCT.
- communication - health visitors felt removed from PCT management, and the decision making process which affects their practice.

---

<sup>20</sup> Kilpatrick J and Taylor J 2003 Community Development Peer Support Group for Health Visitors and other practitioners working with communities.



---

The involvement of the two facilitators with the PCT Inequalities Task Group proved very useful in terms of advocating to PCT management on behalf of field workers. The final report made some recommendations to help address these issues (see p7).

## **5.6 The parents' agenda**

The parents' 'wish list' was used as an agenda for action. In three years, this is what happened in terms of achieving those wishes. The final questionnaire (see Appendix B) and other records revealed:

### **Improvements made to local parks:**

When asked if particular services available in the area for families with 0-4 year olds had got better or worse over the last two years:

- Around 24% thought that the parks had got worse, 20% thought they were better and the remainder thought they were the same

### **Local adult learning opportunities with childcare provided:**

A number of adult learning opportunities were set up as seen in Section 5.4, and many parents completed courses and gained qualifications. Links have also been made between many women and City of Bristol College and Community Education.

### **A group to give your children more play opportunities:**

Many activities provided more play opportunities for children. In particular, a Fun2Play course was offered and six mothers attended. This provided parents with older children in the babies group with something to move on to. In addition, all courses and groups were offered with a crèche.

### **Opportunities to do more interesting things with the children:**

As well as Fun2Play, there were many other opportunities to do interesting things with the children, including holiday activities, toddler groups, visits and coach trips.

### **Opportunities to meet other parents with young children:**

All the opportunities listed have provided opportunities for parents to meet other parents with young children.

In the final questionnaire, 60% felt the activities were of personal benefit to themselves and 52% felt they were of benefit to their children. Also:

- 76% thought the toddler groups were better
- 16% thought the health visitor service, child minding/nursery provision and nursery schools had got better
- 20% thought the ante-natal services had got better.
- The only service (other than parks) that a substantial number of parents thought had got worse was the local shops (36%). (2 post offices in Bedminster Down closed during the life of the project).

## **5.7 Other outputs**

Community development is a flexible and creative process and, as well as the intended outcomes and outputs, there are often additional unintended ones. Some of the unplanned outputs were:

- the opportunity to have input to the children's centre proposal for Bishopsworth Ward. The project was able to provide information quickly about the needs of people living in the part of the Ward outside the existing Sure Start area and make sure these needs were recognised. The link to



---

this development will continue through local workers and parents, ensuring that the needs of parents will continue to be heard and addressed.

Consequently, the proposal has included funding:

- to either refurbish an existing building for use by families, or kit out a room in a new building.
- for a part-time worker to continue to develop educational opportunities for parents.
- funding was achieved by a voluntary sector organisation for a worker to support young parents in South Bedminster. This need was identified partly through this project and this development will enable the continuation of the work carried out by the Project Coordinator and many others.



---

## **6 Evaluation 2: What does this mean for our overall aim?**

The process of community development has community empowerment at its heart. The project could have achieved many outputs, but if community empowerment did not take place, then social capital would not increase and we would not achieve our overall aim of improving the health and well-being of women and children.

The ABCD Framework poses questions as a way of assessing if community empowerment has taken place. It is used here as a means of checking if the outputs in the previous section are meaningful in terms of increasing social capital. In this section, the Coordinator assesses the project in terms of the four dimensions of community empowerment. Information comes from her records and observations and the responses to the final questionnaires (see Appendix B for a summary).

### **6.1 Personal empowerment**

#### **What knowledge and skills have women developed through being involved in the Project?**

These have included:

- increased confidence in parenting
- supporting each other by sharing child-rearing experiences
- the importance of play to child development
- signposting to other services
- organising an event
- negotiating for resources
- using computers
- participating in meetings
- completing grant application forms
- how to set up and run a group for parents and young children
- how to care for children in a crèche and provide stimulating activities for 0 to 3 year olds.

#### **How have these been applied to action in the community?**

Local women have developed knowledge and skills which have enabled them to take the action detailed in Section 5 - taking responsibility for groups and activities and participating in the project.

#### **What qualifications have women gained?**

The two crèche workers gained Level 2 childcare qualifications, plus first aid and food hygiene; one is continuing to do a further year for a Level 3 qualification.

