

Rotherham District Sure Start Rawmarsh

Annual Evaluation Report 2003 (Year 3)

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Oct 2003

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Executive Summary

The Sure Start Rawmarsh Partnership is a trailblazer Sure Start programme that aims to address family needs within Rotherham Metropolitan Borough Council.

The following report examines the progress of the Sure Start Rawmarsh Partnership since its first evaluation in 2002 and explores some of the key reasons for the performance outcomes. In some cases, notably as it relates to:

- ❑ Implementing recommendations concerning increasing the involvement of men in the programme and improving communication between providers
- ❑ The extent to which local families feel that Sure Start Rawmarsh is making a difference, with about three in four parents making friends as a consequence of the programme and most parents identifying that Sure Start Rawmarsh has impacted on their child's development and socialisation
- ❑ The opening of the Rawmarsh Children's Centre and the consequential gains in increasing the range of services available to local families and creating a 'hub' of activity that has benefited staff communication within the Children's Centre considerably.
- ❑ The degree of local parents' satisfaction with most Sure Start services

the Rawmarsh Partnership can feel most proud of its achievements.

In some areas, notably about improving the clarity of the Management Board structure and the roles and responsibilities of its members there is more work to occur.

This work will occur within a wider context of issues related to children having been prioritised by Government like never before. The *Every Child Matters* Green Paper sets out a vision for family-centred services that use the one-stop shop universal models piloted by Sure Start initiatives.

Within such a context, Sure Start Rawmarsh is already leading the way in Rotherham and in much of the country, having been designated as a Children's Centre. Such an outcome is a credit to the energy and the

determination of the programme management and provider team within Rawmarsh, and places the programme in excellent stead to realise its goals with local families in the medium to longer term.

Introduction

Sure Start challenges the traditional model of statutory health, local authority and independent sector providers working in focused and specialised ways, without being particularly joined-up or involving, to any great extent, clients in service planning and delivery. Rather, Sure Start programmes build themselves around the needs of local communities, with local parents working together with local statutory and voluntary sector providers to design and deliver services for families. Not surprisingly, partners thinking and acting locally have developed innovative solutions to addressing local needs.

Such a 'customer-centric' model of service design and delivery resonates with the wider strategic context in which services for families are expected to be planned. The *Every Child Matters* Green Paper, prepared in part as a response to the findings of the Laming Inquiry into the shocking death of Victoria Climbié, intends that:

- ❑ Child protection policies cannot be separated from policies to improve children's lives as a whole.
- ❑ Children at risk must be properly protected within a framework of universal services that support every child to develop their full potential and which aim to prevent negative outcomes.
- ❑ The Sure Start model of offering 'one-stop shops' of nursery education, family support, employment advice, childcare and health services are a centrepiece of this framework.
- ❑ Supporting parents and carers is at the heart of the approach to improving children's lives where support is needed or wanted, with the creation of a £25m parenting fund anticipated over the next three years.

This presents exciting opportunities for Sure Start programmes to lead the way in this new environment. However, to take up this opportunity, evidence must be collected about what solutions work and what solutions don't work. This should mean, in time, that the lessons learned should influence even better outcomes and reshape how mainstream services meet needs so that all parents and children are capable of accessing quality services as they need them.

At a national level, the Sure Start Unit is working with researchers and programmes in a national evaluation of the Sure Start programme. Moreover, the Sure Start Unit also mandates annual evaluations at the

local programme level. At the local programme level, the Sure Start Unit encourages participative evaluation methodologies that suit the specific circumstances of the local programme.

The Sure Start Rawmarsh Partnership has commissioned Cordis Bright to evaluate its progress since its 2002 evaluation. This evaluation assesses the way the Partnership is impacting on meeting the needs of local parents and their very young children. Cordis Bright has applied an evaluation methodology that emphasises the value of *empowerment* of the local community within the evaluation. Empowerment evaluation is about evaluating initiatives that focus on more than the delivery of services. That is, initiatives that are also concerned with empowering individuals and transforming local communities. The common feature of these programmes is that they are medium to long term interventions and aim to encourage self-sustainment.

The conclusions of the approach are to identify the results of Rawmarsh's programme, using the broad groupings of the client dimension, operational dimension and a strategic dimension.

The Client Dimension

The extent to which people in receipt of services or in other ways benefit from services believe that their circumstances/ choices have improved.

The Operational Dimension.

The extent to which those that deliver services believe that this new way of working is giving them greater freedom and responsibility for meeting the full continuum of the needs of all families with under fours.

The Strategic Dimension

The extent to which the partnership-model enables the partners to most effectively apply resources to addressing the full continuum of the needs of a family. This might mean, for example, networking and reconfiguring resources across agencies to provide new joint-approaches to meeting local needs.

In the medium-longer term, ensuring success within this strategic dimension will prove necessary to capture the lessons learned from the Sure Start

Methodology

The evaluation methodology comprised:

- A facilitated evaluation forum with the Management Board exploring areas of achievement and areas for improvement for the programme for 2003, together with questionnaire analysis involving eight members of the Management Board
- A facilitated service provider forum events to explore:
 - the areas of achievement and areas for improvement for the programme
 - the extent to which there is an effective 'operational partnership', for example looking at how referrals work and information is shared
- Questionnaire analysis involving ten service providers within Sure Start Rawmarsh
- Interviews were conducted with the programme manager, Maggie Whitfield, and the programme co-ordinator, Wendy Kettleborough
- A questionnaire was designed, in partnership with 8 local parents and programme management, to assess the satisfaction with, and impact of key areas of programme activity. This enabled a parent – led interviewing process of local parents during the period XXXX, with interviews conducted with 197 parents of young children living in the Sure Start catchment area, representing about 30% of families with young children that live in the area.

This compares favourably with the National Evaluation of Sure Start recommendation that such consultations involve at least 10% of relevant households.

- Interviews and/ or focus groups were conducted with those providers of services under spotlight ie. Health Visiting Team, Family Support Team and CHAT (Confidential Health Advice for Teenagers).
- Interviews were conducted with ten young people that use the CHAT service.

A. Strategic Dimension –Partnership working

Sure Start Rawmarsh seeks to understand the extent to which the partners working with each other enable Sure Start Rawmarsh to achieve its objectives, as well as providing a process of working that enables mainstream organisations to reshape their practices as result of the lessons learned.

There are several key aspects to effective partnership working. These include ensuring that:

- Local parents are at the centre of programme design and delivery
- The Management Board is empowered to work strategically
- The Management Board comprises an appropriate membership to deliver on targets
- The lessons learned from Sure Start Rawmarsh are reshaping service delivery, more generally, to the benefit of families within Rawmarsh or more widely.

A. Parents at the centre of the design and delivery of the programme

I know how difficult it has been to engage parents and a lot of hard work has gone into this to make it as successful as it is.

(Partnership Board member)

We are getting much better at this. There is now more parental involvement. Initially, we struggled to get parents involved.

(Staff member)

There are some very positive elements as it relates to ensuring that parents are the centre of the design and delivery of the programme. Indeed, amongst eight attendees of the October Management Board meeting, whom were asked to assess the level of involvement of local parents in decision and delivery on a scale where 1 represents Excellent, through to 4 which represents Not Good. The results evidence a

perception of parents at the centre of the design and delivery of the programme as a Very Good rating at 1.9.

Involving local parents

1.9 (very good)

4 (not good)

3 (okay)

2 (very good)

1(excellent)

The initial processes of agreeing the Sure Start Rawmarsh Delivery Plan and the commissioning of services involved local parents. Other key aspects of ensuring parental involvement in the design and delivery of the programme include:

- Having parental representation on the Board, albeit that typically this involves one parent attending Board meetings
- The Parents' Panel that involves about ten local parents is a key sub-group of the Rawmarsh Board. The Parents' Panel, while supported by staff members, is parent led and run. The Parents' Panel provides a critical conduit of parents' views about local services and to inform strategic decision making.

