



Local Evaluation Report

April 2004 to March 2005

Sure Start China Clay

April 2005

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Sure Start China Clay Local Evaluation Report

April 2004 – March 2005

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*Section 2 was produced by Cordis Bright Ltd.

**Sections 1, 3, 4 & 5 have been compiled by Sure Start China Clay

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1. Introduction to China Clay's Evaluation for 2004 to 2005

In April 2004, an evaluation strategy for Sure Start China Clay was developed and agreed by the Programme's Partnership Board (Appendix I). The strategy detailed the type of evaluation to be undertaken and who was responsible.

One of the features of the strategy was to develop a reflective and evaluative culture within the Programme, providing staff, volunteers and parents with opportunities to contribute towards reviews, audits and evaluation - developing skills, knowledge and insight upon the way.

A new group of external evaluators - Cordis Bright Ltd - was appointed in June 2004 to support the Programme in achieving its strategy for 2004-2006 and to undertake specific evaluation projects within the strategy.

The Programme's Evaluation Sub-group monitored the work undertaken against the strategy, made recommendations to the Partnership Board based on findings from pieces of evaluation, agreed the dissemination and sharing of findings and have set future evaluation priorities for April 2005 to March 2006. The Programme's Services Manager was delegated by the Programme Manager to lead on Programme Evaluation for 2004 to 2005.

This report summarises the work undertaken by the Sure Start China Clay Programme, which fulfills the Sure Start Unit's requirements including:

- Monitoring and Reach
- Cost-Effectiveness
- User satisfaction
- Process and Outcomes
- Impact

We hope you find it of interest and value and enjoy reading it as much as we enjoyed undertaking the work and learning from each other in the process.

Section 2

Annual Summary Report by External
Evaluators - Cordis Bright Ltd

Sure Start China Clay

Final Report: Local Evaluation (2004/05)

January 2005

Cordis Bright Ltd

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Sure Start China Clay – Local Evaluation 2004/05

Introduction

This report is to feedback outcomes and progress on the local evaluation of Sure Start China Clay (SSCC) for 2004/2005 to the programme evaluation sub-group. The plan itself covers five areas of impact evaluation, which are component parts of the overall programme evaluation strategy. The five areas are:

- Learning outcomes for children associated with SSCC programme activities
- Parent's perspectives of the way in which services work together for the benefit of pre-school age children in the rural programme
- Discernable benefits for those families who have participated in the mentoring scheme
- Baseline information on the aspirations & expectations of young parents for young parents support work (starting April 2004) pre evaluation in 2005/6
- Prepare further evaluation of health outreach service for 2005/6

In addition to these areas, Cordis Bright has undertaken, where appropriate and possible, to provide further comments and reflections on the following areas:

- Development of the partnership
- Reach - particularly hard to reach
- Mainstreaming
- Transformation of services

Learning outcomes for children associated with SSCC programme activities

Of the five areas Cordis Bright is evaluating, this presents the greatest challenge. In addition to discussions with programme staff we have undertaken the following activity:

A workshop was planned with participants from programme, statutory sector, voluntary and independent sector early years providers. This exercise sought to bring together professionals from different early years settings to establish what is currently measured and consider what would be useful to draw together as an indicative assessment of the impact of SSCC services. Unfortunately the workshop was not well attended and this has left us with further work to do. Having said this it raised a number of useful suggestions.

In addition to this workshop we planned a session with local parents to ascertain their hopes and aspirations for learning outcomes for children using SSCC services. Again this was not as well attended as we hoped, but elicited the following thoughts:

- We agreed that professionals and early year's staff were best placed to judge actual measures of improved learning outcome.
- That parent's aspirations for their children were important, e.g. improved speech & language, improved behaviour and their ability to interact with other children
- We also agreed there were probable 'proxy' measures or indicators of likely improved learning e.g. families who have children's books in the home, children who have access to, attend & use libraries, children who attend good quality day care and those who access the new Sure Start facilities when they are on-stream
- Finally we agreed that parents themselves were a good measure of likely improved learning e.g. parents who are motivated to help

children develop, who have learned or who are learning to help their children play, those who have improved or good self esteem & confidence, have insight & understanding as to how children should behave, parents who care and have high expectations of their children, those who have adequate literacy & innumeracy themselves and/or who have access to & use adult learning opportunities

Having now discussed our initial thoughts with The Head of Early Years and a member of the Early Education Team from Cornwall County Council Early Years Service (CCCEYS), and reflected on our work to date, we plan (for 2005/06) a programme of evaluation activity which will give us at least indicative results and findings. To ensure measurement of on-going improvement, much of this activity will need to be repeated later in the life of the programme. We propose undertaking the following:

Activity	Volume	Timescale	Likely outputs
Community survey with a specific focus on learning outcomes which could include some agreed proxy measures	100+ parents/ carers	May/June 2005	<p>Parents views about whether their children's learning has improved through attending/using SSCC services.</p> <p>Test proxy measures e.g. access to children's books & measure parents confidence to help children learn/develop</p>
Interviewing a sample of early years staff / providers & (some SSCC funded, some not) sampling Stepping Stones assessments	6 settings 6 assessments per setting (total 36)	May 2005	<p>Comparison between SSCC funded early years & others</p> <p>Evidence</p>

			(qualitative) of improved outcomes
Interviewing a sample of reception class teachers focusing on, for example, children's improved speech, listening skills & establishing any improvement in foundation stage profile data	6 schools	June 2005	Evidence (qualitative) of improved outcomes as a result of SSCC
View Ofsted reports (on the internet) of early years services - specifically those funded or part funded by SSCC	All those funded or part funded by SSCC (depending on the numbers)	April 2005	Having consulted parents & professionals, seek to use Ofsted reports to triangulate the evidence

On the basis of detailed discussion with Maureen Woodhouse and Linda Bentley from Cornwall County Council Early Years Service, we have established a detailed programme of early years providers with which to implement the above plan. This has been based on a formula which identifies an appropriate mix of providers, i.e. with a mix of community served and performance of provider.

Parent's perspectives of the way in which services work together for the benefit of pre-school age children in the rural programme

Introduction

In order to ascertain parents perspectives of the way in which services work together for the benefit of pre-school age children in the rural programme, Cordis Bright undertook a community survey using local parents as interviewers to talk to other local parents within the rural programme.

In total, 130 parents and carers of young children were interviewed by six community surveyors who were trained and supported by Cordis Bright.

The community surveyors used a questionnaire developed by Cordis Bright in close collaboration with key personnel within the programme and with the community surveyors themselves. The purposes of the survey were twofold; firstly the aim was to gain an insight into the views of local parents and their experiences of using Sure Start China Clay. Secondly, to identify parent's perspectives of the way in which services work together for the benefit of pre-school age children in the rural programme

Demographic profile

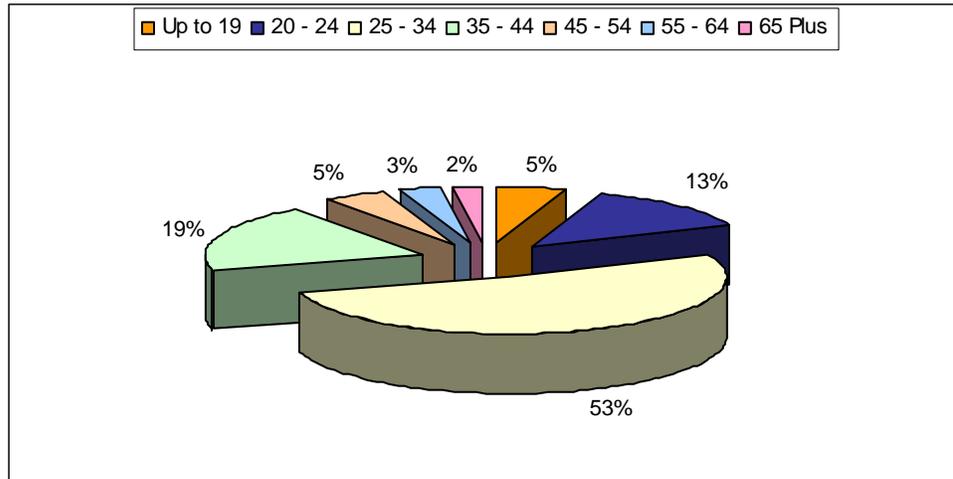
Gender

Eighty-two percent of respondents were female, while 18% were male, giving a female to male ratio of 4:1. Previous research undertaken by Cordis Bright suggests that these findings are reflective of the average Sure Start Programme where 87% of respondents are female and 13% are male.

Age

The majority of respondents (72%) were aged 25 - 44, 5% were aged 55 and over. Full details can be seen in Chart 1.

Chart 1: Age of respondents (n=130)



Ethnicity

Of the total survey population, 90% of respondents stated that they were of White British Origin. Of the 10% who gave Other as their ethnicity, 8% stated Cornish, 1% Celtic and 1% Asian. These figures are reflective of the National Census Figures for 2001, where 99% of the population of Restormel was identified as being of White Origin (this would include those who stated their ethnicity as Cornish).

Number of children cared for

Respondents were asked how many children they cared for as a parent or carer. Forty eight percent stated that they cared for two children whilst a quarter (25%) of parents and careers stated they cared for three or more children.

Chart 2: Percentage of respondents and number of children they cared for (n=130)

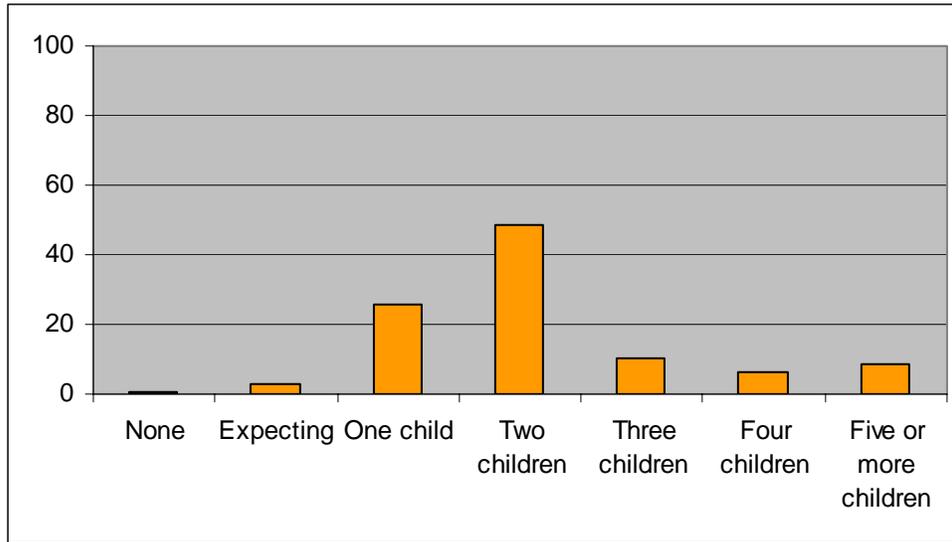
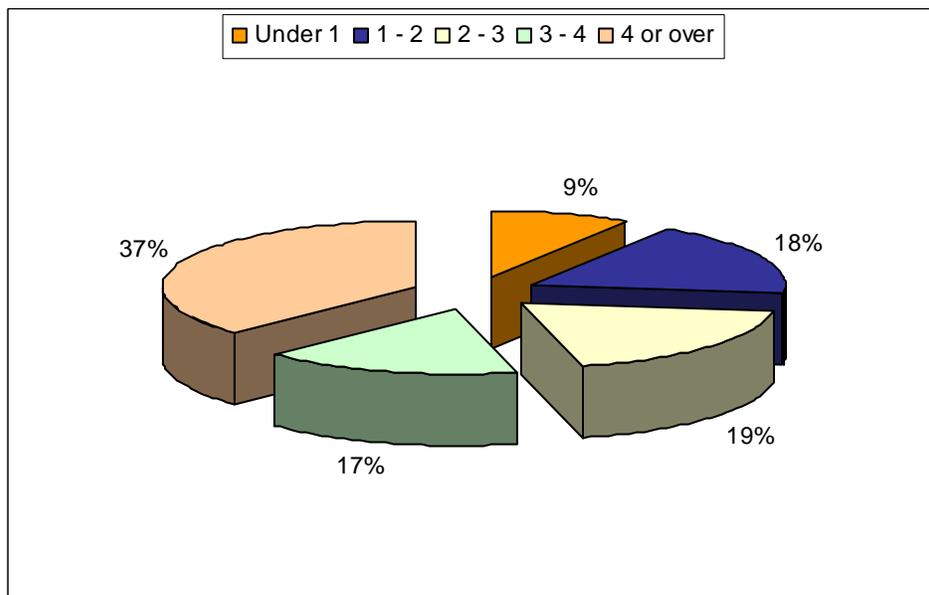


Chart 3 illustrates the age breakdown of the children whose parents responded to the survey. A little under two thirds (63%) are children of Sure Start age (up to 4 years).