Six women passed the CLAIT 1 computer course and 5 women continued on to a CLAIT 2 course.

#### **Have local agencies become more positive about local parents being involved in planning and carrying out their work?**

Many agencies have become more positive. For example:

- health visitors undertook to work with local mothers to keep the Twins Club going.



- 
- a new baby group for parents in Headley Park was being planned by a local mother/volunteer to run alongside the existing baby clinic.

Other examples included:

- local ward councillors were keen to invite the Coordinator and parents to meetings concerning local childcare facilities.
- the Blenheim Scouts invited the Project to give them a letter of support for their Lottery funding application.
- The Church and the Girl's Youth Club were pleased to have the project as a user of their buildings. They recognised the value (both monetary and to the community) of developing other ways to use their buildings when they would otherwise have been closed.
- Several voluntary organisations were very supportive of the Young Mothers' Project and welcomed their involvement in the planning meetings.

## **6.2 Positive action**

### **Have the needs of excluded individuals and groups been understood?**

48% of parents who responded to the final questionnaire felt that the Project had done enough to include all parents.

Although the project did some valuable work in Bedminster Down and made an impact on the lives of the families involved and the community as a whole, it did not reach many families with higher levels of need e.g. lone parents, or young mothers.

The move to working in South Bedminster approximately half way through the project was motivated by a wish to address the needs of excluded individuals and groups. This was an area where the project was more likely to succeed in meeting its objectives of tackling inequalities in health.

## **6.3 Community organisation**

### **How many parents/other local people have been involved with the project as volunteers/helpers/ crèche workers?**

Approximately 25 parents and others were involved with the Project in this way and half of these attended either steering group meetings, or parents' meetings. In addition, they helped with the initial questionnaire, volunteered in the crèche and supported activities.

Three young mothers in South Bedminster agreed to work with the Malago Play Association and the YWCA to manage a project for themselves, following on from this project.

### **What informal networks exist in the community and how are they used?**

Bedminster Down is a fairly traditional white working class area where family ties are still strong. For example, many parents said they would not like to leave their children to be looked after by anyone outside their family. Some parents did not want to participate in adult learning activities whilst their children were cared for in a crèche.

Most basic services are nearby: a small supermarket, chemist, primary and secondary schools, GP's surgery, two churches, a toddler group and several youth



---

groups. The two sub post offices closed down recently. Parents have to walk approximately half a mile to attend their nearest baby clinic, to find a park, or a pre-school playgroup. For families with young children many services are close together and so they see each other as they come and go every day.

In South Bedminster young mothers were often wary of getting to know their neighbours; there was a lot of suspicion and a sense of insecurity. Some young mothers did have strong local family ties, and this could make them reluctant to go out and get involved with things beyond their immediate family circle. Others had been rehoused from further away and had few local ties and were keen to get involved.

South Bedminster is less well served for facilities within easy reach. There is a primary school and library, but no toddler groups. The nearest are almost a mile away, and several are up steep hills. As toddler groups are dominated by average age mothers, young mothers tended to be put off attending. There was no obvious focal point for the community; residents go in different directions for services, although Bedminster itself is a popular shopping centre.

The project helped to break down some of these barriers for the mothers and create new informal networks. It helped them to make friends with their neighbours in a safe space and then they were able to visit each other and do things together.

#### **Have the number of services for parents and 0 to 3's improved during the life of the project?**

A number of services for parents improved during the life of the project and by December 2003, there were two courses going on, one drop-in for parents with babies, a new toddler group and a monthly twins group. The final questionnaire showed that a majority of parents felt that toddler groups had improved.

There were also two new resources for families in the pipeline:

- the Bishopsworth Children's Centre developments
- the local Scout Association were planning to build a community sports building including space for daytime use by families with young children.

In South Bedminster a steering group had been set up to support the development of work with young mothers.

However, the comments on the final questionnaires revealed some frustration that parks in the area had not improved at all and that the post office had closed.

#### **What resources and help have been available within the community to support the project and others (including buildings and equipment)?**

A wide range of resources have been - and continue to be - made available within the community (see Appendix C).