For example, parents were very keen to retain a local swimming pool, when the decision to close the local swimming pool had been made, and resulted in Sure Start Rawmarsh funding the Toddler Splash project.

The Management Board also ensures that the outcomes of Parents' Panel meetings are reported at every Board meeting.

- Parents are also involved in other sub-groups of the Board, such as the marketing and promotions sub-group. This sub-group enables about four to six local parents to make decisions, within a budget, about where events should take place for local families.
- While there is more work to occur on encouraging parental participation in paid work, the extent to which Sure Start Rawmarsh has encouraged parental training as a vehicle for parental engagement in the programme is highly commendable. This has included, for example, training to encouraging parental confidence in committees.

Within the design and delivery of services themselves, service providers identify a number of ways in which local parents are actively involved. Most service providers indicated that they:

- Review with parents whether or not the session/treatment/ course is meeting their needs regularly through delivery (6 of 7)
- Have changed the way the service is delivered on the basis of what local families have said. (5 of 7)
- Agree the objectives of the session/treatment/ course with the parents (4 of 7)
- Use questionnaires at the end of session/treatment/ course with the parents (4 of 7)

Only a couple of providers have used alternative models of encouraging parental involvement in the design and delivery of the service. These alternative mechanisms have included the use of external evaluation tools to make sure that their service is meeting the needs of local families or the use of alternative review tools at the end of session/treatment/ course with the parents, such as focus groups

It is recognised, however, by most members of the Management Board that more needs to be done in terms of ensuring that parents are the centre of programme design and delivery. This includes:

- Ensuring that harder to reach families, particularly those at Sandhill become more engaged with the programme
- Given current vacancies for the Chair and Vice-Chair roles within the Board, whether or not there might not be scope for such roles to be filled by local parents. In turn, as one Board member indicated such an outcome would '*signal to other parents that this is a programme for parents and so would encourage even more parental involvement.*' It is very encouraging that this issue has already been identified by the Board and efforts have been underway for a number of years to try to get parents to fill these roles.
- Seeking to encourage greater parental involvement at the Board level. Different views exist about what the causes of low level parental involvement are at the Board. Some suggest that transport needs to be better addressed, while others signal the size of the area serving to restrict parental engagement with the Board meetings at the Rawmarsh Children's Centre. Other members consider that the timing of meetings during the working day necessarily excludes

parental participation, although it was observed that meetings have been held at a variety of times to encourage attendance by parents. The Board also currently seeks to promote the participation of parents by operating a crèche at each meeting. Despite such efforts, participation among parents remains fairly low.

Observations and opportunities

1. There are some specific areas of strength for Sure Start Rawmarsh, as it relates to ensuring that parents are central in the design and delivery of the programme. These relate particularly to ensuring capacity building opportunities for parental involvement in committees, the Parents' Panel and other parental participation through sub-groups and the extent to which service providers evidence processes that show that their service delivery is built around the needs of families.
2. In terms of increasing and maintaining parental involvement, the Board should consider specific actions that would increase parental involvement in the Board. This is likely to involve discussion with the Parents' Panel about what parents involved in the Parents' Panel might need in the way of support to take-up opportunities for a wider strategic input. This could involve the timetabling of Board meetings to precede or follow Parents' Panel meetings.
3. Other potential strategies that the Board might consider include:
 - ❑ Utilising the capacity building strategy to promote training with the Board, and with local parents particularly
 - ❑ Establishing a presence within the Sandhill area
 - ❑ Having induction processes for new Board members; and
 - ❑ Offering incentives for parental involvement, such as a gym membership or some other reward for those that attend 75% or more meetings in a given period.

B. Management Board working model promotes a strategic role

Key elements of having a strategic role include ensuring that:

- ❑ The Board is set up in a manner to provide clarity about a strategic role
- ❑ The Board comprises an appropriate membership
- ❑ Board members understand their roles and responsibilities

Board members identify as key strengths of their involvement through Board meetings as the personal commitment of many of the members, that most people regard their contribution to Board meetings as generally very valuable, the very good programme management and the extent to which people are listened to within the Board meetings. As one Board member indicated

'I feel I can comment and be listened to. I don't always feel what I say is acted upon, but I feel it is taken into account.'

As occurred at Rawmarsh's sister programme, Sure Start Maltby, these strengths reflect a person-centred rather than a structure-centred approach to identifying the characteristics of what makes for an effective Board. Given that, amongst other things, over time, as has already occurred, members of the Board will come and go, aiming to ensure that the structure provides consistency and clarity is most important.

As a consequence the Board needs to explore making some structural improvements so that the 'system' retains strength of purpose, regardless of personalities, at a programme management and at a Board level. This will also encourage greater understanding amongst Board members of their roles and responsibilities. Moreover, it will avoid the danger of the programme being driven or being perceived to be driven by programme management. The current situation, for example, without a chairperson has resulted in the programme manager acting as chair for meetings, which the programme manager observes discourages her fuller involvement in the meeting.

Moreover, the programme manager cites the risk that acting as the chair and without sufficiently clear terms of reference, Board members await her lead on issues for Board discussion. This has meant, for example,

that Board members have not been as active in evolving key areas such as the volunteers' policy as would have been hoped.

Key aspects of addressing the need for structural improvements are likely to incorporate ensuring that:

- The roles of Chair and Vice-Chair are filled
- While most members consider that the Board comprises an appropriate membership in general terms, that better involvement of local parents, the Primary Care Trust and the accountable body would improve the strategic functioning of the programme.

Subsequent to these actions, the Board could then adopt strategies that ensure that Board members have clarity about their roles and responsibilities and work cohesively in pursuit of the strategic aims of Sure Start Rawmarsh. Most current members consider that Board member contributions could be enhanced through having:

- A manual that sets out roles and responsibilities (6 of 8)
- More parents involved (5 of 8)
- Induction processes for Board members (4 of 8)
- Training for Board members about roles and responsibilities (4 of 8)

Another action that two Board members considered having value in promoting an effective contribution is team building with Board members. There was little support for increasing the time at existing meetings, reducing the current number of meetings, having more information in advance of meetings about agenda items and ensuring facilitation that enables each Board member to speak at meetings.

Observations and opportunities

1. It is very encouraging that Board members get on well with each other and that they are all committed. This strong relationship based partnership model, which is akin to the findings of Sure Start Maltby's 2002/03 evaluation report, provides a good base for undertaking some work to strengthen the strategic role of the Board and to ensure that the Board remains strong, irrespective of the people involved.

2. As a matter of urgency, the Board should seek amongst existing Board members either that are local parents or representatives of statutory or voluntary sector agencies willing to act as the chair and vice-chair of the Board in the period leading up to terms of reference ratification and elections to Board roles.
3. As a matter of urgency, and possibly through one or two away days that also enables some degree of team building and group visioning, use this period leading up to terms of reference ratification and elections to Board roles, to ensure that:
 - The terms of reference strongly define the roles and responsibilities of Board members, the strategic function of the Board and its relationship to partner agencies within the external context and sub-groups, particularly the Parents' Panel, and the programme management within the internal context. The programme could seek information about how such activity can occur through making contact with programmes where such activities have taken place. These include Sure Start Islington and, closer to home, Sure Start Maltby.
 - The process of ensuring the 'right' terms of reference enables a reflection about whether there is scope for greater delegation of authorities to sub-groups such as the Parents Panel and the programme manager. These should help expedite decision-making and provide some clarity to the Board in adopting a more strategic role.
 - The process of ensuring the 'right' terms of reference enables a reflection about what an appropriate membership on a Board constitutes, and how this relates to the wider strategic context. Necessarily, this is about learning from key stakeholder groups, such as the accountable body, the Primary Care Trust, the EYDCP, voluntary sector agencies and local parents about their perspectives of why they should or should not be involved and in what ways. Moreover, it is about defining the barriers to involvement and developing strategies to address these barriers.