Chart 3: Age of children in the survey population



Parenting Status

Seven percent (nine respondents) stated they were Lone Parents. All lone parents were female and just under half were aged up to 24.

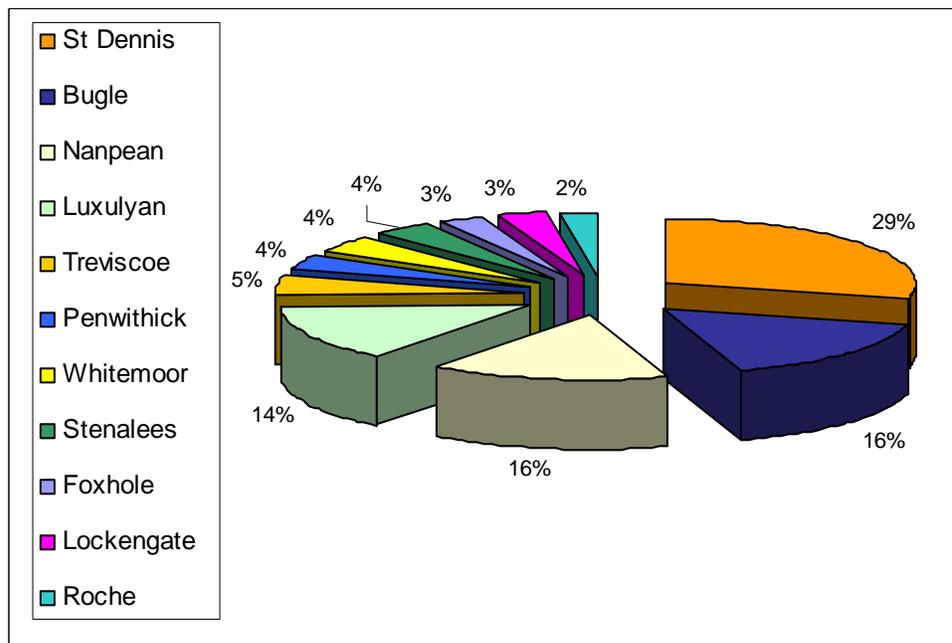
Geographic distribution of population

Sure Start China Clay comprises ten rural villages and their surrounding areas within Restormel Local Authority District. In order to ascertain that the sample reflected the villages within the Sure Start area, respondents were asked to give their postcodes.

Almost a third (29%) of respondents lived in St Dennis. Only a small number of parents and carers from five of the villages were interviewed. This may in part be due to the home villages of the community surveyors, the majority of which lived in St Dennis. The full results can be seen in .

Chart 4. There was representation from each village within the sample.

Chart 4: Breakdown of respondents by Sure Start Village (n=126)

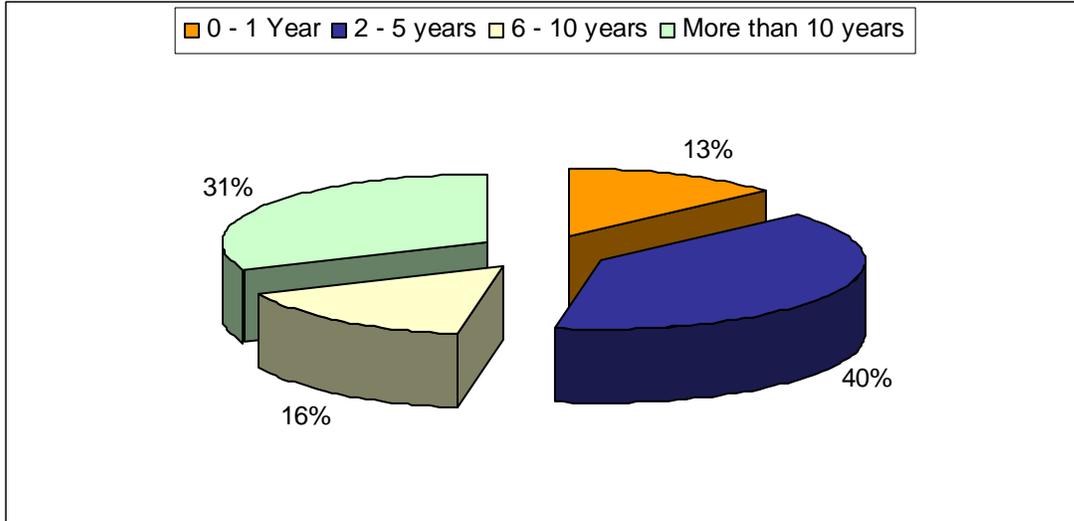


Length of time in the area

Almost half (47%) of respondents had lived in the area for 6 or more years. This suggests that the population is relatively static and there is little migration to and from the area. The largest single group was those people

who had lived in the area for 2 - 5 years, 40%. Chart 5 illustrates a full breakdown of the results.

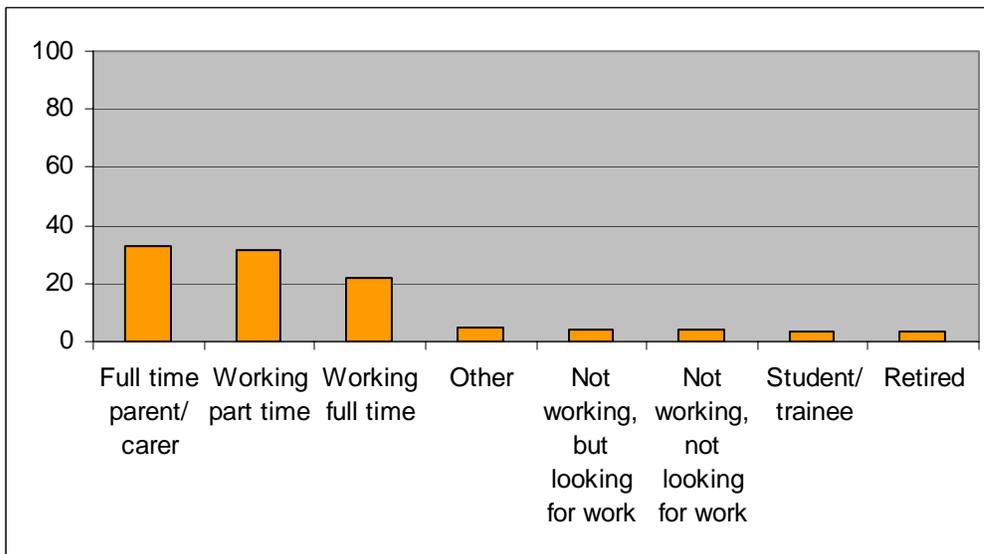
Chart 5: Percentage of respondents and how long they have lived in the area (n=130)



Work status

As expected, the most commonly cited working status among respondents was that of Full Time Parent/ Carer. Over 50% of respondents stated they were employed (31% part time, 22% full time). A small number of respondents selected the Other category, of these 3 respondents were on maternity leave from work, one was pregnant and two were self employed.

Chart 6: Percentage of work status of respondents (n=128)



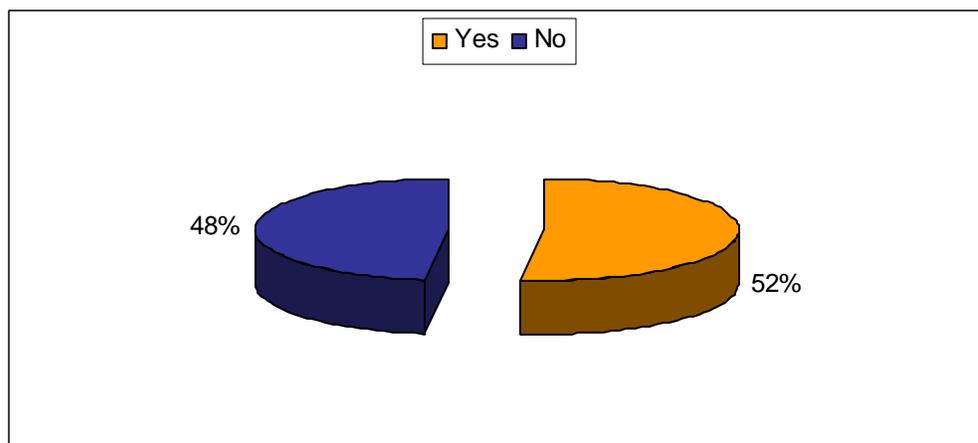
Further analysis revealed;

- ❑ 32% of those working full time were female
- ❑ 97% of those working part time were female
- ❑ One male stated they were a full time parent/carer
- ❑ 69% of full time parents/carers were in receipt of benefits (not including child benefit)

Level of benefits

Sure Start China Clay was particularly interested in the number of parents in receipt of benefits excluding child benefit. Forty eight percent of respondents stated they were in receipt of benefits other than child benefit. This information allows the programme to be more informed as to the uptake of benefits and provides a base line to work from (see Chart 7).

Chart 7: Percentage of respondents in receipt of benefits (n=127)



Adult Literacy

In order to assess the level of literacy problems within the Sure Start China Clay area, respondents were asked to rate their literacy levels. The question posed to them asked if they had any difficulties reading and writing in English.

Nine respondents stated they had difficulties reading and writing English. Three responded that they sometimes needed help, five stated they had some difficulties and 1 respondent felt they always need help.

Smoking

Thirty six percent of respondents stated they were smokers.

- 74% of smokers were female
- 50% of smokers were aged 25 - 34
- Over half of lone parents were smokers

In addition to being asked if they smoked, the survey also asked if respondents had smoked during their or their partner's pregnancy. Of those who responded to the question 27% stated that they had smoked during pregnancy. Twenty seven percent were male, whilst 73% were female.

Post Natal Depression

In order to ascertain levels of post natal depression (PND) in the China Clay area, respondents were asked if they had felt low or depressed after their baby had been born. Of those who responded to the question 22% stated that they had.

- One male respondent stated they had felt low
- 26% of parents/ carers aged 25 - 34 said that they had felt low or depressed after the birth of their child.

Further to this, respondents who had stated they did feel low or depressed were asked if they had received any help, of which 52% stated they had. Twelve people did not receive any help. Half of these respondents would have liked some extra support at that time from health visitors and midwives.

The programme Overall

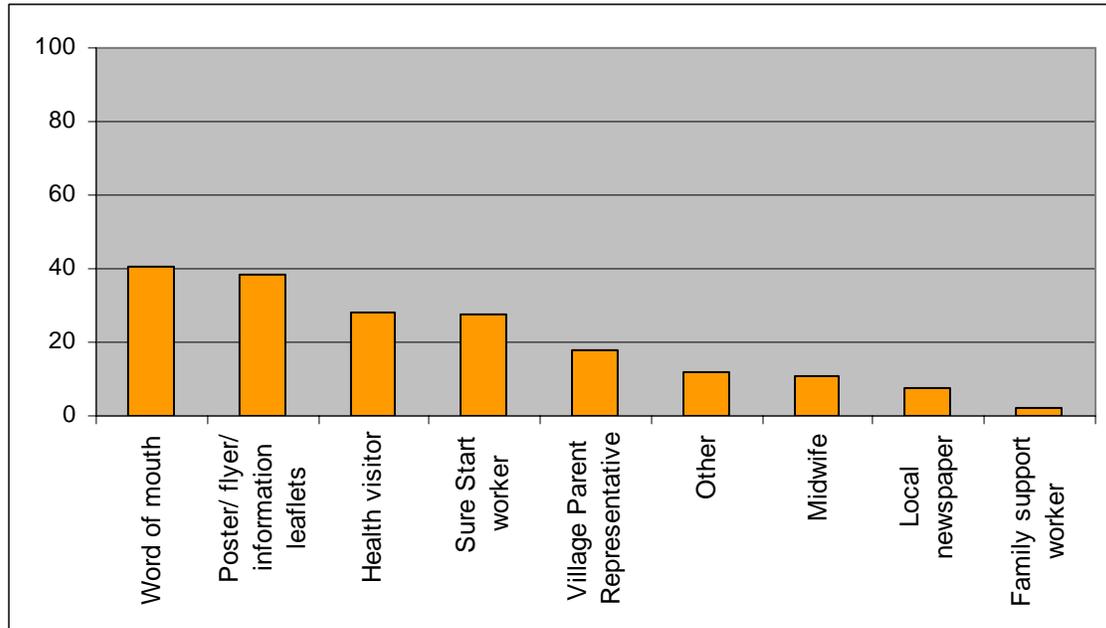
Awareness

Ninety nine percent of respondents interviewed in the survey stated that they had heard of Sure Start China Clay. This suggests that the programme is making people aware of Sure Start presence.