### **6.4 Participation and involvement**

#### **Did parents feel able to participate fully in the project? Were they included in the decision-making process?**

Parents were included in the decision making processes to a greater degree as time went on. In the final questionnaire, 28% felt they could influence the decisions and direction of the project.



---

The parents decided to continue to meet after the end of the project, to follow up on the initiatives in which the project had been involved. However, there was no enthusiasm for setting up a constituted group, as several of the women were already committed to other voluntary work e.g. toddler groups.

In South Bedminster the situation was very fluid: the coordinator consulted parents from one activity to the next, about where they wanted to go and what they wanted to do. There was no project steering group until November 2003. Parents were invited to the first meeting but did not attend. They did, however, meet up with steering group members at Christmas, to say good-bye to the Coordinator and said they were keen to be involved in planning the next phase of the project.

**Was the project open and accountable in the way it worked? Were parents able to influence decisions/the direction of the project.**

All parents who had had any contact with the project, were kept informed of activities and meetings, unless they specifically said they did not want to receive the information. There were several newsletters during the lifetime of the project.

As described above, towards the close of the project fewer professionals were attending meetings, and more parents became committed to ensuring that local activities would continue.

**Do local parents feel they have more control over services for them in the community? Do they feel they know more about how to change or improve services they are not satisfied with?**

Some of the actions of the parents in Bedminster Down and Headley Park towards the end of the project indicated that they felt more in control, for example, starting new groups, planning for the future, raising funds, working with other workers and having input to new initiatives.

In the final questionnaire:

- 68% said that they had become more active in the community in the last two years and 56% thought the project had helped them to do that.
- 36% felt that they now know how to bring about change to community services, although one said 'Feel I know what to do, yet despondent about progress made.'

## **6.5 What does this have to do with health?**

A full analysis of the research that links community development and the building of social capital with health improvement and the reduction of health inequalities, is beyond the scope of this report. However, *Developing Healthy Communities* recently produced by the Health Development Agency<sup>21</sup> provides a wealth of evidence and summarises by suggesting that social capital connects with health improvement and reducing health inequalities in several ways, namely:

- the type and number of informal networks people belong to influence their health (Campbell et al 1999).<sup>22</sup>

---

<sup>21</sup> Health Development Agency 2004 *Developing Healthy communities*. HDA

<sup>22</sup> Campbell, C, Wood, R, and Kelly, M 1999 *The relevance of social capital to health promotion*. In *Social Capital and Health*. London. HEA.



- 
- building links within communities strengthens their ability to identify and realise their health potential.
  - strengthening connections between communities, and extending those connections outside existing community and organisational boundaries, reduces health inequalities between communities because they gain power and control over the decisions that affect their lives.



---

## 7 Problems and lessons learnt

A number of problems were encountered during the life of this project and a number of lessons have been learnt.

### 7.1 Problems

#### Funding

Although agencies did work together, there did not appear to be enough incentive for real partnerships to be formed. Without major funding on offer, as there is with Sure Start programmes, the incentive seemed to be much less. This started to change when, towards the end of the project, the proposal for a Children's Centre appeared.

Early decisions about the funding application had not taken into account the need for renting a community base, or the high costs of venues, crèches etc and this created later problems.

#### Organisational change

The impact of organisational change on the project and all its partners was considerable. Half way through the project, the managing agency ceased to exist and staff were 'devolved' to PCTs. Many of the partner agencies were also going through enormous change and upheaval. It was not surprising therefore, that sometimes other workers and agencies were unable and unwilling to engage with something new.

Health visitor managers were too busy to engage with this project. Health Promotion Service Avon appeared to have very little leverage or influence with managers of health visitors.

#### Timescale

Although this was a three year project, time taken recruiting, sorting out a local base and networking, all impinged on this timescale. In addition, if posts are offered on fixed term contracts, it is inevitable that workers may well leave before the end of the project.

The Project had not had long enough in South Bedminster to really make an impression, apart from on the lives of a few individuals. The lack of a meeting place was a serious obstacle, as well as the less reliable behaviour of the parents and the lack of a budget. Local health visitors provided information and referrals, but gave no time to the project itself. Yet the project did succeed in getting this small area recognised as being in need of extra resources and brought together a number of agencies to begin to support young parents in the area in a more consistent way.