For instances, the reasons for limited involvement of the accountable body and the Primary Care Trust at Board meetings, as can often be the case for local Sure Start programmes, relates to their own capacity issues given the considerable number of initiatives that they are involved with.

This may mean given Children's Centre developments within the wider mainstream, looking at avenues that provide for clarity

about the relationships between these initiatives and the nature of exercising power within these contexts. The programme could seek information about how such activity can occur through contacting areas where such activity is currently occurring. These include the London boroughs of Camden, Newham, Tower Hamlets and Islington.

4. The Board could consider as part of its process of renewal having elections for the new Board and executive positions, maybe for 2004/05. This would enable the intervening time to ensure that the process of developing terms of reference captures the varied issues that are about promoting a strategic function for the Board and ensuring a wide ownership amongst Board members of new terms of reference.
5. Further to such actions, the Board might then consider establishing an induction process for the new Board, supported with manuals that set out roles and responsibilities and training that enables specific understanding of:
 - The strategic overview of the roles and responsibilities of a Sure Start Management Board vis-à-vis the programme management and other stakeholder groups
 - The relationship of Sure Start Rawmarsh to the wider strategic context, especially new developments such as Children's Centres
 - Corporate governance within a Sure Start context
 - Managing conflicts of interest
 - Confidentiality
 - Decision making
 - Partnership Working
 - Involving the local community
 - Sure Start finances

Some aspects of this training could also be extended to incorporate the wider partnership members, especially related to the Strategic overview of the roles and responsibilities of a Sure Start Management Board vis-à-vis the programme management and other stakeholder groups and what corporate governance means in a Sure Start context.

C. New models of working exist that improve service delivery to local parents and young children in Rawmarsh and beyond...

The issue of *mainstreaming* good practices piloted by the Sure Start Rawmarsh is critical to the long-term goal of breaking the cycle of social exclusion that underpins the objectives of the Sure Start programme.

The *Every Child Matters* Green Paper demonstrates a broad Government commitment to the mainstreaming of Sure Start programmes, indicating, for examples, that the Sure Start model of offering 'one-stop shops' of nursery education, family support, employment advice, childcare and health services are a centrepiece of the new framework and that supporting parents and carers is at the heart of the approach to improving children's lives where support is needed or wanted

Such a policy framework is particularly encouraging for local Sure Start programmes about the potential of mainstreaming their way of working. Indeed, Sure Start Rawmarsh has been designated as a Children's Centre demonstrating a substantial commitment to the principle of integrated working involving a multi-disciplinary and multi-agency approach. As a consequence, Sure Start Rawmarsh has observed a significant improvement in its own positioning within the wider mainstream, evidenced by:

- Increased involvement of the Early Years Development and Childcare Partnership within the Board and more generally

- Increased profile within Rotherham enabling involvement in children's services planning

- Involvement at Children's Centre planning meetings that has a borough wide remit

A key concern, however, expressed by many attendees at the Board meeting was the limited involvement of the accountable body and health services within the Board. Given that social services and health are fundamental aspects of the work of Sure Start Rawmarsh, as a programme and in its designation as a Children's Centre, strengthening these relationships has a significant priority. A number of attendees at

the Board meeting regarded that addressing the relationship with the health services was of urgent priority. This was particularly the case as:

- ❑ Over three years, an effective information sharing protocol between the programme and health services remains a goal, rather than an actuality
- ❑ The Sure Start Unit programme risk assessment indicated that Sure Start Rawmarsh is a 'high risk' programme as a consequence of limited strategic health input within the programme.
- ❑ The significant investment the programme is making into health services for the benefit of local families and young people, given concerns about changes to the way services are delivered, such as the secondment of Sarah Roebuck from CHAT without the involvement of, or any consultation with the Sure Start Rawmarsh programme about a succession strategy.

As noted at page eight, at a service provision level, however, the extent to which service providers are ensuring that their service provision is developed, in conjunction with local families, and that it is reviewed by local parents are very encouraging.

Ensuring that projects are effectively evaluated and that the outcomes of such evaluation are shared and celebrated with Board members and the wider mainstream was considered a particularly important step by Board members and programme management for the future. This was a consequence of Board members recognition that while the 'Sure Start Rawmarsh way of working', defined in terms of integrated multi-agency multi-disciplinary working was certainly likely to become the mainstream approach, individual projects would need to demonstrate and market their own benefits.

Observations and opportunities

1. That Sure Start Rawmarsh has been designated as a Children's Centre is very encouraging about the extent to which this style of service delivery for local families is likely to be mainstreamed within Rotherham. While such outcomes are likely affected by a wider policy context as set out in the *Every Child Matters* Green Paper, that Sure Start Rawmarsh in its existing operation has had such designation is also a credit to the work of Sure Start Rawmarsh programme management, staff and Board members themselves.

2. Addressing the strategic relationships of the programme to agencies, such as the Primary Care Trust (for health visiting, speech and language therapy, physiotherapy etc), the Rotherham Hospital Trust (for midwifery) and the accountable body is worth considering for the Board. A structural mechanism for encouraging such developments are service level agreement reviews to specify management relationships.

To an extent, such relationships may work themselves out through the closer relationships anticipated by joint working around Children's Centre developments.

3. Ensuring that Sure Start Rawmarsh is well positioned to influence universal provision and mainstreaming of innovative projects will, however, be an intensive process, as it is for most Sure Start programmes. To this end, Sure Start Rawmarsh could consider:

- Through its own evaluation commissioning, determining projects for external evaluation, as it has done in 2003 for CHAT, family support and health visiting.

This may have a particular importance for projects that do not form part of Barber Crescent operations or are not delivered by mainstream statutory agencies.

- Providing training to service providers that enables them to move forward their own evaluation mechanisms to explore issues of, and to quantify the 'impact' of service delivery.

For example, what did involvement in parents' training offer those parents in terms of issues such as how many went onto find work and how many went onto take up further education?

B. Operational Dimension

At the heart of the Sure Start programme is the aim of reconfiguring how organisations work with each other and how these organisations deliver services to clients, so that all parents and their very young children are capable of accessing the services that they need in ways that meet their needs. This reconfiguration is built around:

- The Sure Start Rawmarsh Partnership and service providers working together to ensure a seamless service for families
- The Sure Start Rawmarsh Partnership works in such a way as to have positive outcomes on the health, well being and other indicators for babies, children and their parents.

A. The provision of a seamless service

As noted, the *Every Child Matters* Green Paper intends that the Sure Start model of offering ‘one-stop shops’ of nursery education, family support, employment advice and childcare are central to realising the goals of meeting the continuum of needs of families with very young children. Moreover, this recognises the principle that a framework of universal services that supports every child to develop their full potential and that aims to prevent negative outcomes is pivotal to all children, irrespective of their family circumstances.

Such an approach represents the aspirations of Sure Start Rawmarsh service providers. In terms of understanding whether a ‘seamless service’ exists for local families, service providers were asked to identify:

- How effective referral works *overall*
- The extent to which the continuum of needs of local families are meaningfully addressed
- How effective information sharing arrangements are between providers
- The overall quality of service for *individual* providers

Waiting times

As noted, service providers identify as a key programme strength the speed of referral processes. Examples include physiotherapy and speech and language therapy service, with providers pointing to the abolition of

waiting periods for these services, despite previous waits of 6-8 months for these services.

Providers noted that the reduction in waiting times arose largely because of:

- ❑ Operating largely in one space, or as one provider observed, '*under one roof, so to speak.*'
- ❑ The Sure Start Plan of Care that enabled providers to better understand each other's roles and protocols for working with each other
- ❑ Increasing the number of services on offer, and having additional resources available. An aspect of this incorporates the provision of services more informally, so that parents could access 'specialist' services such as physiotherapy in more informal contexts without waiting for the need to reach such a point that specialist provision becomes a priority.

