

Rotherham District Sure Start Maltby

Year 3 Evaluation Report January 2005

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Introduction

Sure Start Maltby is a third wave programme, and as such has been up and running for nearly three years. Sure Start Maltby has an established presence in the Maltby community, however the service is still evolving to meet new government strategies, in particular the development of Children's Centres. In light of this, Sure Start Maltby commissioned Cordis Bright Ltd to look at the services it provides as part of its annual evaluation for 2004/5 and to provide a synthesis of the current findings together with those of the two previous reports produced in 02/03 and 03/04.

Maltby Sure Start Local Programme has adopted a part 'commissioning model' part 'direct service provision' for its service delivery.

This year's evaluation looked at the programme services in two key dimensions:

- ❑ **Strategic Dimension:** The extent to which they support the achievement of Sure Start objectives and key principles
- ❑ **Operational Dimension:** Efficacy of operational processes and procedures, including extent of partnership working with external agencies

This year there was no implementation or user dimension to the evaluation as it was felt that the community had undergone many consultation processes recently not only as a part of Sure Start but also as part of the Neighbourhood Renewal programme and was therefore suffering from 'consultation fatigue'.

This report focuses on the service evaluation of the performance of the programme for the year up to December 2004 and was conducted between July and December 2004.

Methodology

To gain an understanding of the service in the two key dimensions, the evaluation necessitates a number of levels of analysis. These include background and desk-top research, qualitative and quantitative analysis of data. Interviews have been conducted at all levels of engagement; with the programme management and Board members, internal staff and external service providers. This multi-level approach ensures feedback is obtained from people engaged at all levels of service provision. A variety of consultation methodologies have been employed.

- ❑ **Interview with Programme Manager:** A One hour semi-structured interview was held with the Programme Manager to review the Self-Assessment (See Appendix 1).
- ❑ **Focus Group with Programme Board:** This was held to complete the Self Assessment. (See Appendix 1)
- ❑ **Focus Group with Staff:** This was held to review a number of key issues from the previous year's assessment (See Appendix 2) and to make amendments to the table of services against objectives (See Appendix 3)
- ❑ **Focus group with staff and external service providers:** A Focus group was held with internal staff and external service providers to review the Self-Assessment (See Appendix 1)
- ❑ **Interview with Programme Manager:** This was held to agree the synthesis documents (See Appendices 4&5) and to obtain the statistical information contained in the report.

Strategic Dimension

The 2003/4 evaluation report described how the programme Board had clearly progressed since the first evaluation conducted in 2002/3. The focus of the strategic aspect of the current evaluation is to identify progress made against the positions that were identified in 2002/03 and 2003/4, particularly in relation to a number of key themes that have been identified as key indicators of success as Cordis Bright has worked with other Sure Start Local Programmes.

Self assessment conducted by Board

The Board was asked to undertake the Programme Self Assessment (Appendix 1) at their December 2004 meeting and the information provided there was later added to by the Programme Manager.

The Board made the following assessment of how they had progressed in the key areas since the start of the programme and how they expected to progress over the next 12 months.

Overall Assessment of Board (1 = highest, 10 = lowest)

Area	At start of programme	Now	In 12 months time
Communication & publicity	2	7	9
Governance	1	5	7
User involvement	2	3	4
Reach	4	6	8
Partnership working	3	7	8
Quality assurance	1	7	8
Outcome measures	1	5	6
Resource planning	4	6	9
Benchmarking	1	7	9
Mainstreaming	1	4	9

The results indicate that there is consensus among Board members that the programme has improved its performance in key areas since the start of the programme but that in the areas of user involvement and Mainstreaming it has a considerable way to go.

In evidencing this perceived improvement, Board members cited a number of factors which are detailed below:

Communication and Publicity

Key amongst the improvements in communication and publicity was the production of a regular newsletter which will eventually be produced by users once they have received the necessary training possibly in conjunction with the other community initiatives which are being developed locally. The Programme Manager is also keen to get the website for the programme revamped.