#### Choosing the right area

Initial statistics and local workers indicated that Bedminster Down was an area of high need, but the ward boundaries and their changes may have confused the issue. The Project Coordinator was faced with a situation where she felt the level of need in the area did not justify her full time input. It was at this point that she started to work in South Bedminster, although to do this half way through the project was difficult.

#### Lack of venues

Good accessible community venues are very important, even for a small project, and this was an issue in Bedminster Down and South Bedminster. In Bedminster Down most of the activities took place in the Girl's Club where there was only limited space. There was room for a maximum of six children in the crèche and seven adult learners cramped into a small room.



---

### **Clarity on initial objectives**

Initial decisions were made by the Steering Group about the Project's aims and objectives and about the area. But later, due to organisational change and staff changes, there was a lack of clarity and a loss of the initial vision.

For example, the objectives do not mention working in areas adjacent to Sure Start areas and do not relate to the later interpretation of the project as 'Sure Start on a Shoestring' - or carrying out this kind of work without the funding. Neither do they relate to the fact that these are areas where major government funding is not available. The significance of this for the project's aims was unfortunately lost.

### **Non - attendees**

Thirty-six per cent of parents said they went to activities for a short while but didn't continue because:

- they went back to work
- didn't like the venue
- the day/time didn't suit.

Aspects of these activities that some parents were less impressed with and thought were only 'fair' were the venues (40%) and the crèche(20%).

This highlights the need for good venues and being able to offer a quality service - but also that people's lives change and that non-attendance may not be about the service. However being able to be flexible around days and times is important.

### **The importance of having the resources to follow things through**

Some parents attended a local residents group to lobby about a local park. They worked hard raising money at a summer fun day, but nothing more was done and funding opportunities were missed. Parents felt let down, as the issue was not given the priority it deserved.

### **The presence of Sure Start programmes in adjacent areas**

There were both positive and negative aspects to this. The presence of Sure Start did mean that:

- there was staff training within easy reach
- parents' expectations were raised
- there were good new ideas to try
- there were shared learning opportunities.

However the Project Coordinator also found that Sure Start:

- absorbed more staff time, for example, that of health visitors
- created some resentment among parents
- provided high quality facilities that could not be matched.

## **7.2 Critique of the evaluation**

Community development theory suggests that evaluation should be a part of any project throughout. Although there were activities throughout this project which were evaluating/reviewing type activities - where the learning from what had happened until that point was used and fed into the planning process - evaluation overall tended to be carried out towards the end of the project by the Coordinator.



---

As the Coordinator had moved to another job by the end of the project, - a problem for any project with fixed term funding - the writing of this report was undertaken by someone who had limited involvement with the project. However, the process was helped by the Coordinator writing a comprehensive assessment of the process which became an integral part of this report.

The evaluation is unable to compare a Sure Start with a non Sure Start area, because although it appeared to be a part of the rationale for the project, it was not specifically included in the objectives and information was not collected from a Sure Start area, with which to compare it.

### **7.3 Critique of outputs and outcomes**

The project appears to have had an impact on all the original objectives, both those of the Steering Group and those of local parents themselves. Yet the impact is on a small number of people in a small area. Value for money is an issue, but it is difficult to quantify or make any meaningful comparisons, given the limited funding available to carry out the evaluation.

Sustainability has not been considered separately although it is addressed implicitly within the recording of outputs. In addition, the use of the ABCD Framework, enables fundamental underlying changes to communities to be recognised and recorded.

## **8 Conclusions**

This project ran for three years and achieved many outputs in all the areas initially identified by the Steering Group.

- It helped to develop professional roles through learning sets for community health staff.
- It enhanced local partnership working which will continue through the new initiatives that are happening, such as the children's centre.
- It actively involved local women in needs assessment through a questionnaire survey and ongoing active involvement.
- It enabled workers and residents to plan actions together and develop local resources and services to meet their needs, many of which will continue and develop.

It also encountered many problems which enabled those involved in the project to learn and to make recommendations which will hopefully be useful to others.

In addition, the parents' agenda was at least partly addressed. Many adult learning opportunities were provided, as well as opportunities for play and interesting things to do, and opportunities to meet other parents. Unfortunately, the fight for better outdoor play facilities remains a challenge for the future.