Addressing the continuum of needs of local families

A key aspect of ensuring that the varied needs of families are effectively taken into account is about ensuring that traditionally harder to reach groups have their needs properly taken into account. Service providers identify considerable success in being effective at involving young parents/carers and at involving male parents/carers, as evidenced at Table 1. Providers were particularly encouraged by the efforts of the CHAT in engaging young people, including with the Baby Doll project.

The latter point was deemed possible as a consequence of employing a male family support worker, Steve Chapman, who set up Rawmarsh Dads. A range of activities are offered, incorporating a weekly dads group that is attended by 4 or 5 fathers, a Wednesday night football session that about 15 men attend and Saturday events which have been attended by at least ten local fathers. In addition to these activities, fathers have also engaged in other sports activities and fund-raising initiatives for the programme.

Table 1: Provider evaluation of effectiveness of involving younger parents/carers and male parents/carers.

Statement	Evaluation of statement (number of citations)				
	Very Good	Good	OK	Poor	Don't know
Effective at involving young parents/carers	5	5	1	0	1
Effective at involving male parents/carers	5	4	1	0	2

Moreover, ten of twelve providers felt that both as it relates to effectiveness in involving young parents/carers and male parents/carers, Sure Start Rawmarsh offered a better service than alternative non-Sure Start services for families. The other two providers were unsure.

In terms of making improvements, however, as it relates to addressing the continuum of needs of local families, providers felt that:

- Addressing the needs of local families, especially with a satellite site at Sandill would be especially beneficial at encouraging the take-up of services by local families living within that part of the catchment area.
- Increasing the range of skills offered within the multi-agency context would address specific needs of local families. Specifically, these areas are:
 - work to promote healthy eating, maybe through having some dietician input into the programme
 - work to help parents that have mental health problems, maybe through having some community psychiatric nurse input into the programme
 - greater efforts to help parents back into work.

Information sharing and appropriateness of referrals

Overall, seven service providers identified that referrals are generally almost always appropriate, with three stating that referrals were *always* appropriate. Moreover, five providers felt that there were more referrals as a result of Sure Start Rawmarsh, with two unsure about whether or not this was the case. Most providers identified that health visitors and family support workers are the predominant sources of

referral, while the predominant service providers to which referrals get made are health visitors, the speech and language therapist and physiotherapy.

In terms of making referrals, providers point to the process of developing the Sure Start Plan of Care as particularly useful in enabling providers to better understand each other's roles and protocols for working with each other. Moreover, providers identified improved communication and understanding arising as a consequence of other actions such as:

- ❑ The providers' forum organised by the programme co-ordinator, Wendy Kettleborough.
- ❑ The co-ordination of referral processes through the programme manager, Maggie Whitfield
- ❑ Working together either through the provision of joint visits or in collaborating in the organisation and facilitation of group activities for local families. Examples include
 - the twice weekly Busy Bees sessions that community nursery nurse run in conjunction with physiotherapy services at Monkwood premises and at the Salvation Army. The sessions are very popular with attendances across the groups at 25-35, on average, each week.
 - the twice weekly Chatterbox sessions that community nursery nurse run in conjunction with the speech and language therapist at Monkwood premises at the Ramwarsh Children's Centre. The sessions tend to have attendances across the groups at 10-16, on average, each week.
 - the weekly baby clinic undertaken by Sure Start health visitors and family support workers at the Monkwood premises.

The degree of informality with which providers were learning about each other and their respective roles was considered a potential risk given that there are no formal means of communicating such information to one another. Given the absence of formal channels, communication is necessarily *ad hoc* and can depend on personal relationships meaning providers may not be aware of potentially valuable services which they could refer clients on to.

Providers considered that having a semi-regular away day that brought *all* providers together to learn and share information about roles,

responsibilities and boundaries of working would prove particularly useful.

Some providers also felt that having some systemisation of multi-disciplinary working concerning clients may have some benefit, noting that case network meetings used to take place that enabled providers to talk about cases and ensure that all providers in multi-agency multi-disciplinary understood each other's intervention and that families were receiving an appropriate service addressing the continuum of their needs. The current system, as the programme co-ordinator observes *'relies on the informal relationships and that we are working together in the buildings.'*

Quality of service- a service provider perspective

Providers were also asked to identify in their professional experience, their view of the overall quality levels of service that Sure Start families are likely to receive.

Table 2: Quality of service overall- a service provider perspective

Statement	Evaluation of statement (number of citations)				
	Very Good	Good	OK	Poor	Don't know
Client friendly times for services	7	4	0	0	1
Easy for clients to get an appointment	6	3	0	0	3
Easy for clients to get an appointment (location)	5	4	0	0	2
Friendly service	10	1	0	0	1
Professional service	9	2	0	0	1

The results are especially encouraging as the majority of providers also observed that in every criterion related to a quality service, that Sure Start Rawmarsh provides a 'better' service than alternative non-Sure Start service provision.

Equally, as Table 3 sets out, local providers are also encouraging of the extent to which they perceive they are making a difference, indicating that overall they believe they are making a positive impact on parenting skills, child development and improving the relationships of parents with their children. Again, the majority of providers also observed that as it relates to these criteria of impact, that Sure Start Rawmarsh

provides a 'better' service than alternative non-Sure Start service provision.

Table 3: Impact of service

Statement	Evaluation of statement (number of citations)				
	Very Good	Good	OK	Poor	Don't know
Improves parenting skills	5	6	0	0	1
Improves child development	8	3	0	0	1
Improves relationships between parents and babies/children	9	2	0	0	1

What causes such impacts, however, is demonstrated by the extent to which providers observe various aspects of how well Sure Start Rawmarsh works. Providers used ratings of 4- definitely does this, 3- does this most of the time, 2- does this the same as non-Sure Start areas and 1- does this not do very well (and certainly not as good as Sure Start areas).

As Table 4 sets out, providers are especially encouraging about the extent to which Sure Start Rawmarsh provides good quality play and learning opportunities for very young children, good quality and accessible family support services, an improved focus on health and well being and a model for improved agency working.

Table 4: Provider perceptions of Sure Start Rawmarsh

Indicator	Score
The SSR partnership provides good quality play and learning opportunities for very young children	3.9
SSR provides good quality, accessible family support services.	3.8
The SSR partnership improves the focus on health and well-being	3.7
The SSR programme improves inter-agency working.	3.7
The SSR partnership enables more preventative working that will improve baby/child development	3.5
SSR provides good opportunities for all parents	3.5

wanting to access training and employment	
SSR communicates well with agencies and families about what services are available.	3.1
SSR communicates well with agencies about expectations, like monitoring, finance and evaluation	3.1
The SSR services are built around the express needs of local families.	3.0
The SSR partnership is transparent about how decisions are made	2.8

Observations and opportunities

1. Sure Start Rawmarsh should feel very proud of the extent to which it has reduced waiting times for services, particularly as it relates to physiotherapy and speech and language therapy.
2. Sure Start Rawmarsh's providers' forum and the centralisation of referral processes are to be commended as good examples of effective operational partnerships and specifically about the difference these will make in terms of information sharing. These also compare very favourably to practice in many other Sure Start areas.
3. To make improvements to information sharing and to ensure that families receive appropriate services that address the continuum of their needs without duplication or providers working at cross purposes, re-establishing the case network meetings may have some benefit. While the Laming inquiry focused on acute services, recommendations focused on improving communication were fundamental findings and resonate as much with ensuring seamless preventative services as with acute services.