Source of Awareness

In order to inform the programme of effective methods of communicating the programme to local parents and carers, respondents were asked how they had heard of Sure Start China Clay. See Chart 8 for the full results.

Chart 8: Percentage of how respondents heard of Sure Start (n=128)



Word of mouth was the most commonly cited response (41%). Over half, 55% of respondents heard of the programme through their health visitor or a Sure Start worker (28% and 27% respectively).

Twelve percent of respondents heard through means that were not listed in the questionnaire, these included; doctors surgeries; pre schools and nurseries; and the internet.

Who Sure Start is aimed at

Respondents of the community survey were asked who they thought Sure Start Services were aimed at. In total, thirteen different definitions were given. All those that were cited five or more times are listed in

Table 1 (the full list is available in the appendix). A quarter (25%) of the survey population stated the correct definition with a further 35% stating parents and families or children aged 0 - 4. This is encouraging for the programme and suggests that the majority of respondent are aware of who is eligible for services.

Table 1: Definitions of Sure Start given by respondents (n=120)

Definition of Sure Start Services	Number of Citations	Percentage of Citations	Percentage of survey population
All parents and families with children	37	31	28
Parents and carers of children aged 0 - 4's	32	27	25
Children	10	8	8
Children aged 0 - 4's	9	8	7
Everyone	8	7	6
Don't Know	7	6	5
Mothers	5	4	4

What sort of services does Sure Start offer?

Sure Start China Clay was interested in gaining an insight into the perceptions of respondents on the sorts of services they provide. A total of 24 different answers were given. Those that received five or more citations are listed in

Table 2.

Table 2: Services respondents think Sure Start provides (n=147)¹

What sorts of services do you think Sure Start offer?	Number of citations	Percentage of citations
Support/Help	26	18
Courses/ Training	20	14
Playgroups	19	13
Childcare	16	11
Don't know	13	9
Health Team	9	6
Funding	8	5

Twenty percent of the survey population thought that Sure Start offered services that helped and supported families with young children. A further 15% thought that the programme offered training and courses to aid

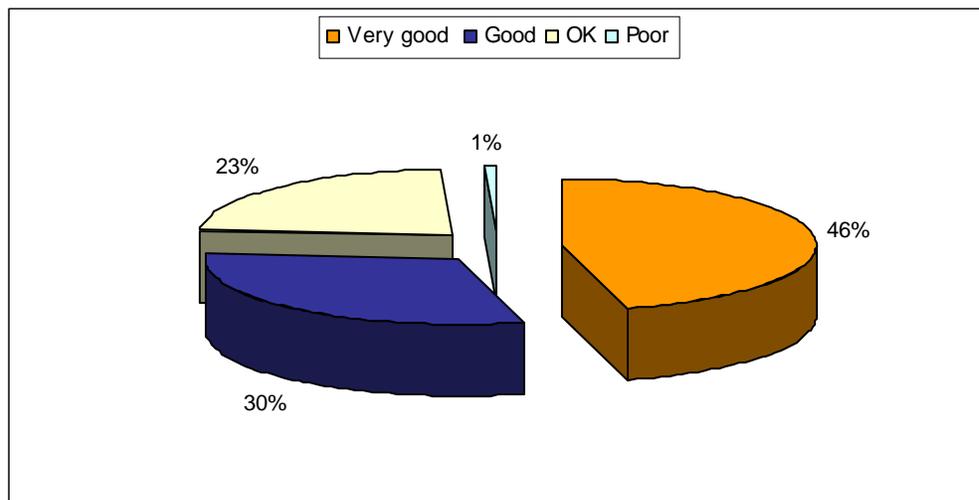
¹ Some respondents gave more than one answer hence the total is greater than the number of interviews.

parents. Ten percent of respondents were not sure or did not know what sorts of services the programme offered; this may suggest that the programme may wish to think about the way in which it communicates its services to local parents and carers.

Overall Service Evaluation

Respondents to the community survey were asked what they thought of Sure Start China Clay overall. They were asked to rate the programme using an attitudinal scale ranging from Poor to Very Good. The results are displayed in Chart 9.

Chart 9: Respondents overall assessment of Sure Start China Clay (n=122)



The results proved to be very positive with 76% of parents and carers rating Sure Start China Clay as *Good* to *Very Good*. Only 1% of respondents rated the programme as *Poor*.

These results were explored further using a number of key demographic variables. Analysis demonstrated that:

- ❑ 46% of female respondents rated the programme *Very Good* compared with 37% of Men
- ❑ Of those who rated the service *Very Good*, 59% were aged 25 - 34
- ❑ 47% of Full Time Parents/ Carers rated the Programme *Very Good*
- ❑ Of those respondents living in the areas for 10 years or more, 46% rated the programme *Very Good*

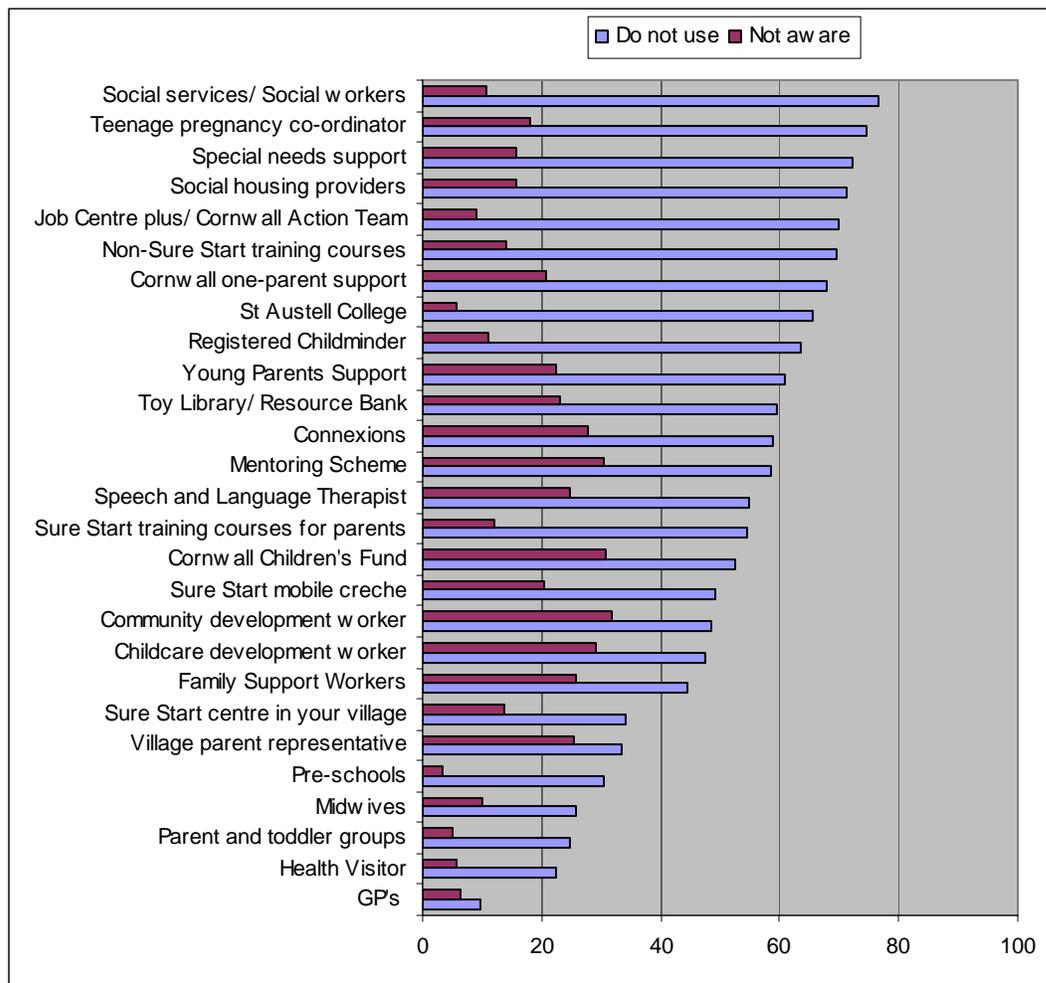
These results are a good basis from which Sure Start China Clay can draw a baseline data to make comparisons with in future years.

Evaluation of Sure Start Services

In order to provide baseline figures, Sure Start China Clay were interested in establishing what respondents thought of the services offered. Respondents were asked to rate 27 services using an attitudinal scale ranging from Very Satisfied to Unsatisfied. In addition to the scale, respondents were also able to select Do not use and not aware, thus ensuring that those who were rating the service did have experience of using the particular service.

As explained, respondents were asked if they either Did Not Use or were Not Aware of services. Chart 10 details the results for each service².

Chart 10: Percentage of respondents Not Aware or Not Using Sure Start Services



² The percentages are based on the total number of respondents who gave one of the six responses for the service named.

At first glance it appears that respondents are aware of services, however a high proportion of parents are not using services suggesting that they are aware but chose not to use them, or do not have a need to use them. In the case of services such as Social Services, Teenage Pregnancy co-ordinator and special needs support this is most likely to be the case.

For a number of services, over 20% of respondents were unaware. These services include;

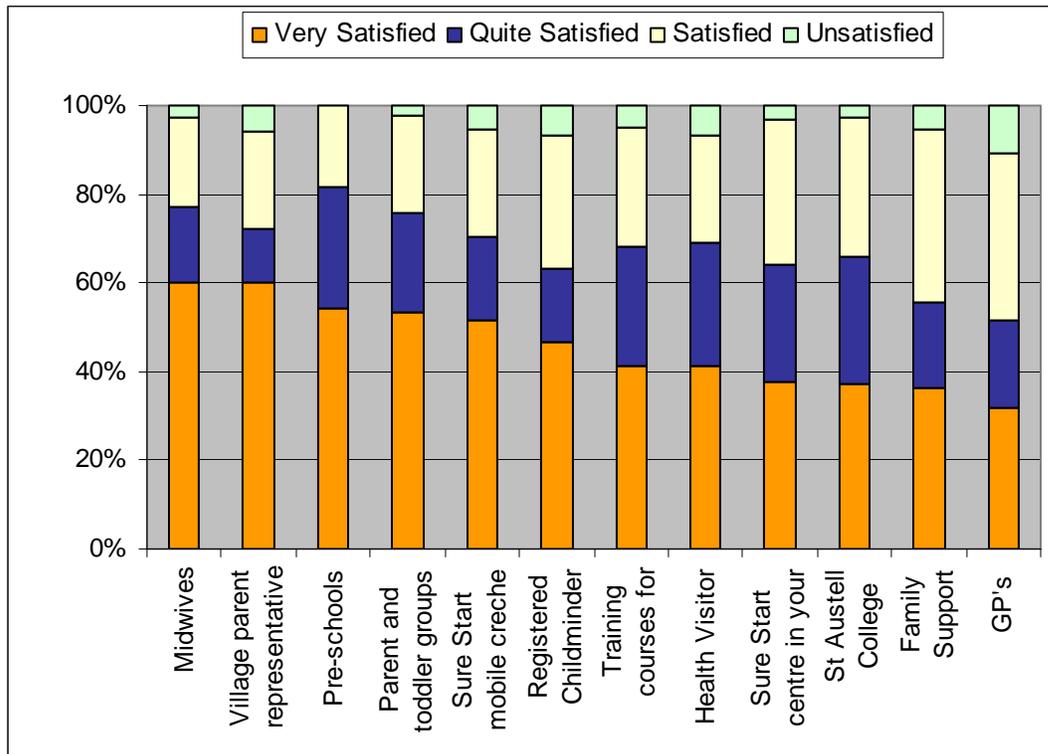
- Village parent representative
- Family Support Workers
- Child Development Worker
- Community Development Worker
- Cornwall Children's Fund
- Speech and Language Therapist
- Mentoring Scheme
- Connexions
- Toy Library/ Resource Bank

In the instance of the Toy Library, this could be considered to be a positive result as the service was not up and running at the time to survey took place. This would suggest that the programme has made parents aware of the impending service. A number of the services are provided directly by the programme and it may be some cause for concern that pivotal roles are not widely recognised by those who participated in the survey, for example the village parent representative.

Respondents were asked to rate the services they had used by means of an attitudinal scale, as previously explained, only respondents that had used the services rated their experience.

Chart 11 illustrates services where 30 or more respondents rated the service, thus the table is in percentages.