Although the project has ended, many parents have shown that they value the new activities that have been developed and are keen to see them continue and expand. In addition, they have shown themselves willing to be a part of making that happen.



---

The original aim of this project referred to improving the health and well-being of women and children. The ABCD framework has enabled us to show that the outputs achieved have led to some increases in social capital. Research carried out by others enables us to feel confident that this increase in social capital will result in corresponding improvements in health.



---

## Appendices

### Appendix A Project progress diary:- A summary of quarterly reports

#### Pre March 2001

- The Steering Group was set up and chaired by a PCG professional. Included representatives from social services and community education, local health visitor and midwife, and Health Promotion Service Avon.
- Steering Group agreed common understanding of 'inequalities' and the main issues the project would address.
- A project coordinator recruited. Steering Group agreed the Project Coordinator would work on expanding the group to include local women and carers.

#### June 2001

- A profile of the area carried out using existing statistical data, discussion with local professionals, observation of the area and a questionnaire.
- The Steering Group expanded to bring in individuals from more agencies.
- Meetings held with health visitors and midwives to discuss local needs and their expectations. Plans made to train mothers as breast-feeding advisers.
- Information leaflets produced about the project, local services and groups.
- A bid for a research project was unsuccessful.

#### Sept 2001

- An office base found in the area. Local venues found for group activities.
- Department of Health bid for breast feeding support group was unsuccessful.
- Local networking reveals a need for training and support for toddler group leaders and other under 5's workers in the area.
- Community development training for health workers is planned in collaboration with the Primary Care Group's Tackling Inequalities Task Force.
- The questionnaire to identify parents' needs was piloted.

#### Dec 2001

- Office base open. An open day held.
- Local women given training and helped to carry out the needs survey. Over 50 interviews with parents of young children carried out.
- Several new groups for women with young children will open in the New Year.
- The Co-ordinator worked with Bristol PCGs, health promotion specialists; and University of the West of England (UWE) to develop staff training opportunities for community development learning.
- A group of local parents, with support from the project, gained a New Opportunities Fund Grant to start an after school club.
- A young mothers group given funding to buy new toys.

#### March 2002

- Two regular groups meeting weekly (i) For mothers with young babies. (ii) Taster sessions for parents with a crèche (with local FE college).
- Needs analysis survey completed and report written.
- Introductory meeting of learning set for health visitors involved in community development work. Professional support provided for the facilitators by UWE.
- The project represented on the Inequalities Task Force of the PCT. Received some project funding from 'Closing the Gap' small grants programme.

#### June 2002

- Introductory ICT course (with crèche) successfully completed by 5 women



- 
- New 'play project' group established in Headley Park to address the need for better play facilities in the area.
  - Successful project review meeting held involving more parents and representatives of agencies.
  - Learning set for health visitors involved in community development work meeting on a regular basis.

#### **Sept 2002**

- Parents and staff participated in Park Improvement Campaign Fun Day.
- Twenty families took part in a summer activities programme.
- Three crèche workers have been recruited for the project.
- A new initiative started with health visitors in South Bedminster.

#### **Dec 2002**

- Group for mothers and young babies is established and these mothers taking on other things e.g. running the local toddler group; recruiting new mums.
- Follow on CLAIT computer course provided by UK ONline.
- First learning set for health visitors completed.
- New group for families of twins and multiple births started meeting.
- Project worker made contacts in South Bedminster and visited parents.

#### **March 2003**

- Four visits for south Bedminster young mothers to local learning providers.
- Developing network of support for south Bedminster, including local city farm, school, church and Play Association.
- Five women in Bedminster Down completed 'Fun to Play' 10 week course provided by City of Bristol College (8 participants )
- Eleven families (five local) have joined the monthly twins group meetings.
- Introductory meeting held for second learning set. Ten health workers recruited.
- Presentation made at UKPHA conference in Cardiff.

#### **June 2003**

Records not available.

#### **Sept 2003**

- Bedminster Down parents involved in working group for Bishopsworth Ward Children Centre proposal.
- Succeeded in getting Bedminster Down into the proposal and a bid for resources included.
- Succeeded in getting £10,000 for South Bedminster young mothers from Neighbourhood Renewal funds.
- Succeeded in getting £2,331 from 'Widening participation fund' for 2 courses for parents.
- Bedminster Down parents started to plan for project's end. Office closed down.