Governance

Board members felt that the development of a community strategy into which the programme links and the fact that there are now clear terms of reference for the Board means that the programme can become much more effective in planning and effecting change and improvement locally.

User Involvement

Board members were universal in their assessment of this aspect as being the most challenging for the programme but also felt that they now had the groundwork in place to start making this a reality. Now that there are sub-groups set up and the building is about to go up there were more realistic starting points for user involvement. The Community Café sub-group has good user representation and this can be built upon. Parents from the Parents Voice group are now joining the Building Management sub-group and starting a Fundraising Group. The Volunteer policy and training programme also provide a useful starting point for more strategic user involvement.

Reach

The Board asked that this be assessed with reference to the figures on the database which are as follows:

Year	Total number of families registered	Percentage of eligible families registered
2002/3	333	51%
2003/4	398	61%
2003/5	595	91%

Partnership Working

This was assessed to have improved considerably and changes in membership of the Board over the last year were felt to be a significant contributory factor as had the very positive influence of the new accountable body (Local Education Authority) together with the length of establishment of the Board.

Quality Assurance

The introduction of a Complaints Procedure was seen to be very positive and any complaints which have been received are reviewed at Board Meetings.

Outcome Measures

Improvements were attributed to the re-working of Service Level Agreements and to improved reporting from partner organizations.

Resource Planning

It was acknowledged that services had changed over time in response to changed perceptions of need or because some things had simply '*not worked*'. The Board now feels that it has adequate information on which to base its resource planning and the evaluation activities were felt to be vital to this.

Benchmarking

It has recently been agreed to recruit a Monitoring and Evaluation Officer who will work across all three Rotherham programmes with whom there are already good established links. This, together with the new management structure which has been agreed, will allow the Programme Manager more time to engage in both benchmarking and mainstreaming. There are also good links with the programme in West Bassetlaw.

Mainstreaming

The Board noted that the mainstreaming of smoking cessation has already been achieved and that consideration of how this could be done with other health practice is included in PCT planning. The necessary resources and methods to ensure continued community and user involvement have also been identified, however, the Board acknowledges that this is a key area for future effort. The Programme Manager now joins with Children's Centre Managers to help plan how services will work across the borough.

Synthesis of findings and recommendations 2002-2005

This was conducted and is included as Appendix 4.

Observations and recommendations

1. The information set out above indicates very clearly that the Board and the strategic management of the programme has improved since the last evaluation report and that there have been considerable improvements since the commencement of the programme. Further work is still needed in some areas but this has been recognised and is in hand or scheduled for the coming months.
2. A new management structure for the programme is currently under discussion and is set to free up more time for the Programme Manager to look at mainstreaming and other strategic priorities whilst strengthening operational aspects of the programme.

Operational Dimension

It was felt to be important at this stage of the programme's development to map the services provided against the government objectives and targets. In the first instance this was completed by the evaluator in conjunction with the Programme Manager and then staff were asked for their input.

Staff were also asked to look at certain areas of operation of the programme that had been highlighted as problematic in the 2003/4 and assess whether any progress had been made (Appendix 2).

Staff and service providers were also asked to rate what progress had been made in key areas of the operation of services by completing the same Self-Assessment as the Board and a synthesis report of the findings and recommendations since 2002/3 was produced by the evaluator in conjunction with the Programme Manager.

Services against objectives and targets

This is included as Appendix 3 and is divided into targeted and universal services. Targeted services are those which are designed for only referred clients or for particular sub-sections of the community such as parents with learning difficulties.

Progress in key areas

Co-ordinated service provision

In the 2003/4 evaluation report this was reported as having '*improved a little*' but was still felt to be an area that needed work. In a focus group conducted with directly employed staff further small improvements since 2003/4 were noted including those brought about by the introduction of the new Occupational Therapy post. These were now working together in a multi-disciplinary way. However co-ordination of service provision was still felt to be limited to pockets which were generally always the same ones.