Chart 11: Assessment of Sure Start Services (percentages)

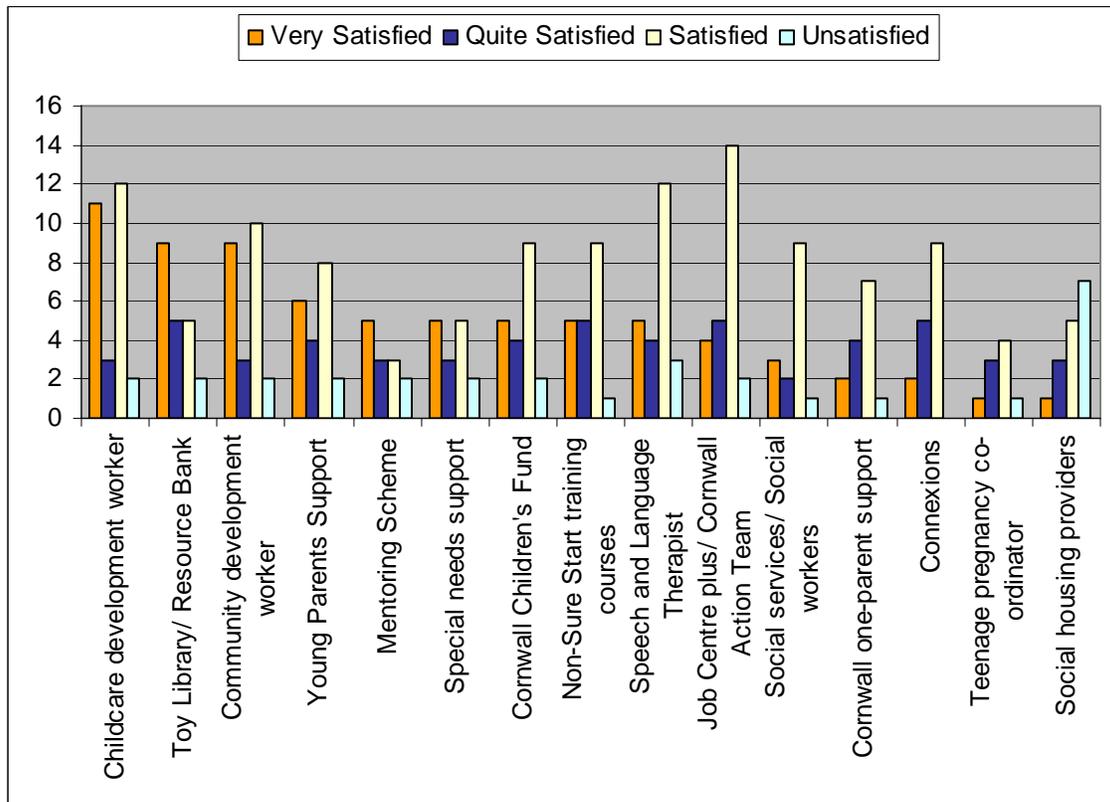


Services assessed in the survey were favourably viewed by respondents, with over 60% indicating that they were Very Satisfied to Quite Satisfied in all but two services. Only a small percentage of respondents were Unsatisfied with any services. Although over 20% of those interviewed stated they were not aware of the Village Parent representative, 60% of those who rated the service were Very Satisfied. This is a very positive result and suggests that the programme may wish to promote further the role of parent representative.

GP's were the service that received the lowest ratings, in the experience of Cordis Bright this is unsurprising as they are a universal service and therefore used on a more regular basis than many others.

A number of services were rated by less than 30 respondents; the results for these have been displayed in absolute figures given the small numbers, see Chart 12.

Chart 12: Assessment of Sure Start China Clay Services (absolute figures)



As with the previous table, the majority of services are rated Very Satisfied to Satisfied. The only exception is Social Housing Providers where 7 respondents have stated Unsatisfied.

In order to gain qualitative information, respondents were asked which service they had found the most helpful and give a reason why.

Table 3 details those services which received 3 or more citations. A full list is available in the appendix.

Table 3: Respondents citations of the service they found most helpful (n=84)

Most helpful service	Number of citations	Percentage of citations	Percentage of survey population
Nursery/ Pre-school	15	18	12
Health Visitor	14	17	11
Parent and Toddler groups	12	14	9
Drop in centres	9	11	7
Midwife	8	10	6
Registered Child minders	3	4	2
Mobile Crèche	3	4	2
Training Courses	3	4	2

Twelve percent of the survey population cited the Nursery and Pre-school settings as the most helpful service. Parent and Toddler Groups and Drop in Centres were also amongst some of the services that got the highest number of citations. Most respondents found these services helpful because they allowed parents to 'meet and mingle' with others. A number of other reasons were stated for particular services;

Table 4: Citations of respondents' most helpful service

<p>Pre-School/ Nursery</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Nursery school in local primary school - school staff are very friendly and there is a good relationship between nursery, parents and staff</i> <input type="checkbox"/> <i>The nursery helps my child into the routine of school and helps him mix with other kids his own age</i> <input type="checkbox"/> <i>Without pre-school I would have no where to take my children, meet other parents, no social circle at all</i> <p>Health Visitor</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Always hands on, needed advice as was a first child, great to have a drop in session, good links to other services</i> <input type="checkbox"/> <i>Is always able to come round to the house if I cannot make the clinic on Wednesday morning</i> <input type="checkbox"/> <i>She explained things a lot of things about my daughter that the doctors haven't said about</i>

In addition to asking parents which service was the most helpful, the survey also asked which service had been the least helpful. Only 17 respondents cited a service that they had found the least helpful (13% of the survey population). The service cited the most was the GP. This is unsurprising as GP's are a universal service and therefore parents and carers will have had more experience of the GP than many other services. This is also the case for Health Visitors which again are a universal service.

Table 5: Respondent's least helpful service (n=17)

Least helpful service	Number of citations	Percentage of survey population
GP	8	6
Health Visitor	4	3
Speech and Language Therapist	2	2
Transport	1	1
Social Housing providers	1	1
Parent Representative	1	1
Total	17	13

Not all respondent's gave a reason for citing particular services, however of those who did a number of issues were raised;

- ❑ *On my first born my health visitor was fantastic, but on my second child I felt I had no support maybe as I wasn't a 'first time mum' I think that no matter how many children you have the support should be consistent throughout.*
- ❑ *All are helpful, but sometimes I wish I was aware of all of it, i.e. Family Support Workers, anything offering individual help. Because either, not sure exactly what's available and where and where.*

Parents perceptions of services working together

The central element of the survey was establishing if parents had experience of services working together for the benefit of parents and children aged 0 - 4. In order to gain parent's perspectives the survey asked

if they had any experience of services working together to provide them with a service.

Over a quarter (28%) of respondent's had experienced services working together. In order to gain qualitative information about the sort of work services were providing together, those respondents who stated they had experienced joint working were asked if they thought the services had provided them with a better service by working together.

A number of parents felt that summer activities had been successful as a result of services working together;

- ❑ *By providing holiday clubs e.g. this helps to keep children occupied and in their routine its also helpful to parents by giving them free time*
- ❑ *Sure Start funded trips with pre-school, the pre-school couldn't have done it without Sure Start*
- ❑ *It was a better service with the summer activities funding - It helped parents who couldn't afford trips out or have transport to get there*
- ❑ *Sure Start funded trips with playgroup for summer very good*

Overwhelmingly, parents felt that trips in partnership with the pre-school and Sure Start were incredibly successful and would not have been able to happen without the joint working.

In addition to this, parents were aware of the impact that Sure Start funding had made to the pre-schools' and that it had allowed for better toys and play equipment for children. For most respondents it was the impact of funding as opposed to how services had worked together that had resulted in a better service.

A number of other comments were made which were more specific to services working together rather than the funding supplied by Sure Start. One respondent was pleased with the way in which Sure Start and child minders worked together; *"there is more consistency of care for kids"*. Others were aware of services communicating amongst each other and also being available at the same time;

- ❑ *Yes, excellent - I wouldn't have known about Sure Start Services if they didn't. Also it was very helpful that everyone knew everything*
- ❑ *Services do talk together and they are all together at the drop in centre*
- ❑ *Yes, I was provided with a better service because they worked together to provide me with a good source of information.*

Finally, one respondent was also aware of the joint working that needed to take place for parents to access training, groups and other services, "*Yes, transport, crèche, training*". A small number of parents were aware of services working together to provide a better service, however for the majority it was the increase in funding for outings and play equipment that was the key way in which services had worked together.

Respondents were also asked what services could have done to make the service better if they had not received a better service. Only nine people responded to the question. Communication was seen as the central issue;

- ❑ *We weren't sure what was happening with the pre-school funding*
- ❑ *I only got to hear about things through the post and by that time most of the activities have been done. It would be great if information was given perhaps fortnightly before events take place*
- ❑ *You just receive the service. You don't necessarily know what agencies are collaborating to provide it, nor do you necessarily want to know, you just want a good service*

For one respondent the experience of services working together led to confusion on the issues and for another, services were unable to work together to provide them with what they needed quick enough;

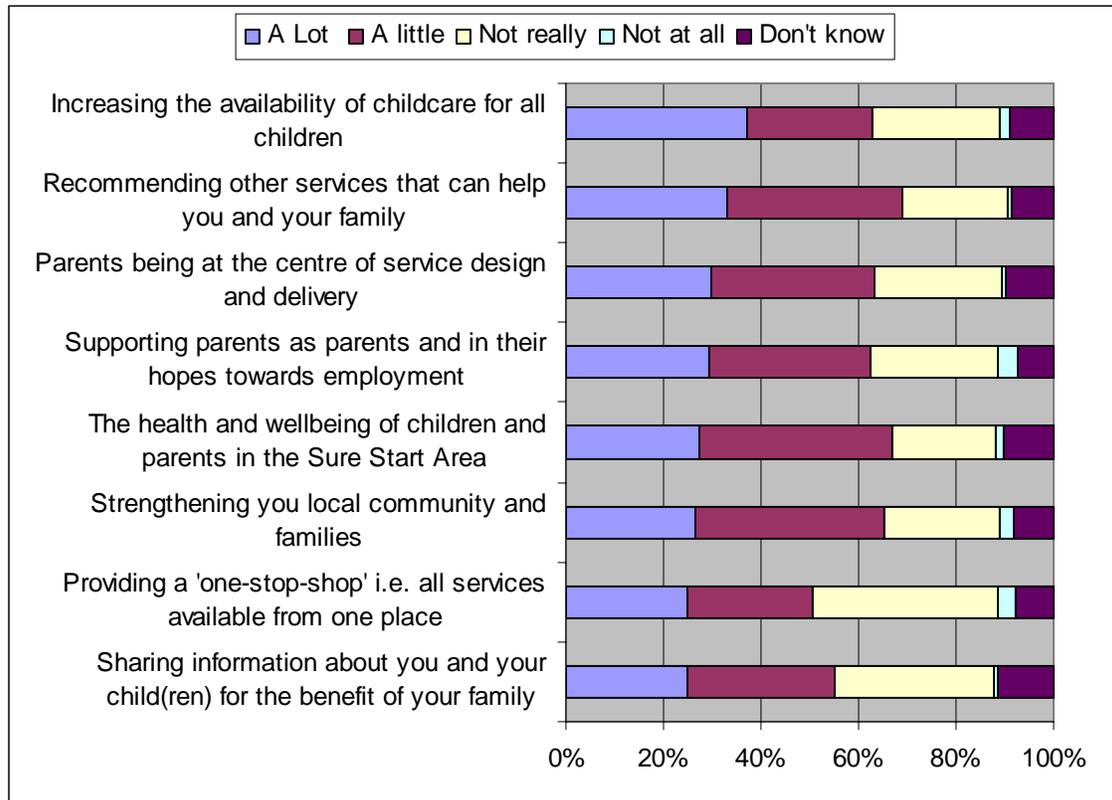
- ❑ *The health visitor and midwives contradicted each other over breast feeding and confused me*
- ❑ *When due to have my baby, the family couldn't help so asked Sure Start for a mentor but they couldn't find one soon enough for 24 hour mentoring (on call)*

Given that only 7% of respondents answered the question, Sure Start China Clay should remain positive that services are working well together. The results suggest that most respondents are not aware of the amount of joint working that takes place and as one respondent stated all they are really interested in is receiving a good service.

Overall improvements

The final aspect of the survey asked respondents if there had been any improvements within their local village since Sure Start arrived. These statements were based around the key Sure Start target areas and also some specific issues as identified by the programme. The full results can be seen at Chart 13.

Chart 13: Respondents percentage of overall improvement of villages since the arrival of Sure Start



For all but two statements, over 60% of respondents felt there had been a lot or a little improvement since the arrival of Sure Start. For each statement a small percentage of parents felt they were unable to comment as they did not know if there had been an improvement.