As alternatives, Sure Start Rawmarsh could consider models used in other Sure Start areas such as having monthly case meetings for families that receive services from multiple agencies as occurs at Sure Start Ore Valley to ensure that the package of services provided to families are most appropriate in the circumstances. An alternative model is having the co-ordinator co-ordinate and review actions across multi-agency multi-disciplinary teams for families that receive multi-agency service packages, as occurs at Sure Start Holloway and Sure Start Copenhagen.

4. Given the extent to which providers are working well with each other, having semi-regular away days that bring together all service providers to enable joint planning, better understanding of roles and responsibilities and to celebrate successes is worth exploring.

5. Sure Start Rawmarsh should also feel very proud of its success, especially when measured comparatively with other Sure Start programmes, in engaging with young parents/carers and male parents/carers. These highlight the extent to which having services that target specific 'harder to reach' groups are likely more successful at helping in both reaching the target group and in ensuring that they engage with mainstream service delivery.
6. Building on this success, Sure Start Rawmarsh's efforts to enhance provision for families within the Sandhill estate is especially encouraged.

B. Progress in meeting the needs of local families

Service providers were asked to identify areas of success and areas for improvement as it relates to meeting the needs of local families, as it concerns play, learning and childcare and in health and family support.

Table 5: Play, learning and childcare

Areas of success	Priorities for the future
<ul style="list-style-type: none"> ▪ More groups focusing on value of play. ▪ Funding to appropriate toys. ▪ Access to professionals with knowledge of early years, i.e. age appropriate toys. ▪ Quality of staff. ▪ Have access to free training & childcare. ▪ Space & time (Professionals have time; new buildings have more space). ▪ Two bases now operating, offering consistency of groups & staff. 	<ul style="list-style-type: none"> ▪ Continue educating parents about their child's development & groups. ▪ Being proactive & not reactive ▪ Empowering parents. ▪ Evaluation and consultation of the groups/ services. ▪ Continue to provide high quality childcare ▪ After nursery care (Based on Pen green) Driven by the child – the process not the product.

These results reiterate the importance of staff quality and a multi-agency multi-disciplinary context. Moreover, the provision of more groups and toys and offering quality environments in which to deliver services is also a source of success. The priority areas for the future relate largely to building on these successes, and evidencing that the approaches adopted by the programme are meeting the needs of local families.

The plans to apply a schematic learning framework that enables work with parents and looks at how the child is developing also provides an interesting platform for increasing the quality of service provision for very young children.

Table 6: Health and family support

Areas of success	Areas for improvement
<ul style="list-style-type: none"> ▪ Access to good quality professional staff – variety of workers. ▪ ‘Under 1 roof – so to speak’. ▪ Diversity of family support team. 2 male staff members. ▪ Health visitors have a variety of expertise and interests. ▪ Co-working – joint visiting. ▪ Sure Start Plan of Care. ▪ Access to training – shared access. ▪ Health visitors having the opportunity for home visiting. ▪ Linking together what is already there – existing services – voluntary sector, etc. 	<ul style="list-style-type: none"> • Accurate evaluation including the hard to reach sector of the population. • More creative solutions to reaching the whole of the community. • Sharing current practice & innovation & implementation. • Promotion of all agencies – roles. • Expanding the perceptions of mainstream services. • If Sure Start is a model of good practice – social workers, CPN, Dietician, etc to be added to the team.

These results also reiterate the importance of staff quality and a multi-agency multi-disciplinary context. Moreover, the ability to innovate with home visiting, joint visiting and to have more diverse skill sets amongst staff are also sources of success. Like play, learning and childcare, the priority areas for the future also relate largely to building on these successes, expanding the scope of work and evidencing that the approaches adopted by the programme are meeting the needs of local families.

Observations and opportunities

1. Research into integrated working models suggest that Sure Start Rawmarsh’s model of working will positively impact on the development of babies, children and their parents. Sure Start

Rawmarsh could explore specifically identifying ways that such impacts are made within its own local context. This could include tracking 'case' and 'control' groups and ensuring new systems of data collection amongst providers, particularly within the public health department and accident and emergency sections of the Rotherham Primary Care Trust.

C. Client Dimension – Outcomes for local parents and very young children

A. Improved Awareness

A core aspect of the success of Sure Start is the level of awareness of the programme in the community, and among its client group. To ascertain levels of awareness, parents were asked whether or not they had heard of Sure Start.

The results are extremely positive since indicate that 97% of parents had heard of Sure Start. This must be counter-balanced, however, with work that has been undertaken by the programme to identify specific hard to reach groups locally, evidencing that such high levels of awareness are not necessarily true overall for the population.

Levels of awareness were compared against the nearby Sure Start Maltby programme, with the results given at Table 7.

Table 7: Comparison of levels of awareness between Sure Start programmes

Heard of Sure Start	SS Rawmarsh	SS Maltby
Yes	96.9	92.4
No	3.1	7.6

The results at Table 7 demonstrate that levels of awareness enjoyed by the Sure Start Rawmarsh programme closely reflect those experienced by Sure Start Maltby.

The results are extremely positive when set against an average level of awareness of 80% for four other Sure Start programmes with which Cordis Bright has worked with.

Results regarding awareness were analysed in relation to key demographic variables.

- levels of awareness were slightly higher amongst parents from dual parenting households compared to their lone parenting peers
- awareness of the programme varied somewhat in relation to the length of time respondents had lived in the area, with awareness lowest amongst those who had been in the area a year or less. The results are given at Table 8.

Table 8: Awareness of Sure Start by length of time lived in area

Heard of Sure Start	Length of time lived in area (%)			
	0 – 1 year	1 – 5 years	6 – 10 years	More than 10 years
Yes	84.2	100	92.3	99.0
No	15.7	0.0	7.6	1.0

Those parents who had heard of Sure Start were asked where they had heard of the programme. The results are given at Table 9.

Table 9: Means of awareness of Sure Start

Means of awareness	% of survey population
Word of mouth	36.1
Health visitor	31.5
Sure Start worker	14.4
Other	8.3
Poster/flyer/information leaflets	6.9
Local newspaper	2.8

Word of mouth proved to be the single most common means of hearing about the programme, cited by a little over one third of respondents (36%) whilst health visitors were cited by a little under a third of parents (32%).

The results indicate that, while the local population are disseminating information about Sure Start Rawmarsh, Sure Start staff are a crucial means of generating awareness; furthermore the majority of awareness raising is done face to face rather than through publicity (such as leaflets, flyers and newspaper features).

The Other means of awareness cited were:

- Midwife (4 citations)
- Relative (3 citations)
- Playbus (3 citations)

- Partner (2 citations)
- Fun Day (1 citation)
- Nursery (1 citation)
- Via work (1 citation)
- Playgroup (1 citation)
- Correspondence from Sure Start (1 citation)

Looked at according to key demographic variables, analysis revealed that:

- Men were most likely to hear about Sure Start via word of mouth, whilst women were most likely to hear about the programme via a health visitor. The results by gender are given in full at Table 10.

Table 10: Awareness by gender

Heard of Sure Start	Gender (%)	
	Male	Female
Word of mouth	52.1	34.2
Health visitor	8.6	34.2
Sure Start worker	17.3	14.2
Other	21.7	6.8
Poster/flyer/information leaflet	0.0	6.9
Local newspaper	0.0	2.8

- Younger respondents (those in the cohort 20 to 24) were most likely to hear about the programme through their health visitor (52%) compared to their older peers of 25 plus (29%); those in the age cohorts 25 plus were most likely to hear about the programme via word of mouth (35%) than their younger peers (28%).
- There was a clear correlation between information disseminating through word of mouth, and length of time lived in the area. Thus, those who had been in the area for a year or less were least likely to hear about the programme by word of mouth, whilst those who had been in the area for more than 10 years were most likely to have heard of Sure Start via this means. Conversely, those in the area for less than a year were the most likely to hear about the programme via a health visitor. See Table 11.