#### **Dec 2003**

- Formal evaluation to be completed in the New Year.
- Cooking course started in Bedminster Down - will finish Feb half term.
- Twins club managing itself with support of local health visitors.
- Bedminster Young Parents Project Steering group established and ready to recruit p/t worker.
- Parents engaged with Children's Centre development process.
- Second learning set for health visitors completed and report written.



---

## Appendix B      Final questionnaire - summary of results

### (i) Final questionnaire for workers and agencies

The questionnaires were sent out at the beginning of December 2003 to workers and organisations across the 2 areas asking for responses by 23rd December 2003.

#### 1. Respondents details

14 questionnaires were returned. They came from 5 Steering Group members, 2 people from local voluntary sector organisations and 7 who were local health/social work/housing/education professionals.

5 respondents said they were based in Windmill Hill Ward (South Bedminster); 6 in Bishopsworth Ward (Bedminster Down) and 3 either worked across both areas, or didn't specify.

The following is a summary of their responses.

#### 2. Are you aware of any positive/negative outcomes resulting from the Women & Children's Project?

##### a) For individual parents or children

A number of women developed strong networks. Empowered them to move on.

I believe this is a valued project for the parents and children in an area which is not covered by Sure Start.

Difficult to be specific but a high very positive profile and lots of appreciation for the work at the Grove.

Parents who have accessed training - gained confidence and skills - some gone on to further training. Children become accustomed to other parents and children-socialisation.

Those women that have used it have benefited and it has been good for referral for women, although this hasn't happened of late as the project is coming to an end. Added confidence of adults. Improving socialisation of children.

More contact with others in same situations. Access to CLAIT computer course. Individual parents found the group supportive and gained from it.

Difficulties apparent in involving families in the first place. Very positive outcomes if they did attend.

Difficult to involve some families initially. Those who did get involved all enjoyed it but sometimes it seemed to be 'on their terms.'

Enabled mums in Lynton Road to have something for themselves.

Positive - Malago Play Association have received funding for a worker. Negative - small number in group, needs establishing.



**b) For the local community**

Groups for parents and children running in an area where there were no previous provision and also stimulating parents to organise groups based on their own needs and desires for the local community.

Stronger networks.

There are now mother/child groups in Bedminster Down area, which is a great improvement. Some of which will continue. Also, lots of mums have attended courses (computer etc) which have been a big success.

Members of the community became involved in both attending and organising. This boosted confidence and self-esteem and benefited families.

One more excellent event/activity for the South Bristol community.

Improved community co-ordination, support for local people and organisations.

The baby group helped forge support.

Improved skills feeding back into family and work place.

Too early to say - if groups are still meeting in 6 months time then there will have been a sustainable positive outcome.

The mums forged links with the local community and were able to take advantage of local resources.

Difficult to quantify. All participants appreciated something 'especially for them'. Evidence of new friendships in some cases.

Introduced local mums to each other.

Positive - New group of parents and children being set-up to include men as well as women.



---

**c) For your service/organisation/community group?**

It has given us more information about your groups to use with our families whereas before all we could say is that there were no groups.

Better relations with the community.

It's been really beneficial to have someone in the area with such vast community work knowledge.

Regular update on information in an area not covered by other childcare agencies. Facilitation of good communication and liaison between statutory and voluntary sector.

We form a useful, informal, good will and mutual appreciation groups and support each others open events.

Improved knowledge of college services, more links with community.

Good to have some organised groups to inform people of.

Recognising needs of learners in area.

Rental Income. Increased awareness of our premises within the local community. More interaction with other agencies.

Was fantastic to have such a project available that mums could access and we could refer. These are mums who often find it difficult to access local resources and who live in an area where there are limited opportunities - this project helped this group venture out of their immediate environment and explore different services.

Added support.

Helped us engage some very isolated mums and children. Something for us to offer this particular group of mums.



**3. Have local parents become more involved in planning or carrying out your work as a result of this project?**

YES  NO  DON'T KNOW

Any other comments

(yes) But only for the time of the project. I get the impression that it will not now carry on.