Thirty eight percent of people felt that Sure Start China Clay had Not Really improved providing a 'one-stop-shop' of services. This highlights the difficulties of providing a service in a rural area.

However the programme should be satisfied that respondents feel that they have improved the 'recommendation of other services that can help'. Again this data provides Sure Start China Clay with baseline data which can be used as a comparison in future years.

Additional Services

When asked if there were any additional services for parents and carers that respondents would like to see, 25% stated Yes. Table 6 details the types of services respondents suggested.

Table 6: Respondents citations of additional services

Additional Services	Number of citations	Percentage of citations	Percentage of survey population
More play areas/ Outdoor facilities	5	22	4
Drop in centres in all villages	3	13	2
More rural transport services	2	9	2
Safe walking routes to schools	2	9	2
More Courses	2	9	2
Toddler Group	2	9	2

Conclusions

The results from the community survey suggest a number of issues;

- ❑ Parents are aware of services working together, however their experience of this happening is limited and for most parents a good service is more important than who is working together to provide it
- ❑ Respondents were relatively satisfied with Sure Start China Clay and the services it supplies
- ❑ There appear to be some issues around communication, some respondents were unaware of a number of services and in addition some felt they often found out about events after they had taken place
- ❑ The results from this survey supply Sure Start China Clay with a baseline of data from which they can make comparisons in future years

Discernable benefits for those families who have participated in the mentoring scheme

The spotlight evaluation of the mentoring service included the following activity:

- Service specific feedback gathered through the Community Survey
- Self assessment completed by service co-ordinator
- Analysis of service data and costs
- Interview with the service co-ordinator
- Interviews with programme staff - the commissioners
- Meeting with existing mentors
- Individual interviews with an existing and former service user
- Interviews with core health visiting team members
- Interview with Sure Start Health outreach health visitor

Background to the service

The mentoring service is delivered through the Restormel Volunteer Bureau, part of Cornwall Volunteer Bureau. The Volunteer Bureau also delivers the millennium volunteer scheme and 'young volunteers challenge' (a programme for gap year students). Their core business is about recruiting, training and supporting volunteers in the district. The mentoring service began in November 2002.

The initial tender proposed by Sure Start China Clay specified a "buddy scheme" as a key outcome of consultation with local parents. The key driver in the decision to re-name the service a 'mentoring scheme' was to enable the volunteer training to be accredited.

The principal aim of the service is to improve the lives of parents living in the China Clay villages. Mentors aim to help the mentee achieve goals which are identified early in the mentoring relationship. These aims are defined within a contract between mentor and mentee, however this has proved problematic in some relationships. Whilst the training emphasises the

importance of action planning and goal setting, the service seeks to maintain an ethos of flexibility and being customer led.

Mentors commit to the programme for at least 6 months whilst the mentee can cease the relationship whenever they want. The maximum time for a mentor link is 12 months, however 6 months has been the longest link to date. Unlike many volunteer schemes, mentors are paid childcare expenses. This is made possible through the level of Sure Start funding and is not replicated in most other volunteer activity.

To date the service has recruited 27 mentors in two 'waves' of recruitment. Currently 19 are registered with 13 available to link with potential mentees. Currently the service has two grandparent mentors and one father. Not all mentors come from the China Clay villages, and the service considers this a positive, as it can enable links to be made without fear of conflicts of interest or confidentiality issues associated with living near a mentee.

At the time of the evaluation (November 2004) 5 mentoring links were active and there has been a recent influx of referrals. This said, the co-ordinator reflected that there has been less of a demand for the service than anticipated given the original impetus coming from local parents.

Training

Mentor accredited training was initially delivered through St Austell College, however it is now delivered through the Youth Service and based on their mentoring training and accredited by the OCN (level 2). The training consists of 30 hours tutorial spread over two months with each session covering two days. To gain accreditation mentors are observed for 10 hours of practice.

In addition to initial training the service has training update meetings every 2-3 months where, in addition to guest trainers, mentors have an information exchange session, during which mentors are consulted and updated. These sessions have proved particularly helpful in keeping non-active mentors involved and interested in the scheme.

Referrals

Referrals to the service are predominantly from local health visitors (80%) with the remainder coming from Programme community development staff.

Mentees have come from a variety of backgrounds including one referral from a family with a child on the child protection register. Unfortunately the service was unable to match this parent to an appropriate mentor.

Service Review

The service does not currently have a formal review method, although the co-ordinator has developed an exit questionnaire, but not yet introduced it. The co-ordinator is keen to ensure that such a feedback mechanism is sensitive to the needs of the mentee and the service and maintain some degree of informality.

Mentors meet regularly with the co-ordinator for sharing information and support. The co-ordinator can advise on services mentors can sign-post mentees to and each mentor has been provided with a resource pack to assist this.

Publicity

The service appears to have been well publicised through the following means:

- Display boards up in various venues around the Clay villages and St Austell Library.
- Talks and updates given to local forums, like the Carers Forum, and the Restormel Healthy Living Initiative by the co-ordinator.
- Networking meetings every six months for all organisations providing services to families in the China Clay villages
- Leaflets aimed at potential mentors.
- Leaflets aimed at potential mentees distributed at various community venues.
- Adverts in the *Cornish Guardian* twice a year, one for mentors, one for mentees.
- Adverts and updates in the Sure Start newsletter which go to every house in the SSCC villages.
- Attendance at Sure Start employment events and the Royal Cornwall Show.

The outcome of this activity has been high levels of recruitment for mentors but no self referrals from potential mentees.

Reach

The service reports having tried very hard to engage fathers and grandfathers, through existing Sure Start initiatives, like the "Family Fun Day", Christmas parties, and by accompanying the Cornwall Action Team on their employment road show for one week. Three fathers were initially recruited but two dropped out as they found employment and didn't have sufficient time.

The Co-ordinator is in contact with workers from the Travellers' Education Service. However they discourage approaches to travellers, without their knowledge, preferring to make approaches personally. The co-ordinator has endeavoured to build a partnership with the team through briefing staff and providing publicity leaflets.

Efforts to engage the Portuguese community have included discussions with the Community Worker and other professionals working with this community. Issues of perceived safety problems and reluctance from health colleagues to refer these families are reported as barriers to success.

The service has experienced successes in engaging lone parents and has a positive partnership with the COPS one parent support group. The service has a number of lone parent mentors and have provided the service to two teenage lone parent mentees, who have reportedly benefited from their mentoring links.

Outcomes

The service is clear that its principal aim is to assist the Sure Start programme in reaching its targets. The co-ordinator uses monthly (and sometimes more frequent) monitoring talks with mentors, to assess what improvements have been achieved for mentees. Improvements and achievements are measured against issues identified at the beginning of the relationship/link.

Anecdotally, the co-ordinator feels there has been a significant impact in avoiding under 4's off the Child Protection Register. It is reported that young mum's respond really well to mentoring because someone else can model positive behaviour and parenting skills.

Partnership

In order to maintain good communication and links with other Sure Start providers, the co-ordinator regularly attends SSCC Services Network meetings.

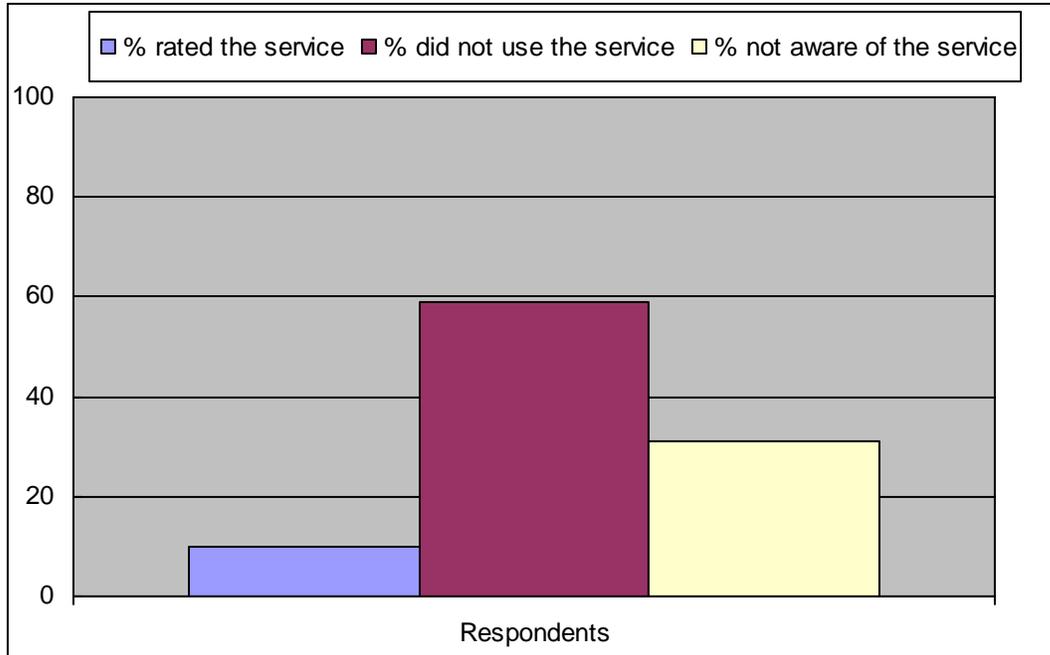
The co-ordinator organises and chairs a six monthly interlink information-sharing meeting for all organisations supplying services to families in the China Clay villages. This meeting attracts up to thirty people and has guest speakers at each meeting.

In addition the co-ordinator, as Volunteer Bureau Manager for the district, liaises with a range of local statutory and voluntary agencies/projects.

Service user's views

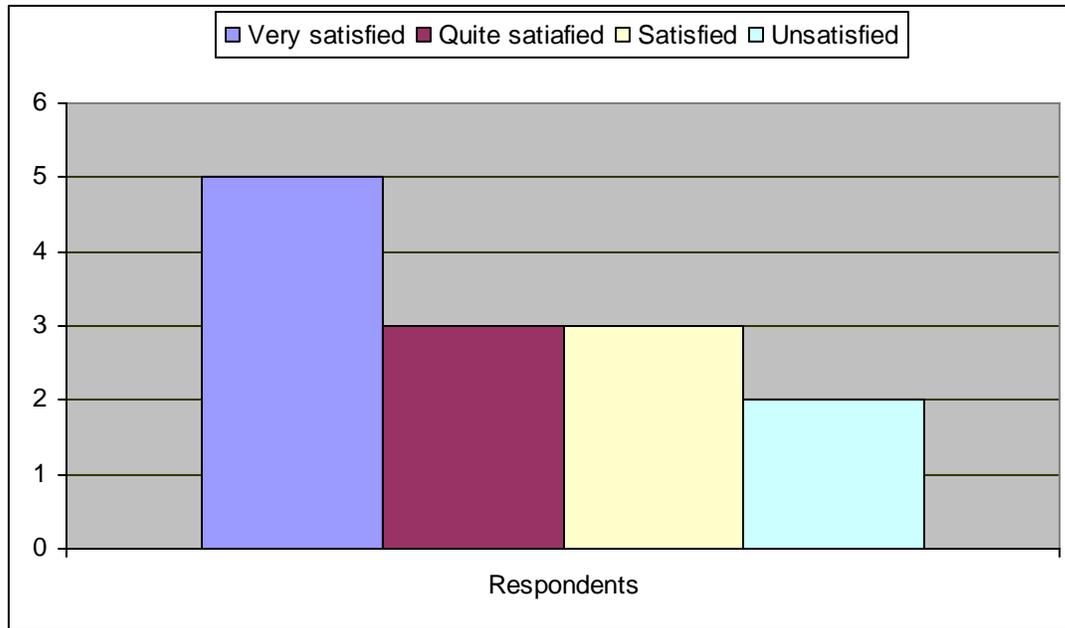
One question on the Community Survey asked respondents to rate a range of services provided by SSCC, the mentoring service was one of the services listed. 121 people responded to this question, the outcome regarding the mentoring service can be seen at Chart 14.

Chart 14: Percentage of respondents views of the mentoring service (n=121)



Of the 10% who rated the service (13 people) the following results were given (see Chart 15).

Chart 15: Number of respondents and how they rated the mentoring service



During the course of the evaluation Cordis Bright met with two parents who have used the mentoring service, one current and one former service user. Whilst this represents a small sample, there were a number of important issues that arose:

Both parents reported a high regard for the service, they stated that they had received a good and appropriate match and the service had been responsive to their individual needs. In one case this reflected a need to meet in the family home & the other to support the parent whilst she undertook some personal counselling. However in the latter case the support, whilst highly valued by the parent, evolved into the mentor taking the children out for a couple of hours to provide much valued respite for the parent (see 'Issues arising from the evaluation' below).