Table 11: Awareness by length of time lived in area

Heard of Sure Start	Length of time lived in area (%)			
	0 – 1 year	2 – 5 years	6 – 10 years	More than 10 years
Word of mouth	20.0	31.7	36.0	39.6
Health Visitor	60.0	41.4	32.0	23.1

- Lone parents were more likely to hear about Sure Start via word of mouth than parents in dual parenting households (42% and 35% respectively) while those from dual parenting households were more likely to hear about Sure Start from their health visitor than lone parents (at 33% and 27% respectively).

- Those who described themselves as Full time parents were less likely to hear about Sure Start by word of mouth than unemployed and employed parents. Conversely, Full time parents were more likely to hear about the programme from a health visitor. See Table 12.

Table 12: Awareness by working status

Heard of Sure Start	Working status (%)			
	Working full time	Working part time	Un-employed	Full time parent
Word of mouth	66.6	33.3	41.1	21.8
Health Visitor	5.5	26.9	29.4	52.7

Recommendations

1. While the level of awareness identified in the community survey was high, the programme needs to think about the extent to which harder to reach groups are engaged with the programme, to ensure high levels of awareness. This is particularly important given the fact that the key source of information amongst parents regarding the programme is through informal channels (word of mouth) over which the programme has little control.

2. The role of Sure Start staff in promotion is underlined by the results from the survey. Whilst word of mouth was the most commonly cited means of finding out about the programme, other forms of communication were more important to potentially more isolated members of the community. Thus, full-time parents were most likely to hear about Sure Start via their health visitor. By ensuring that Sure Start staff actively promotes the service to all the parents they meet, the programme will be better placed to engage with parents who are potentially isolated.

B. Take-up of services

Health services

The data from the community survey was used to determine take-up levels of various health services in the Sure Start Rawmarsh area in order to map service usage. The results are presented at Table 13.

Table 13: Take-up of health services

Health service	Number of respondents	% of respondents
GPs	175	88.4
Health Visitors	159	80.3
Midwife	141	71.2
Oral Health Educator	93	47.0
Baby clinics	90	45.5
Child health clinics	70	35.4
Speech and language therapist	46	23.2
Physiotherapist	45	22.7
Bumps and Babes Groups	42	21.2
Baby massage	42	21.2
Skin clinic	33	16.7
Breast-feeding Workshop	27	13.6
Sure Start Health adviser	26	13.1
Sleep clinic	19	9.6

As Table 13 demonstrates, the most commonly used service were GPs (cited by 88% of parents). The results are to be expected given the role of GPs as the point of delivery for front-line health services as well as their role as gate-keepers to other health services.

When asked whether or not they thought that there were sufficient health services in the area, 95% of parents thought there were.

When looked at in relation to a number of demographic variables some differences were detected:

- A higher percentage of parents from dual parenting households felt that there were sufficient health services (96%) compared with lone parents (89%)
- Those respondents who had lived in the area for a year or less were the least likely to feel that there were sufficient health services in the area. See Table 14.

Table 14: Level of health service coverage by length of time lived in area

Sufficient health services	Length of time lived in area (%)			
	0 – 1 year	1 – 5 years	6 – 10 years	More than 10 years
Yes	72.2	94.8	100	97.0
No	27.7	5.1	0.0	2.9

The results were additionally compared to Sure Start Maltby. The results for the two programmes are given at Table 15.

Table 15: Level of health service coverage by Sure Start programme

Sufficient health services	SS Rawmarsh	SS Maltby
Yes	94.8	90.4
No	5.1	9.6

When asked to identify any further health services that they would like to see in the area, 9 (5% of the survey population) parents provided suggestions. Their suggestions are given below at Table 16.

Table 16: Additional health services requested by respondents

Additional health service	Number of citations	Percentage of survey population
Extended opening hours for existing services	2	1.0
Existing services to operate from more locations	2	1.0
Parenting support	1	0.5
More post-natal depression support	1	0.5
Dietician	1	0.5
Better appointment system at GP surgeries	1	0.5
More Physiotherapy	1	0.5

The low number of recommendations would tend to indicate that health services coverage in the Sure Start Rawmarsh area is good and that there are no obvious gaps or omissions in service provision.

With regard to the timing of services, the parents indicated that health services should be available outside of normal working hours:

- Groups for after 9am – 5pm.

With regard to the geographic coverage of services, a respondent noted that:

- I think there should be more in the centre of Rawmarsh where it is easier for more people to get to.

Play and learning services

The data from the survey was used to determine the take-up rates of different play and learning services in the Rawmarsh area. The results are set out at Table 17.

Table 17: Take-up of play and learning services

Play and learning service	Number of respondents	% of respondents
Play and Learn Bus	97	49.0
Busy Bee's Children's Activity Gym	92	46.5
Toy library	87	43.9
Crèche	82	41.4
Nursery	77	38.9
Chatterbox	62	31.3
Casual Crèche (drop-in)	46	23.2
Tots to Twos	41	20.7
Toddler Splash	39	19.7
Bumps and babes	33	16.7
Pat-a-cake Club	31	15.7
Book/maths library	20	10.1
Childminders	18	9.1
Special needs support for children	17	8.6
PACT (behaviour management)	16	8.1
Story Sacks	16	8.1
STEPS (educational psychology)	14	7.1

As Table 17 demonstrates, the single most commonly used service was the Play and Learn Bus, used at one stage or another by almost half of the survey population (49%).

When asked whether or not they thought there were sufficient play and learning services in the area, 92% of the survey population felt that there was.

The results, when disaggregated in relation to a number of key demographic variables indicated some differences between certain elements of the survey population:

- Male respondents were slightly more inclined to think that there were sufficient services at 96% compared to 92% of women
- Those in the older age cohorts were less likely to think there were sufficient services, with 90% of those in the band 25 to 44

agreeing with the statement, compared to 97% of those in the band 20 to 24.

- Full time parents were the least likely to think that there were sufficient services compared to their employed and unemployed peers. See Table 18.

Table 18: Level of play and learning service coverage by working status

Sufficient play and learning services	Working status (%)			
	Working full time	Working part time	Un-employed	Full time parent
Yes	89.4	93.9	91.3	85.7
No	10.5	6.0	8.6	14.2

When the results for Sure Start Rawmarsh were compared to those for Sure Start Maltby, the results indicate that parents in Rawmarsh are considerably more likely to feel that there are sufficient play and learning services compared to their peers in Maltby. See Table 19.

Table 19: Level of play and learning services by Sure Start programme

Sufficient play and learning services	SS Rawmarsh	SS Maltby
Yes	92.3	61.3
No	7.7	38.7

Survey respondents who felt that there were insufficient services were asked what additional services they would like to see. The results are set out at Table 20.

Table 20: Additional play and learning services requested

Additional play and learning services	Number of citations	Percentage of survey population
A wider range of opening hours	3	1.5
More playgroups	3	1.5
More play areas	2	1.0
Extended opening hours for existing services	2	1.0
More mother and toddler groups	1	0.5
More services for Parkgate area	1	0.5
Groups for children aged 3 plus	1	0.5
Minibus for trips	1	0.5
Existing services to operate from more locations	1	0.5
Groups for children aged 5 plus	1	0.5
More services for Sandhill area	1	0.5

Respondents made 17 recommendations as to services they would like to see. The low number of suggestions indicates that there are no significant gaps in service provision, and where services are being provided, these are being done so at appropriate times and locations.

Some parents did express an interest in changing the opening times of services to some extent:

- My toddler is at nursery in the mornings, but most groups are in the morning.

Training and education facilities

The community survey data was used to determine the levels of take-up of various training and education facilities in the Sure Start Rawmarsh area. The results are given at Table 21.