**4. Has the project helped you increase your understanding of what other agencies do within the community?**

YES  NO  DON'T KNOW

Any other comments

None

**5. The project has not met the needs of ALL parents & young children in the community.**

**Please say who (no names please!) has been excluded and if possible suggest reasons why.**

Parents with children over 1 who want to attend a new group but cannot as there is no provision - babies group very popular but nowhere to really move on to.

Some of the most vulnerable groups i.e. those who find it difficult to engage in groups.

I think there is a need for 'Out Reach' workers to encourage more isolated mums to attend. As with the 'Link Workers' in the Sure Start Project.

The most difficult people to engage have been excluded, but not for lack of trying. The area is one where it is easy for families to fall through the net.

No one project will ever do that but we are building up a range of projects that will be available to all. The range e.g. a play area etc is what we need.

Non English speakers. Felt that it got very 'clicky' with just a small group.

Local mums tended to exclude themselves if they were unwilling/unable to be involved. Maybe more involvement on a one to one basis in the home before expecting mums to join the group. I was impressed with how much difficult-to-reach parents did access the group.



**(ii) Final questionnaire for parents and carers**

The questionnaires were sent out at the beginning of December 2003 to all parents and carers across the 2 areas who had had anything to do with the project, asking for responses by 23rd December 2003.

25 questionnaires were returned. The following is a summary of their responses.

**1. Where do you live? Please tick one**

Bedminster Down	16
Bishopsworth	3
Headley Park	4
Bedminster	
Other (please say where) Uplands	1
Highridge	1

**2. Do you have/look after any children 0 to 8 years old?**

24 said YES      1 said NO

**3. What are their ages? (Please put the number of children in the relevant box)**

Under 1 year          Under 2          Under 3          Under 4      
4 to 8 years old   

**4. Have you been involved in any of the following activities? (Please tick as many as you need to)**

	YES	NO
Monday Baby group	9	
Space for Yourself taster course	2	
Fun to Play course	3	
Computer courses	5	
Minibus/coach trips	6	
Visits to Windmill Hill City Farm, the Park etc	4	
Twins Club	0	
Cooking course	6	
Summer holiday activities	9	
Sunbeams Toddlers	14	
Jelly Beans Toddlers	9	
Other (please say what activity)		
Other toddler groups; Cross Stitch	1	
Mon - Whitchurch Bouncy Castle, Fri - Cross Stitch	1	
Headley Park Toddler Group	1	



**5. If you ticked any of the above, please say what you, and/or your children, thought about it?**

	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>	<b>Not relevant</b>
CRECHE	3	5	1	8
VENUE	6	10	2	1
COST	12	3		2
QUALITY OF TEACHING	9	2		7
PERSONAL BENEFIT TO YOU	15	4		1
BENEFIT TO YOUR CHILD/REN	13	5		1

**Other comments. Please say what was particularly helpful to you and/or your children or, what you thought could be improved.**

Better toys at Cross Stitch. More educational activities. Teacher available. Safety improved, i.e. exit area.

Crèche workers were a let down on cookery course.

Sunbeam Toddlers very good.

Nice to have opportunity to talk about bringing up children and having advice on weaning, cry problems etc. Nice to be able to meet other mums in area and build relationships. Heath Visitors could have got involved a bit more.

It helped my son mix with other children - being shy has brought him out a little. Crèche workers were not trained sufficiently.

Socialising with other parents and other children (coffee and chat).

Learning new skills and the children being stimulated and played with by care workers. The only thing that can be improved is the crèche workers turning up each week.

When I had my daughter I suffered severe postnatal depression. To get out and meet other mums and for my daughter it was brilliant. I thought I couldn't do it but I did with help from everyone involved.

An improvement needs to be made on the crèche at Cooking Course, sometimes the crèche workers do not turn up and if they do they are late. Apart from that the crèche room is great with lots of toys.

Headley Park Community Centre needs to be generally 'Tided' up i.e. new windows, decorating etc.

Flexibility of services provided - work commitments conflicted with organised groups.