Both parents had been introduced to the service through health professionals and expressed high levels of satisfaction with their mentoring relationship. Neither parent felt the mentoring service was really 'a service' as such, preferring to characterise it as befriending, which reflected what they hoped for and needed.

Both parents stated that they would recommend the mentoring scheme to other parents, and one parent said she had already encouraged a friend to self refer. However this parent expressed some concern about where the service is advertised.

Mentor's views

Cordis Bright also met with 5 (all female) out of the currently active 13 mentors in a group setting. The levels of experience of those present were as follows:

- Mentor 1 - 4 weeks mentoring, has one mentee
- Mentor 2 - Has not yet been matched
- Mentor 3 - 16 months, not matched at the moment
- Mentor 4 - 3 months, has one mentee
- Mentor 5 - 16 months, has two mentees

The mentors described having found out about the scheme through a variety of methods including: the internet, the library, word of mouth and Sure Start leaflets.

One mentor explained she was looking for a change of career, work experience and phoned the volunteer bureau to see what opportunities there were. All mentors thought that the service sounded interesting, it represented an opportunity to gain new experiences and felt that they would be able to put something back into the community through providing others parents with support and sharing their life experience.

When asked what they thought the mentoring scheme was about, people responded that they were trying to help others achieve a better quality of life i.e. helping people help themselves. The mentors felt that many parents are isolated and just having someone to talk to can help. One mentor described the service as "an escape route so that they aren't just with their child and partner all the time".

As a group, the mentors felt the service was responsive and flexible enabling them to help mentees with a range of different issues. The mentors felt their varying qualities and different backgrounds enriched the impact of the service.

All mentors described the recruitment interview, initial and on-going training they received as suitable and essential. They described the process of matching undertaken by the co-ordinator as appropriate, demonstrating a

good understanding of the mentors skills, experience and areas of interest. However one mentor described a particularly difficult relationship with a mentee. Despite a good match 'on paper' it became apparent that the link was not going to work.

Another mentor explained that she was in the process of building a mentee relationship. At the moment she felt she was just taking the children out and then chatting to the mentee when she brings them back. In this instance she doesn't feel the mentee actually wants any personal help.

In terms of what the mentors thought the mentees expected from the service, mentors stated that they were not sure that mentees were given much information. Health visitors are the main avenue for discussing the service with the potential mentee and accessing the service. Their view was that some mentees cannot articulate specifically what they want, but are happy to pursue the link and allow the relationship to grow.

Mentors felt that something that could improve would be having more information about what both the mentee and the mentor expect.

It was recognised that in order to deliver the service, time has to be invested in each relationship to build trust etc. They recognise that the term 'mentor' may mean little to some parents, but that the name of the service was less important than the quality of the time they can spend with mentees.

When asked how relationships ended, mentors described links often coming to a natural end as sometimes there isn't anything more they can do for the mentee. They described trying to help mentees to make new friends and grow their confidence. One mentor felt that if her mentee began going out more and making other friends she would begin to recognise she had less of a need in her mentoring relationship.

The process of agreeing a contract with the mentee at the beginning of the relationship was viewed by mentors as really important, however they agreed it sometimes took a little while to gain the confidence of the mentee before formalising the relationship.

The mentors recognised the issue of mentees becoming dependent on the relationship and described strategies for addressing this. This included encouraging mentees to meet on neutral territory to enable meeting other people and helping the person feel they are doing something for themselves rather than the mentor doing it for them.

All mentors described the support they receive from the co-ordinator as excellent and the resource pack that is provided for them as a really useful tool.

The mentors felt they could be assisted in delivering the service by getting midwives, social services and health visitors to refer more people to them. Currently they feel some professionals do not value the service and they perceive a reluctance to refer. There appears to be a lack of understanding from both professionals and mentees as to what the service is for. Equally they expressed concern that the service may be perceived as stigmatising because of this lack of understanding and ability to positively promote the service.

Mentors felt there needs to be more positive publicity and it would help if the service wasn't used as 'a last resort' but seen as a more positive preventative option.

All the mentors who attended the session stated they would recommend being a mentor to other people and promote the service to would be mentees.

Referrer's views

As the principal referrers to the service are local health visitors (80%), Cordis Bright endeavoured to meet with the local team. Of the three health visitors, two were unable to attend the meeting. One of the two unable to attend expressed some views about the mentoring service by telephone. She expressed reluctance to take part in the evaluation of the service, explaining that she rarely refers to the mentoring scheme as her perception was that parents do not want the service. She expressed some concerns about the kind of information the scheme requests on potential mentees, for example

whether children in the house are on the child protection register. She described one occasion where she had referred to the scheme, but that the mentor had failed to attend the meeting to introduce the parent.

The health visitor, who we met face to face, explained that she could only really provide information from her own experience; but that she had discussed the scheme with her colleagues and that some of her views were shared across the team.

There are clearly some relationship issues between the health visiting and mentoring services. The issues of concern raised by the health visitors include:

- Partnership: health visitors having an insufficient role in the service design
- Demand: a perception from the health visitors that there is not a high level of demand for the mentoring service
- Confidence: a lack of confidence in the mentoring service
- Clarity about the role of the mentor: health visitors seeing the role as an opportunity to enhance and support the health visitor in partnership with parents, providing befriending and practical help and avoiding a counselling/para-social work role.
- Matching: health visitors have experiences where a mentee has been matched unsuccessfully with four mentors, leaving the parent feeling let down
- Referral: the process is not sufficiently speedy or responsive. Health visitors would like to be able to contact someone Monday - Friday 9am - 5pm.
- Training: whilst recognising the breadth of the training programme, concerns that mentors may feel a level of competence beyond the dept of training they have received.
- Feedback: health visitors feel they only receive feedback where mentoring links have been unsuccessful or ended.

Whilst this feedback is rather pessimistic, the health visitor interviewed was keen to promote future partnership with the mentoring service, stating that they have not 'fallen out' about things, but that there is just a certain amount of disappointment at the lack of success.

In addition to canvassing the views of the core health visiting team, the views of the health visitor attached to the Sure Start Health Outreach Service were also sought.

Of those parents who had been referred (2) one link had been very successful, the second less so. The referral process and relationship with the co-ordinator were described as good, but communication was sometimes impeded by part time working.

As a positive attempt to promote the mentoring service, the health outreach health visitor & service co-ordinator tried to arrange opportunities for mentors, who were currently not linked to a mentee, to attend Sure Start health groups, thus giving them access to local parents and a chance to promote the service. These efforts were unsuccessful. This is something the health outreach team would like to revisit and try again, because many of the families they work with have quite complex needs and it is important for prospective mentees to build trust and a relationship with a mentor, if the relationship is to be successful.

Currently health outreach staff, (health visitor or support worker) only get to undertake one joint visit with a prospective mentor and this limits the opportunity for joint relationship building for the best possible outcome for a potential mentee.

The health outreach staff are happy to refer to the mentoring service, but feel there is a need for greater input into the service and improved opportunities to work more closely in the matching and relationship building process - attendance at groups may assist this. For families who may benefit from the service, the opportunity to see mentors as an integrated part of the Sure Start service may help improve the uptake of the service.

Costs of the service

The budget for the service £28,000 per annum was agreed between the Programme and service co-ordinator. The co-ordinator reports having experienced no budgetary difficulties during the life of the service.

Information from the co-ordinator suggests expenditure along the following lines, see Table 7.

Table 7: Expenditure of budget for the mentoring service

Expenditure	Budget
Co-ordinator	£6,530
Co-ordinator travel costs	£1,000
Administration	£7,069
Mentor expenses	£13,401
Total	£28,000

Service data provided by the co-ordinator states that in the past 12 months the service has supported 12 mentee links. In its simplest form the **cost of each mentee link has been £2,334**.

The coordinator stated that the average number of contacts per week is 7. By assuming a 50 week service year, we estimate that this means the service could be providing approximately 350 contacts per year³. Again in simple terms, the **unit cost per contact is £80**.

Each mentee link (£2,334) when divided by the unit cost (£80) suggests an average of 29 contacts per link - slightly higher than the co-ordinator's approximation of mentee link lifespan: 3 - 6 months.

The unit cost (£80) is influenced by the fact that this is a developing service which is not working to capacity, i.e. there are many more mentors recruited than mentors to link with. This said the service has been active for 2 years. Should the demand and number of mentee links increase, the unit cost will drop.

Whilst not a direct comparison, counselling and psychotherapy services can usually be secured for between £30 - £50 per hour. Was the service to be delivered by a single member of staff, it would be at a cost of less than £15 per hour.

³ These costs are calculated using assumptions and are not based on actual contact figures.

Issues arising from the evaluation of the service

Child care: There appears to have been a difference of opinion, or some lack of clarity as to whether mentors can and should undertake any direct child caring as part of their role. Health visitors were, reportedly keen for this to happen and so initially, the service agreed to do it, if they could. The programme asserted that mentors should not do this.

At present, the co-ordinator described one link involving a mother who has 'serious personal issues'. The mentor has been visiting for several months talking and listening to her. The HV then talked to the mentor and asked her if she would have the children for a couple of hours a week, for a few months, until her mental condition improved. The mentor was happy to do this and reported to the co-ordinator that this had greatly helped the mother, whose condition was improving.

The co-ordinator reported that whilst the service does not encourage this, in exceptional circumstances the service seeks to be as flexible as possible. Mentors are insured under the public liability policy to take children from the family home to any venue.

This issue appears to need clarity: see recommendations below.

Sure Start boundaries: The co-ordinator reported that it had been suggested that the service should not allow mentors to apply if they come from outside the SSCC, or St Austell area. The co-ordinator and feels strongly that this should not happen as and cites the following reasons:

- Being an equal opportunities employer
- The service has never had more mentors apply, than there were places available
- One of the main problems identified by SSCC in the clay villages is their isolation. Mentors coming in from out of these villages can bring more inclusiveness, by talking about what goes on in other villages/towns, thereby broadening their horizons.
- Mentees seldom want their mentors to come from their own villages or too nearby, as they feel inhibited if they do.

- At the last recruitment stage, eight mentors were recruited, five of whom came from outside the SS/St Austell boundaries, meaning that the service would only have been able to recruit three mentors

In addition, it is relevant that during the last recruitment drive, the service advertised in newspapers, on displays in the Clay villages and in St Austell and did no displays outside of the SSCC area. This still resulted in more applicants from outside the SSCC area.

Given that there appears no conflict about the provision of the service being exclusively for parents within the SSCC area, this approach seems appropriate.

Safety: The co-ordinator described mentors as well trained in health and safety issues and that she checks that there are no issues for concern (although she may not tell the mentor this). She gave an example of a couple in a rural setting where one partner was known to be violent. As this was a remote location, with no land telephone line and no signal for mobile telephones, the co-ordinator had to decline a service on health and safety grounds. The co-ordinator described making these decisions as 'a collaborative job with the health visitor' emphasising the importance of needing all the background information (again, she stated that this may not be shared with the mentor).

The importance given to the health and safety of mentors is appropriate and commendable, however an explicit statement of risk assessment process and factors may assist referrers and the co-ordinator make such judgements. Within reasonable bounds of confidentiality, the risk assessment needs to be developed to appropriately include mentors. Any system must ensure there is no ambiguity about risk factors and how these should be mitigated and strategies for managing risk.

Demand for the service: Given the level of take up of the service, it is reasonable to question whether the demand for the service reflects the outcome of the original consultation. In future Sure Start consultation and any feedback mechanism developed by the mentoring service there is an opportunity to re-test demand.

'Mentoring' as a name: It is reasonable to ask 'what's in a name?' However feedback from some people consulted as part of this evaluation suggests that the term mentoring may not best describe or promote what the service has been set up to achieve. Clearly the opportunity to accredit the training was a factor in calling the service a mentoring scheme. This said, most professionals, mentors and parents referred to the actual nature of the service as a 'support' or 'befriending' role.

Whilst recognising that this reflection is impressionistic, rather than based on firm evidence, an outcome of this evaluation could reasonable include a process of reviewing how the service is promoted and therefore named.

Relationship with the health visiting team (main referring agency): This appears to be the single most important and urgent issue for concern and action. The evaluation reflects an issue which appears to be recognised by most stakeholders in the service (excluding service users) and it is very likely a key issue in take up of the service. The evaluation seeks to attribute no blame to any party in this problem, but note that urgent action is needed to try and improve the partnership. The solution needs to be located strategically as well as operationally, with the Sure Start Partnership and Primary Care Trust playing key roles in defining and monitoring progress against any agreed 'way forward' (see recommendations below).