Table 21: Take-up of training and education facilities

Training and education facility	Number of respondents	% of respondents
Libraries	60	30.3
Sure Start Self Defence	23	11.6
IT training at City Learning Centre	17	8.6
NVQ Childcare and Education	11	5.6
Committee Skills	9	4.5
Story Sacks Training	5	2.5
ESOL classes	2	1.0

Libraries were the most commonly cited service, used by a little under a third (30%) of parents interviewed. That Sure Start Rawmarsh provides services at the library was also rated very highly in promoting this outcome.

When asked whether or not they thought there were sufficient training and education facilities in the area, 82% of respondents indicated that there were.

The results were explored in relation to a number of key demographic variables:

- 86% of male respondents thought that there were sufficient facilities compared to 81% of female respondents

- When looked at by working status, full time parents were the most likely to feel that there were sufficient training and education facilities. See Table 22.

Table 22: Level of training and education facilities by working status

Sufficient play and learning services	Working status (%)			
	Working full time	Working part time	Un-employed	Full time parent
Yes	78.9	80.6	78.2	88.0
No	21.0	19.3	21.7	11.9

A higher proportion of respondents from the Sure Start Rawmarsh community survey felt that there were sufficient services compared to their peers in Maltby. The results are given at Table 23.

Table 23: Levels of training and education facilities by Sure Start programme

Sufficient training and education facilities	SS Rawmarsh	SS Maltby
Yes	82.0	68.4
No	18.0	31.6

Respondents were asked to provide details of training and education services they would like to see in the area. In total, respondents made 35 suggestions, of which 24 were recommendations for new courses that they would like to see. Their recommendations and the list of additional courses they would like to see are given at Tables 24 and 25.

Table 24: Additional training and education opportunities requested

Additional training and education opportunities	Number of citations	Percentage of survey population
Additional courses	24	12.1
Back to work skills and support	3	1.5
GCSEs	3	1.5
Better promotion of existing courses	2	1.0
Courses run at different times	1	0.5
Courses aimed at men	1	0.5
More places on existing courses	1	0.5

Whilst there were 24 requests for additional courses, no course was requested for by more than 3 respondents, or 2% of the survey population. See Table 25.

Table 25: Additional courses requested by respondents

Additional courses requested	Number of citations
Maths course	3
IT training	2
Child care course	2
Food hygiene course	2
English course	2
First Aid course	2
General health course	2
Child safety training	1
Language courses	1
Literacy course	1
Tai chi	1
Aromatherapy	1
Relaxation	1
Photography course	1
Nursing course	1
Pilates	1

Given that some courses requested are already being provided, the results would tend to indicate that better publicity of existing services would go some way to meeting demand.

Support services

As with the other thematic areas, survey data was used to ascertain the take-up levels of a range of services in Rawmarsh. The results are set out at Table 26.

Table 26: Take-up of support services

Support service	Number of respondents	% of respondents
Parks/play areas	160	80.8
Public transport	126	63.6
Nursery Nurses	54	27.3
PATCH (safety equipment loan)	37	18.7
Family Support Workers	26	13.1
Mum and dads to be group	23	11.6
Bums and Tums	23	11.6
Yoga classes	21	10.6
Breast pump loan scheme	20	10.1
Rawmarsh Dads	14	7.1
Family Learning	14	7.1
Post natal depression support	11	5.6
Grandparent Group	9	4.5
Chatabout	8	4.0

Rawmarsh Drugs Forum	3	1.5
CHAT young people's drop-in	3	1.5
Baby doll project	3	1.5

Parks/play areas were the single most commonly cited service used, with 81% of parents indicating usage of these services. This may be related in part to the links enjoyed by Sure Start with the friends of Victoria Park.

When asked whether or not they thought that there were sufficient family support and other services in the area, 91% of respondents thought that there were.

When analysed in relation to key demographic variables, some variances were observed in relation to gender:

- Female respondents were more likely than their male counterparts to indicate that there were sufficient services, (92% of female to 87% of male respondents).

When compared to the data for Sure Start Maltby, the results indicate that a higher proportion of respondents in the Rawmarsh area thought there were sufficient family support and other services. The results are given at Table 27.

Table 27: Level of family support and other services by Sure Start programme

Sufficient family support services	SS Rawmarsh	SS Maltby
Yes	91.4	87.3
No	8.6	12.6

Respondents were invited to give details of any additional services that they would like to see. The results are set out at Table 28.

Table 28: Additional family support and other services requested

Additional family support and other service	Number of citations	Percentage of survey population
Play areas	10	5.1
Public transport	2	1.0
Swimming pool	2	1.0
Weekend activities	1	0.5
Nurseries	1	0.5
More post natal depression support	1	0.5
Support for young/lone parents	1	0.5
After school club	1	0.5

The most commonly requested service was for play areas. In particular this manifested itself as a concern with the state of local parks and the need to improve these to ensure that they are accessible to very young children:

- More safe play areas/parks without broken glass, graffiti and muck.

The concern with swimming pools is probably related to the relatively recent closure of the public baths in Rawmarsh and the failure to provide an alternative venue for swimming in the area.

Referrals

When parents were asked whether or not they had been referred from one Sure Start service to another, a fifth (20%) of respondents indicated that they had, equating to 39 respondents.

Levels of referrals were seen to vary widely when disaggregated in relation to a number of demographic variables:

- Referral rates were lower amongst male respondents (at 17%) than among their female peers (21%)
- A higher proportion of lone parents indicated that they had received a referral than their peers from dual parenting households (at 30% and 19% respectively)
- Referral rates were directly correlated to the length of time respondents had lived in the area with referral rates highest amongst those who had lived in the area for More than 10 years. The results are set out at Table 29.

Table 29: Referral rate by length of time lived in area

Referred	Length of time lived in area (%)			
	0 – 1 year	2 – 5 years	6 – 10 years	More than 10 years
Yes	11.1	15.7	15.3	26.4
No	88.8	84.2	84.6	73.5

- Referral rates were highest among respondents who described themselves as Unemployed, whilst were lowest amongst those Working full-time. The results are given at Table 30.

Table 30: Referral rate by working status

Referred	Working status (%)			
	Working full time	Working part time	Un-employed	Full time parent
Yes	5.0	23.0	33.3	12.7
No	95.0	77.0	66.6	87.2

Those respondents who had received a referral were asked which service they had been referred on to. The results are set out at Table 31.

Table 31: Services referred on to

Service referred on to	Number of citations	Percentage of survey population
Physiotherapist	9	4.5
Speech therapist	8	4.0
Post natal depression support	3	1.5
PATCH	3	1.5
Family support worker	3	1.5
STEPS	2	1.0
Community midwife	1	0.5
GP	1	0.5
Orthopaedic surgeon	1	0.5
Busy bees	1	0.5
Chatterbox	1	0.5
Breast pump loan scheme	1	0.5
Toy library	1	0.5
Bumps and babes	1	0.5
NVQ Childcare course	1	0.5
Pat-a-cake club	1	0.5
Stay and play	1	0.5
Sleep clinic	1	0.5
Chatterbox	1	0.5

The single most commonly referred on to service was physiotherapy, to which 5% of the survey population had been referred to, followed by speech and language therapy at 4%.

Respondents were additionally asked which organisation/professional had made their referral. The results are set out at Table 32.

Table 32: Service making referral

Service referred on to	Number of citations	Percentage of survey population
Health visitor	21	10.6
Midwife	3	1.5
Toy library	2	1.0

Sure Start worker (non-specified)	2	1.0
Play and Learn Bus	2	1.0
Physiotherapist	1	0.5
Chatterbox	1	0.5
Family Support Worker	1	0.5
Stay and play	1	0.5
Speech and language therapist	1	0.5

The results at Table 32 indicate that health visitors are the predominant source of referrals, making more referrals than the other 9 services put together. Thus health visitors made 21 referrals compared to 14 from the remaining services, or expressed another way, health visitors made 60% of referrals listed. The results very clearly underline the centrality of health visitors in making referrals and their integral role in liaising between clients and other services.