Some improvement had been noted in co-ordination of services with the Drugs and Alcohol adviser but it was felt that there was still room for improvement.

The Physiotherapist only works in the programme for ½ day a week and there had been staff shortages in the service but it was felt that this service could be a lot better co-ordinated within the overall programme.

Health staff shortages had also been a major contributory factor in the poor progress made in working in a co-ordinated way with Health Visitors and Nursery Nurses.

Reaching Hard to reach groups (Lone parents and Fathers)

In the 2003/4 evaluation the user perception was that both fathers and lone parents could be better served by the programme.

Staff felt that this was an area that had shown considerable improvement since that time.

There is now an evaluation strategy in place, the fathers work has evolved and grown. There are now targeted services for parents with learning difficulties, those with basic skills needs, multi-ethnic parents and adoptive/foster parents. The midwifery service has also been successful in engaging with young parents many of whom are lone parents.

Information Sharing

In the 2003/4 report lack of information sharing was blamed for some bad planning staff felt that since then the situation had improved a little.

More information is now available to providers from the programme through the Smart Start database.

It was still felt, however, that while information sharing between service providers with bases in the Sure Start building was good it was still much more difficult with those based elsewhere although steps were being taken to try and improve this.

Measurement of Impact

In the 2003/4 report it was acknowledged that accurate measurement of the impact Sure Start services could prove problematic mainly due to the lack of start point data available.

Staff felt that since then this had improved a lot and that there was clear evidence that the presence of the programme and the opportunity it gave for parents to articulate their needs meant that these could be acted on sooner. The programme had also established clear guidelines of what its remit was which were better understood internally and within the wider community.

Registrations had increased as had group attendance along with the range of services offered by the programme. Multi-agency working had also facilitated greater promotion and advertising of services so that the '*right people*' were getting to know about them and access them.

Self-Assessment

The overall rankings for how the programme is currently performing are set out below and compared with the Board's rankings.

(1 = highest, 10 = lowest)

Area	Staff and Provider Assessment 2004/5	Board Assessment 2004/5
Communication & publicity	6	7
Governance	Unable to assess	5
User involvement	6	3
Reach	5	6
Partnership working	Unable to assess	7
Quality assurance	Unable to assess	7
Outcome measures	8	5

Resource planning	Unable to assess	6
Benchmarking	8	7
Mainstreaming	Unable to assess	4

Communication and Publicity

Staff and service providers felt that despite all the publicity produced by the programme word of mouth was still probably the way most people found out about things. Most mail shots have been universal (although at different times particular estates have been targeted and weaning parties had been marketed to a targeted audience) but individuals providing services had been targeting certain individuals known to them and tell them about new service and activities which they felt would be of particular benefit to them.

All accepted that the programme does not currently reach all families but felt that certain incentives that have been offered have helped to encourage attendance. Those that were cited were the £5 Co-op voucher on registration, free smoothie maker at the end of the healthy food course and the music CD and massage oil at Baby Massage.

The focus group participants had many suggestions of ways to improve communication and publicity including:

- Fliers in pubs and clubs advertising fathers events
- Information targeted at particular age groups of children
- Bring a friend and get a discount schemes
- Reward incentive scheme for attendance with gifts targeted at children e.g. books
- Opening event at new building
- Capitalise on people dropping in at new café.

Governance

The group felt unable to assess this for the programme as a whole but felt that the Provider meetings they hold are of benefit and that if requested the Programme Manager attends to hear feedback or answer queries. She also

attends the meeting as and when necessary to update the members. Having explicit terms of reference for this meeting has been of benefit.

Overall it was felt that there was enough structure at this level to provide adequate operational governance.

User Involvement

Staff and service providers rated this much higher than Board members probably because they were looking at ground level involvement rather than at a strategic level.

They felt that the programme was '*good at not giving up*' when problems of user involvement were encountered. They cited the example of getting users involved with the newsletter. At first they had written to users, when this was unsuccessful they had met with users at groups and when that too proved unsuccessful they had decided to offer IT training as a method of engagement.