Conclusions

- This is a service that is much valued by those who have used it
- It is very positive that the mentoring scheme has secured accredited training
- It is positive that the service was developed as a result of consultation with local people
- The ability to pay travel and childcare costs appears to have made the scheme more sustainable than other volunteer activity, but this will need to be addressed as funding reduces over time
- Publicity has been most successful in recruiting mentors rather than mentees.
- It appears problematic for the co-ordinator to both recruit mentors and try & identify potential mentees

- Clearly the views and expectations of referring agencies is key - e.g. health visitors and those working with the Portuguese communities.
- At current usage, the mentoring service is an expensive service providing support for a small number of people.
- There is a positive opportunity for mentees to access local parents through attending health outreach groups

Recommendations

- The service should introduce the exit questionnaire & guidance for how to use it (e.g. SAE) - quality assurance methods are very important and will help with on-going service evaluation
- Consideration should be given to whether the mentoring service itself should seek to 'recruit' mentees or act only as a 'provider' service. This would require considerable investment in referring agency's buy-in to use the service.
- The service and SSCC should review its approach to self referral & advertising aimed at potential mentees
- The service child care policy explicitly stated and shared with all mentors and potential referrers
- The co-ordinator and health outreach service should re-visit the prospect of mentors contributing to, and attending health outreach groups as an opportunity to meet with local parents and improve take up of the service
- **Jeremy - there was also the recommendation around home visiting as an extension to the group work although I'm not sure how to word it**
- Greater clarity should be sought about the purpose & achievable outcomes for the service and communicate this to potential referrers. This may be aided through organising a workshop between health visitors, the mentoring service, the Programme & the health outreach team
- In addition to the previous recommendation, the PCT & Programme should address the strategic approach to improving the relationship between the mentoring service and core health visiting service.
- If the demand for the service remains low (and therefore the unit cost remain high), the commissioning of the service should be kept under review, via the Service Contract Meeting

Baseline information on the aspirations & expectations of young parents for young parents support work (starting April 2004) pre evaluation in 2005/6

This element of the evaluation plan has focused on baseline data, from which we will be well placed to undertake a 'spotlight' evaluation (similar to the mentoring service) in 2005/06. To date cordis bright have met with:

- Programme staff - the commissioners
- Youth Service staff & manager
- Young Parents Support Group members

Our activity to date has included:

- Discussions with all above groups around the role, function, aspirations & objectives of the group
- A partial document review
- Self assessment
- Designed a data gathering regime
- Consulted on the data gathering regime
- Implemented the data gathering regime

The data gathering regime uses attitudinal scales for the young parents themselves, and monitoring forms for staff. The following monitoring returns to gather data have been introduced:

- Baseline assessment of young parents (now completed)
- Half termly progress measures through self assessment by young parents
- Weekly staff progress returns
- Half termly staff monitoring returns

Future activity this year will include, agreeing data storage and analysis methods & responsibilities.

Prepare further evaluation of health outreach service for 2005/6

This service will form the focus of a 'spotlight' evaluation in 2005/06 with similar activity to that undertaken with the mentoring service.

The service will be subject to a one day workshop to investigate how best to approach service outcomes and evaluation.

The aims of the day will be as follows:

To identify methods and develop a system to evaluate the impact of the work of the Sure Start China Clay Family Health Service within the resources available and within the agreed timeframe.

Learning Outcomes

The workshop will endeavour to develop a greater understanding of the need for incorporating review, audit and/or evaluation into the five family health strategies for improving outcomes for children. In addition it will assist the service to:

- Appreciate the value of audit and/or evaluation in the future planning and delivery of a service including bids for funding and the mainstreaming of services.
- Consider what types of evaluation could be used to measure the success of the work of the Family Health Team in the areas of smoking, breast feeding and nutrition, parenting, child safety and mental health as defined in the strategies for these areas of work.
- Identify sources of existing information, data and evaluation that could be used for the evaluation of the work of the Family Health Team.
- Identify what methods and systems can be adopted, who will lead on the evaluation - team leader vs external evaluators and who within the Programme could be involved in the evaluation - team members, other workers, parents, volunteers etc.

- Identify what additional skills and resources may be needed by the Team to undertake and complete the evaluation.

By the end of the day the group should have established which methods will be incorporated within each of the five family health strategies.

Service Self Assessments

As part of Cordis Brights methodology, each service associated with SSCC was asked to complete a self assessment form. The purpose of the forms was to gain an insight into the specific features of local services and to grasp a sense of what the local services felt were currently their strengths and weaknesses. This information was then used to inform Cordis Bright and the subsequent work that was undertaken.

The forms themselves asked services to supply basic information regarding the service, its aims and objectives, number of personnel and so on. In addition to this, the form was broken down into eight areas and services were asked to write a brief description for each and then score themselves on a scale of 1 to 10, where 1 represented Poor and 10 represented Excellent. The areas were;

- Communication and publicity
- User Involvement
- Reach
- Quality Assurance
- Outcome measures
- Cost Effectiveness
- Benchmarking and Partnership
- Mainstreaming

The self service forms were completed either by the project manager, or as a team exercise across the service. Self assessment forms were sent to 11 services, 7 of which were provided directly by the programme and the remaining 4 that were commissioned and run on behalf of Sure Start China Clay. In total, 7 of the 11 services returned their self assessment forms to Cordis Bright.

Communication and publicity

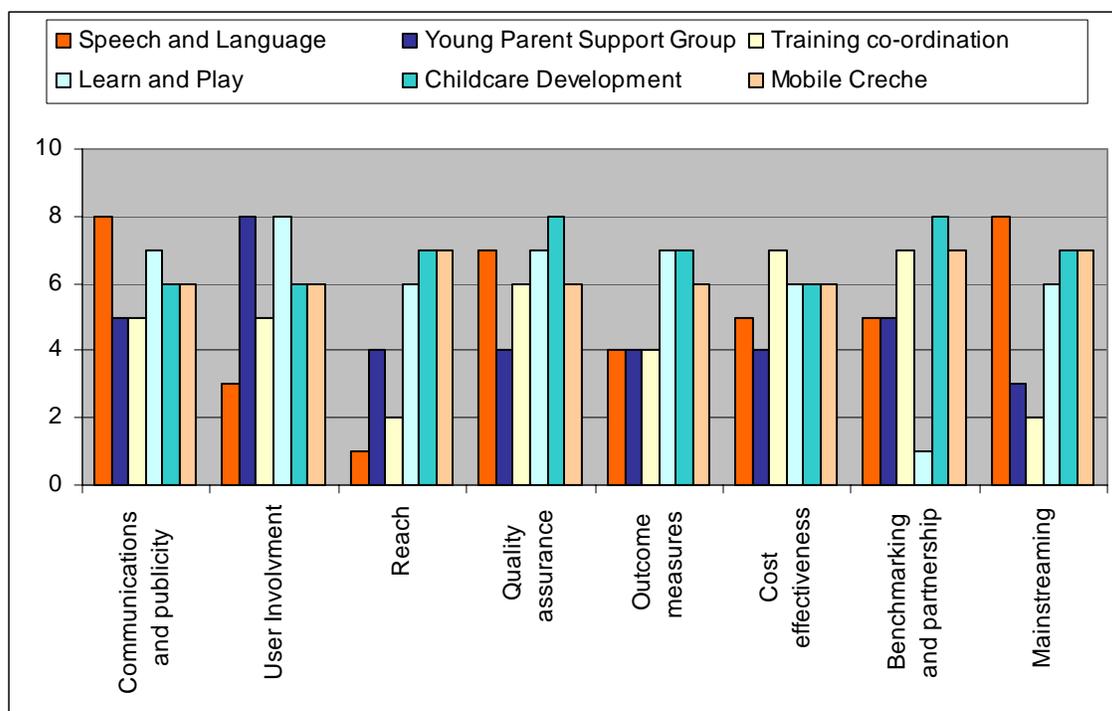
Most of the services had well established methods of communicating and publicising their services. Several referred to the use of local community venues as a way of advertising, flyers, posters and leaflets were also all common methods. One service also gave talks to local forums and arranged six monthly network meetings in order to share services with other providers in the Sure Start area. The majority of services stated that they used other statutory services to promote themselves, in particular the health team and local pre-schools. Not all services used the village parents representatives, or the Sure Start Newsletter, given the results of the community survey these are methods that could be suggested to services.

One service was restricted by the nature of their service both due to the client group and also the size of the crèche they were able to offer. Another common issues for services was the time restrictions, particularly for those services that were commissioned on behalf of the programme.

As can be seen at Chart 16 all services scored themselves 5 or above for community and publicity.

Chart 16: Service scores for self assessment areas⁴

⁴ One service did not score their self assessment form.



User Involvement

Over half of the services who returned their self assessment forms were established as a direct result of consultation with parents. With the exception of one service, all ask for regular feedback from parents and ask for evaluation forms and questionnaires to be established. This is seen to be easier for services who are provided directly from Sure Start, one commissioned service stated that they had found it very difficult to get feedback and consult with parents due to the nature of their service, however in an attempt to over come this they had accessed parents through other services to gauge their needs for the service.

In one example parents were involved on the steering group of the service and also the recruitment and selection of staff for the service. For another service, the delivery of the service was 'user led', that is to say parents were consulted on what they wanted the groups to cover and the design of service delivery.

With the exception of one, services scored themselves 5 and above for user involvement (Chart 16), it appears that services are confident with the way they are involving users in the development and delivery of services.

Reach

Hard to reach groups in some cases are service specific, for example men, ethnic groups, travellers and so on. For those services delivered directly from the programme groups are identified by the programme, in addition the programme is able to monitor the breakdown of users accessing services, thus allowing a more detailed analysis of reach.

In order to broaden reach a number of services accessed other service providers in a way of promoting themselves. It was acknowledged that maintaining good links with the health team was an essential way of ensuring that the reach of a service was extensive as health are likely to access the majority of new parents.

One service was aimed specifically at a group deemed to be 'hard to reach'. This service felt that it suffered due to a lack of referrals from other professionals and a lack of awareness from others as to the aims of the service.

With the exception of two services, the scores for Reach were lower than other categories.

Quality assurance

All services employ methods to ensure that levels of satisfaction are recorded this may be using evaluation forms, questionnaires, verbal feedback and group discussions. All services stated that changes had been made as a result of feedback from service users.

A number of services have a complaints procedure that involves the reporting of any incident to the Services Manager at the programme. In addition the service may have rules and guidelines or a service contract between the provider and the user.

A number of services stated they were subject to a service review with the programme. The majority of services indicated through their scores that they were confident that their service was well developed in this area.

Outcome measures

The need for effective evaluation and monitoring was acknowledged by all services. Two services felt that they were still in the early stages of development and therefore specific targets still needed to be decided and tested.

For those who felt their aims and targets were already clear, a number of methods were used to monitor these;

- Monitoring figures collected by the programme
- Policy reviews
- Increased referral rates
- Evaluation forms

Although services were clear as to their aims and objectives, with the exception of two services, there was little clarity as to how data was being collected and used to inform services, this was reflected in how they scored themselves.

Cost effectiveness

All services felt able to manage their budgets successfully. Shortfalls in budgets were not an issue for services and the budgets allowed for expansion and development of services. One service experienced some difficulties spending the total budget; however these reasons were service specific, for example often venues would be hired at no cost because of their association with the programme.

A number of services did have service specific issues, for example the budget not allowing for guaranteed hours and the service being able to do far more than time of the budget allow for.

Benchmarking and Partnership working

All services described good links with other providers however this was used more as information sharing as opposed to benchmarking performance. A number of services had researched other services and providers in order to inform their own delivery strategies. A range of services were listed, both

those involved with the programme and general services within the area, in particular statutory and volunteer agencies.

One service identified the need for better partnership working between themselves and the health team. Another service acknowledged that their service delivery was similar to other services in the area, however the client group is different.

Mainstreaming

Responses from the self assessments suggest that mainstreaming is something that services are aware of however there are different levels of involvement. Half of services had plans for mainstreaming, whilst others had no specific plans however they were incorporating issues such as best practice.

Most services had exit strategies which had been agreed within their contracts with the programme and were aware of the impact of mainstreaming. Services that are already based within statutory agencies were more confident that they were dealing with mainstreaming as opposed to those based within voluntary organisations. This is reflected in the scoring of services with this issue (see Chart 16)

For most the here and now appears to be an important part of service delivery as opposed to thinking about how and when services will be mainstreamed.

Conclusion

From Cordis Bright perspective, the local evaluation of Sure Start China Clay has progressed well and in line with plans. The opportunity to work with the programme over a two year period has allowed a helpful flexibility in the scheduling of work and enabling us to be flexible and responsive to service priorities.