6. If you did not go, or went for a short while and did not go back, please can you tell us why? Please describe the activity:

REASON FOR NOT GOING	YES	NO	Not relevant
I went back to work	2		
It was too cliquey			
I didn't like the venue	2		
The day/time didn't suit me	4		
I didn't like the staff			
I didn't like the other parents			
Other ( <i>please say</i> ) Venue of girl's club	1		

7. Have you become more active in the community in the last 2 years?

YES  NO  Don't know

8. If yes, do you think the project has helped you to do this?

YES  NO  Don't know

**Other comments**

By attending the quarterly meetings, meeting with various representatives from the council.

Having met lots of mothers in the Bedminster Down area, I started Sunbeam with now 54 on the register. I also helped start up Jellybeans.

Can only go to group on a Monday as I work the rest of the week. If I didn't I would probably be more active.

Took car refresher lessons. Recently got a car. It's made me a lot more independent.

New to area when project started so I was introduced to new people which really helped.

9. Do you think you now know more about how to change or improve community services or facilities you are not satisfied with e.g. Parks or Toddler groups?

YES  NO  Don't know



**Any other comments**

The improved activities have been great for the people of this area but as I work Monday, Tuesday and Wednesday's a lot was unavailable to me.

Didn't really get involved with this. Not sure if I had the time to go to the meetings etc.

Help campaign for Kings Head Park to improve children play area, raised over £700.

This is helped me speak up for myself and my child's needs and I will continue to do so.

Feel I know what to do, yet despondent about progress made.

**10. Do you think services available in your area for families with 0 to 4's have got better or worse over the last 2 years? (Please tick relevant boxes)**

	Better	Worse	Same
Parks	5	6	9
Toddler groups	19	1	1
Health Visitors	4	1	16
Ante natal services/midwives	5		13
Childminding/nursery provision	4		13
Nursery schools	4	1	15
Benefits/ Housing Advice	3		10
Local shops	3	9	10
Other			

**Other comments**

Whilst services have in the main stayed the same I feel that the area is inadequately provided for. No park area, lack of quality internal spaces.

Just recently Bedminster Down Post Office closed, making it sometimes impossible to collect allowance.

Our area still needs a park locally with facilities for children.

Parks - There isn't any. Another toddler group has started on a Thursday. This is all down to parents - no help from council. Health Visitors don't seem to want to get involved or support what we need.

Parks, nursery school were already bad and they have not improved.

Have not managed to look at nursery schools yet.



---

**11. If you were involved in the Project did you feel you could influence the decisions/direction of the project?**

YES  NO  Don't know

**Any other comments?**

Didn't have time to get involved due to work etc.

I have enjoyed the project and hope to continue meeting with the other mums.

**12. Do you think the Project did enough to include all parents & children eligible to use it?**

YES  NO  don't know

**Any other comments?**

No - age limits are in place, not a lot for 2-3 year olds.

I think there should be more groups in our area for under 1's.

I feel the project was well received by those who wished to be part of a community.



- Zion Methodist Church - office base
- The Grove Youth Club - for groups, crèches and courses
- St Oswald's Church – use of hall for groups
- Crossways Tabernacle Church Hall – for meetings with crèche
- Headley Park Community Centre – for meetings
- Highridge Sure Start Centre - for meetings with crèche
- Windmill Hill City Farm – free meeting space and training advice
- Malago Play Association. – partnership working; hire of minibus and meeting space
- The Park Opportunity Centre – guided visit and training advice
- City of Bristol College – course funding and training advice
- BCC Community Education and UK On-Line – course funding
- Hartcliffe Teenage Parents Project – loan of car seats
- Easton Community Nursery – Mobile Creche
- Bristol Playbus – Open Day in Cheddar Grove
- Children's Scrapstore
- BCC Bishopsworth Library - books
- Bwerani Toy Library – toys and equipment
- Amelia Nutt Clinic – Health Visitors, Midwives, Play Specialist and admin. Staff: referrals, information, distribution of leaflets, letters to clients, playing with children.
- Blenheim Scouts - planning new building
- Bedminster Down and Uplands Society - partners in the campaign to improve King's Head Park.
- St John's Lane HC - Health Visitors: referrals, information, distribution of leaflets, letters to clients
- Cheddar Grove School – displaying and distributing leaflets; liaising regarding community projects
- Parson's St School – providing opportunities to meet parents and distributing leaflets
- Bristol South and West PCT – Inequalities budget and community development grants for nurses – extra project funding.