It was felt that 'fun events' such as the Christmas craft workshops were a key way of involving families who would not attend more traditional services. The lack of a fully operational Sure Start centre was also seen as being a positive as this had forced staff and service providers to go out into the area and meet people where they were e.g. in the baby weighing room.

Reach

Generally this was assessed as good but it was acknowledged that there were some problem groups such as substance misusers who are very difficult to engage with, ethnic minorities because there are so few of them, relocated families (transfer ins) because their notes are so long in being forwarded and because of the largely static nature of the area's population it is very difficult for these people to quickly integrate.

Midwifery services were seen as being those most easily accepted by all segments of the community as for most their services were needed for what was viewed as a positive reason.

Partnership Working

The group felt unable to assess this as it refers to the strategic links of the programme however they did have some comments regarding how partnership working happened at an operational level.

Sure Start midwives meet regularly with the statutory midwives to exchange information and to ensure that they are working in a complementary way.

The Drugs and Alcohol worker is only employed to work on Sure Start targets so does not get involved in the other work of the service.

All external service providers said that they had to report back to their services and if appropriate were asked to update other agency staff at team meetings.

Quality Assurance

Although the group felt unable to assess the quality assurance of the programme as a whole they felt that they had benefited from being part of Sure Start and that this had had a positive impact on quality particularly in relation to training opportunities around Child Protection.

All services did some kind of internal evaluation and received supervision to keep their practice up to date in addition to receiving information from the Smart Start database in use by the programme.

Outcome Measures

These were felt to be fairly well developed at an individual service level and ranged from individual observation of each family by the food educator, service analysis by the under 18s midwife to use of a standardized tool in the STEPS service.

The group felt that early identification of vulnerable families with learning difficulties through Health Visitors and Midwives had been particularly effective allowing the programme to offer a package of services early enough in the pregnancy to allow children to remain in the family.

Resource Planning

Although the group felt unable to assess the effectiveness of this at a programme level they felt that there were instances where the programme had been able to very effectively respond to community needs. An example of this was the appointment of the Food Educator who is able to help develop practical skills as well as give information on healthy eating.

Benchmarking

This was assessed as being particularly well developed with regular meetings taking place with other programmes in Rotherham and surrounding areas, regular end of session evaluations and discussions with new users at the Parents Voice Group. Duplication of services had not been a major problem as there was so little in offer in Maltby to start off with.

A Dads only session at the pool had been set up in response to demand. Sure Start midwives work in a team with other traditional midwives. Speech and Language Therapists turn people away from traditional Speech and Language services if they think what Sure Start has to offer is more appropriate and vice versa.

Sure Start services have been able to complement existing services by giving users additional time/sessions.

Mainstreaming

This area was felt to be the responsibility of the strategic managers of services.

Synthesis of findings and recommendations 2002-2005

This is included as Appendix 5.

Observations and recommendations

1. The Sure Start Maltby programme would seem to have a good range of both targeted and universal services which contribute to meeting the Sure Start objectives and targets. It would also seem to have developed ways to measure what these individual services are achieving. What it now needs to develop is a way of recording what the needs and outcomes are for each family on its database so that it can produce aggregated statistical information to support the mainstreaming of its activities.
2. At an operational level the programme is good at engaging with users and the programme now needs to build on this at this level to develop the greater levels of engagement at a strategic level.
3. The establishment of the new Sure Start centre will see even more providers housed in the same building which should help with information sharing and co-ordination of service provision but the programme need to ensure that even with very peripheral services this is improved and standardised possibly by further exploiting use of the database or other information, referral and tracking systems which will be developed by the local authority.
4. The programme needs to look into some of the suggestions made at an operational level regarding communication and publicity as well as a route to improving reach and impact through incentive type schemes.
5. The positive impact of the training opportunities offered by the programme should not be under-estimated and in particular the emphasis on **all** services being trained in Child Protection. This is particularly important in the light of the government paper 'Every Child Matters'.