Of the five areas identified for evaluation, the following areas are now completed:

- Parent's perspectives of the way in which services work together for the benefit of pre-school age children in the rural programme
- Discernable benefits for those families who have participated in the mentoring scheme

Work is well underway, and clear plans are in place for the completion of the following areas

- Learning outcomes for children associated with SSCC programme activities
- Baseline information on the aspirations & expectations of young parents for young parents support work (starting April 2004) pre evaluation in 2005/6
- Prepare further evaluation of health outreach service for 2005/6

In addition initial discussions have begun to incorporate activity into the 2005/6 plan to consider the Programme's strengths and opportunities to improve internal and external communication.

Section 3

Other Evaluation/Audit Work Undertaken by the Programme

Other Evaluation/Audit Work - Undertaken by the Programme

This section captures other work, which has been undertaken by staff or volunteers working in the Programme. Further information or copies of reports can be obtained upon request.

Date	Work Undertaken	By Whom	Comments
Quarterly	Evaluation Sub-Group Meetings	Evaluation Sub-Group Members	<p>A sub-group of the Partnership Board.</p> <p>Remit is:</p> <ul style="list-style-type: none"> - direct areas of the research and to set evaluation priorities. - to look at research outcomes and see how best to use these <p>Approx. three parent reps attend each meeting</p>
May 2004	Marketing Event Review	Ria Taylor - SSCC	Event for Service Providers to meet with Sure Start Centre's Management Committees
July 2004	Childcare Service Report	Tracey Bond - SSCC	
July 2004 and February 2005	Analyses of Services REACH for 2003/04 and Quarter 3 2004/05	Carol Matta - SSCC	

September 2004	What do Men Want from Sure Start China Clay	Rosie Sutherland - SSCC	Information gathered at a Family Fun Day
September 2004	Multi-agency Working - Summary of questionnaire issued to managers, staff and volunteers.	Carol Matta - SSCC	
October 2004	Family Learning Day Evaluation	Carolyne Claydon - SSCC	
November 2004	Talk & Play Evaluation	Cheryl Berriman - SS Speech and Language Service	
December 2004	Connecting with Families in Sure Start China Clay- Barriers to Access and Ways of Overcoming Them	Claire Woodbine & Ria Taylor - Sure Start China Clay	A review of barriers to access in two communities in the area, including caravan settlements
February 2005	A Service Review and Strategic Approach for Family Health Support in Sure Start China Clay for 2004-2006	Carol Matta - SSCC	
March 2005	Transport Audit - A Community Development Project	Gemma Blackler and Ria Taylor - SSCC	

Section 4

Planned Evaluation for 2005 to 2006

Evaluation Priorities for 2005 to 2006

Planned evaluation for the next year includes the following, which has all been agreed by the Evaluation Sub-Group:

1. Evaluation by External Evaluators

A final plan for this work is to be agreed in April 2005, but is likely to be as follows:

Evaluation Theme/Objective	Approach	Timescale	Comments
Learning Outcomes for Children	<ul style="list-style-type: none"> - Community Survey - Interviews with key stakeholders - OFSTED reports 	April - June	Parents trained to be surveyors
Young Parents Group	<ul style="list-style-type: none"> -Service self-assessment -Service data - Interviews - referrers& providers - Focus group with end users 	July - October	
Health Outreach Service	<ul style="list-style-type: none"> Service data - Interviews - referrers& providers - Focus group with other professionals - Interviews with users - Group observation 	July - October	

	- Cost-effectiveness -		
Communication - with a view to Children's centres	Community Survey Focus groups	May - November	
Final Report		January 2006	

2. Reviews, audits and evaluations by staff and volunteers within the programme:

The following work is scheduled for the next year. A timetable along with completion dates for the above work to be agreed.

- A review of training delivered for parents 04/05 (training service)
- Internal evaluation of the work of the Family Health service (Family Health Service - Central Cornwall PCT)
- Needs Analysis by Minorca Lane residents (Ria Taylor, Community Development Co-ordinator)
- Parental Involvement (to be allocated)
- User satisfaction of Capital Build sites (Ria Taylor)
- Uptake of Services by families with children with disabilities (Parent to Parent Service - Scope)
- Active Families Project (Sophie Rich - Active Families Project & Cornwall Business School - for Sport England).
- Speech and Language Therapy Referral Patterns Audit
- Quarterly Reach Reports (Services Manager).

Sure Start China Clay

Evaluation Strategy 2004 to 2006

1. Background

Sure Start China Clay (SSCC) is a round 3 Sure Start Local Programme covering the rural China Clay Villages, north of St Austell, Cornwall. Sure Start China Clay aims to improve the quality of life for children under the age of four in the programme area by working with parents to be, parents of 0-4s, the 0-4s and those who work with them in the fields of early years education, childcare and family health support. The programme works towards the national Sure Start objectives and targets which are:

- Improving the availability, accessibility, affordability and quality of childcare
- Improving learning
- Improving social and emotional development
- Improving children's health
- Strengthening families and communities

The programme is managed by its Partnership Board, which has active parent participation. The accountable body is Central Cornwall Primary Care Trust. The programme has been setting up and delivering services for around 18 months. Services include childcare co-ordination, family health support, mentor scheme, training, speech and language development and resource bank. Support for young parents commences in April 2004. These services are delivered either by staff directly employed by SSCC or on a contractual basis. SSCC is also part way through its Capital Build Programme, which includes facilities in seven villages, scheduled for completion by the end of 2004.

SSCC are required, like all SS local programmes to include programme evaluation as part of its activities. This evaluation is used to inform the programme regarding planning and programme development, thereby continually improving the programme.

The programme wishes to develop an integrated approach to evaluation making use of monitoring, process and outcome data. A range of research methods will need to be used, qualitative and quantitative, to ensure that such an approach realises reliable and pertinent data.

2. Management Arrangements for Programme Evaluation

An Evaluation Sub-Group (a sub-group of the Partnership Board) is responsible for managing the programme evaluation. This group meets quarterly and its remit is to set priorities and direct areas of research and evaluation, look at findings and recommendations from the evaluation undertaken and advise the programme on how to implement these.

The performance of external providers of programme evaluation is reviewed against delivery plans agreed between the programme and the provider, on a quarterly basis by either the Programme Manager or the Services Manager, who must then report progress to the Management Sub-group of the Partnership Board.

3. Involvement of SSCC Parents and Children in Planning and Contributing to Programme Evaluation

The ethos of Sure Start places parents and children at the heart of service planning and developments. Accordingly parents will be involved in contributing to the Programme Evaluation Strategy and the design and planning of individual pieces of programme evaluation. In addition the programme will require evaluators to endeavour to offer opportunities for parents to participate as 'researchers' if they wish to and where it is ethically appropriate.

When possible children, particularly older children will be invited to express their views and feedback as part of the programme evaluation. The Programme will ensure that any such research or evaluation with this target group is age appropriate and ethically permissible.

Participation in Programme evaluation by adults and children is voluntary. The programme will facilitate consent from the person with 'parental responsibility' for the child before any child takes part in evaluation.

4. Ethics

The evaluators must be conversant with the current ethical and research governance arrangements that may be applicable to some aspects of the evaluation.

Any evaluation and research undertaken by Sure Start China Clay will adhere to the Accountable Body's Ethics guidance.

5. Presentation and Dissemination of Findings and Recommendations from Evaluation.

Reports

Written reports will include the following:

- **Finding reports**- these relate to any individual piece of evaluation activity which is undertaken
- **Annual Reports**- this relates to an overview and syntheses of the annual evaluation activity and will outline the forthcoming evaluation plan.

All reports should detail the purpose of the evaluation, how it was undertaken, what was found and recommendations for the programme will normally be expected. Written reports should be as concise as possible and should include a summary of no more than 2 pages of A4. The inclusion of charts, diagrams and other graphics is encouraged. Plain language must be used.

Presentations

Those undertaking the evaluation may be invited to present the outcomes of their work to the Programme, its sub-groups or committees, SSCC families or the SSCC community. Presentations should be appropriate for the expected audience. The use of visual material is encouraged.

Dissemination

The Programme Manager must agree the dissemination of the evaluation findings in advance.

The programme is committed to sharing the outcomes of any research with the wider community and non - approval to disseminate will only be applied when it is not in the best interests of the programme or the China Clay community or is not a sound piece of work.

6. Work undertaken to date.

Over the last 18 months the Evaluation and Research Innovation Centre (ERIC) of Plymouth University have provided the programme evaluation. This has included a

user satisfaction service, impact evaluation of the health outreach service, research into men's views on SSCC, an annual survey, an evaluation of the capital build programme business planning process and the collection, collation and presentation of data from other sources required by the national Sure Start Unit for monitoring and evaluation.

Staff engaged to provide services has also carried out some evaluation and/or service audit work. This includes programme monitoring (REACH figures etc) collected via EStart.

7. Future Work for 2004 to 2006

i. Monitoring

This will continue to be carried out by staff engaged by SSCC. Estart will be used to generate reports for the partnership board.

Data from local sources for M1 and M5 returns will be co-ordinated in-house. The programme may invite ERIC from Plymouth University to collect and summarise this on the programme's behalf as they collect for all other programmes in the County.

Lead Person (s) - SSCC Systems Manager and SSCC Services Manager.

ii. Cost-Effectiveness

The SS National Unit requires this.

Lead Person(s) - SSCC Services Manager and SSCC Systems Manager

iii. User Satisfaction

A review is needed in 2005. However, it is hoped that some user satisfaction information can be incorporated within the parental perception impact evaluation question (see section 7.v.)

iv. Process and Outcomes

This will be carried out by encouraging staff, parents and volunteers to undertake evaluation and/or audit within the areas of work they are responsible for. The external evaluators to offer these individuals support, advice, training and expertise wherever possible.

Lead Person(s) - SSCC Services Manager and External Evaluators

v. Impact Evaluation

External programme evaluators, who will be recruited via a tendering process on a two-year contract, will undertake this.

A budget of £22,000 (maximum) per annum has been allocated for this work and the user satisfaction survey.

The Partnership Board identified the following areas in March 2004 for impact evaluation for 2004/05. The Evaluation Sub-group of the Partnership Board for 2005/06 in January 2005 will identify additional areas.

IMPACT EVALUATION FOR 2004 - 2005

1. What are the learning outcomes for children associated with Sure Start China Clay Programme activities for children?

2. What are parents' perspectives of the way in which services work together for the benefit of pre-school age children in the rural Sure Start China Clay programme?

3. Are there discernable benefits for those families who have participated in the SS China Clay mentoring scheme?

In addition:

1. The external evaluators will also be asked to collect (or advise on the collection) of some baseline information on the aspirations and expectations of young parents for the Young Parents Support work starting in April 2004 in preparation for impact evaluation towards the end of the second year of the contract.
2. It is likely that further evaluation of the health outreach service will be required in year two of the contract.

A timetable to implement this evaluation along with the methodology to be used will be agreed between the Programme and the external evaluator upon commencement of the contract.

8. Annual Programme Evaluation Report

The Sure Start Unit requires this each January.

The external evaluators will be expected to produce the majority of this report. An interim report on the work undertaken to date between the start of the contract and end of the calendar year is acceptable for 2004/05.

Programme Lead - Programme Manager.

Timetable for Evaluation Strategy - April 2004 - March 2005

	Lead Person(s)	BY Date
Appoint external evaluators	Services manager	End April 2004
Plan to deliver impact evaluation for 04/05 agreed	Services manager & External evaluators & Evaluation Sub-group	End May 2004
Summary of REACH figures 2003/2004 to Partnership Board	Systems manager/services Manager	May 2004
Attend NESS briefing on cost-effectiveness evaluation	Services manager	May 2004
Summary of REACH figures 2003/2004 to SS	Programme Manager	July 2004

Unit (via annual report)		
Undertake cost-effectiveness evaluation	Services manager	September 2004 (tbc)
Themes for evaluation for 2005/06 agreed for use in 05/06 evaluation contract and Annual Evaluation Report	Chair of Evaluation Sub-group	End December 2004
Interim report on impact evaluation submitted to programme for use in Annual Evaluation Report	External evaluators	End December 2004
Other evaluation/audit undertaken by service staff submitted to programme for use in annual evaluation report and good practice register	Services Manager	End December 2004
Annual Evaluation Report to SS Unit	Programme Manager	Jan 2005
Impact evaluation for themes for 2004/05 completed	External evaluators	End March 2005
User satisfaction survey	External evaluators	2005/06

Strategy Produced and agreed by SSCC. April 2004.