Respondents were asked how long they had had to wait to see the service they were referred on to. The results are given at Chart 1.

Chart 1: Waiting time to see service referred on to

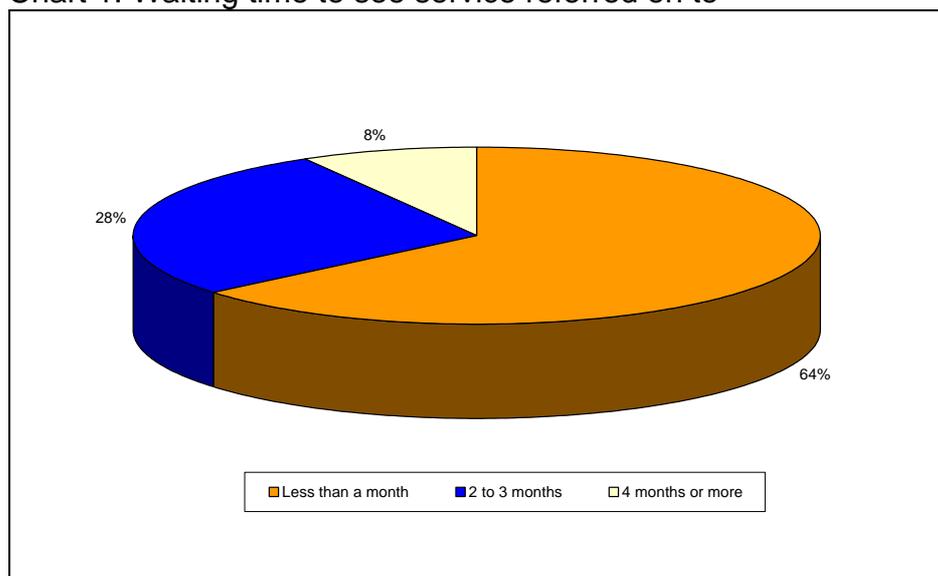
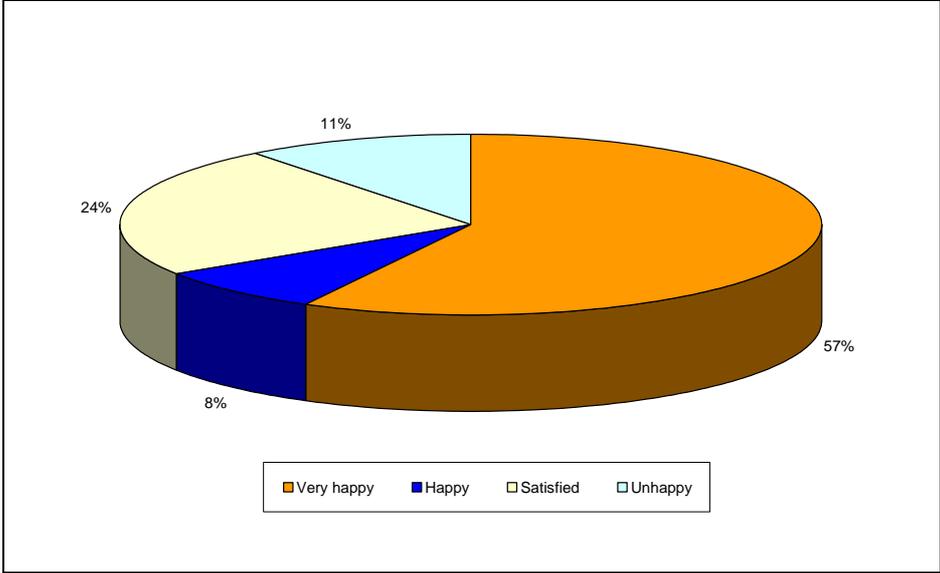


Chart 1 demonstrates that the majority (64%) of those who received a referral saw the service they were referred to in Less than a month.

Given the number of people receiving onward referrals, it was not possible to further disaggregate the results according to demographic variables.

Respondents were asked to evaluate the length of time they had waited to see the service they had been referred on to. The results are set out at Chart 2.

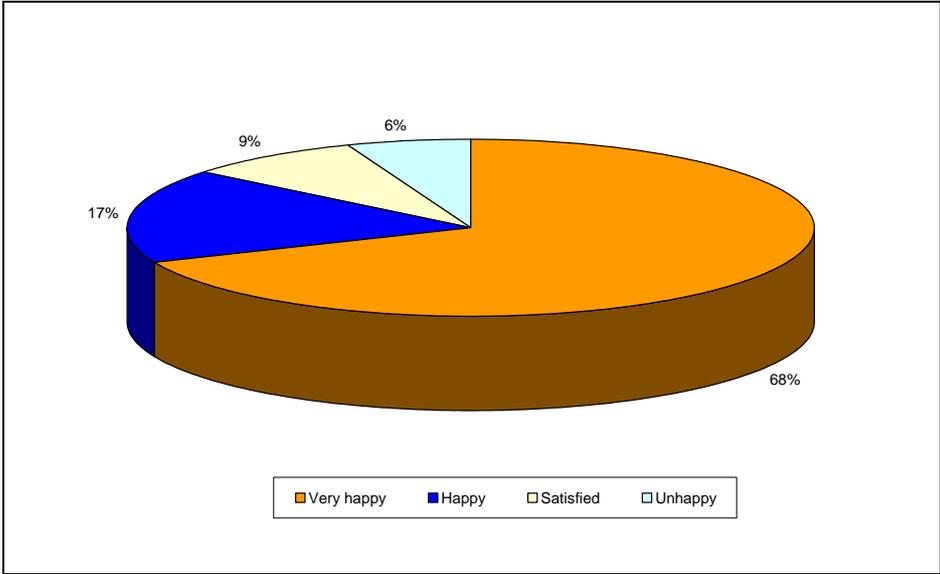
Chart 2: Evaluation of referral waiting time



As Chart 2 demonstrates, 89% of respondents were Satisfied to Very Happy with the waiting time to see the service they had been referred on to.

Respondents were asked to indicate their satisfaction with the service which they had been referred on to. The results are set out at Chart 3.

Chart 3: Evaluation of service referred on to



The results are extremely positive for Sure Start Rawmarsh, with 68% of respondents indicating that they were Very happy with the service that they were referred on to while only 6% were Unhappy.

Observations and opportunities

1. Sure Start Rawmarsh should feel very proud of its successes in meeting the needs of local families, with a high degree of satisfaction with current levels of provision in all key facets of the work undertaken by Sure Start Rawmarsh.
2. Given the apparent popularity of libraries (used by a third of parents in Rawmarsh) it would seem to be appropriate to use libraries even more as a venue for running Sure Start services. Half of parents indicated that they were Quite Satisfied or Very Satisfied with library services whilst only 3 indicated that they needed improving (see pages 57 and 59) indicating that parents see them as providing a good quality service that Sure Start can tap into.
3. The results indicate a demand for training courses to be provided by parents with around a fifth of parents stating that there are gaps in the provision of training and education in the area. Rather than necessarily run such training in-house, Sure Start Rawmarsh is well placed to be able to work alongside adult education colleges with Sure Start providing crèche facilities to enable parents to attend courses of their own choice.
4. While referral rates are good, some attention should be paid to those parents being referred with only 12% of full-time parents indicating that they received a referral. However, such a conclusion also needs to be considered in light of the preventative nature of service provision where parents have access to a range of specialist support and advice in informal contexts.
5. Given that the majority of referrals stem from health visitors, ensuring that health visitors are kept abreast of developments in how clients' needs are met is especially important. That said, this is also true of any other provider.

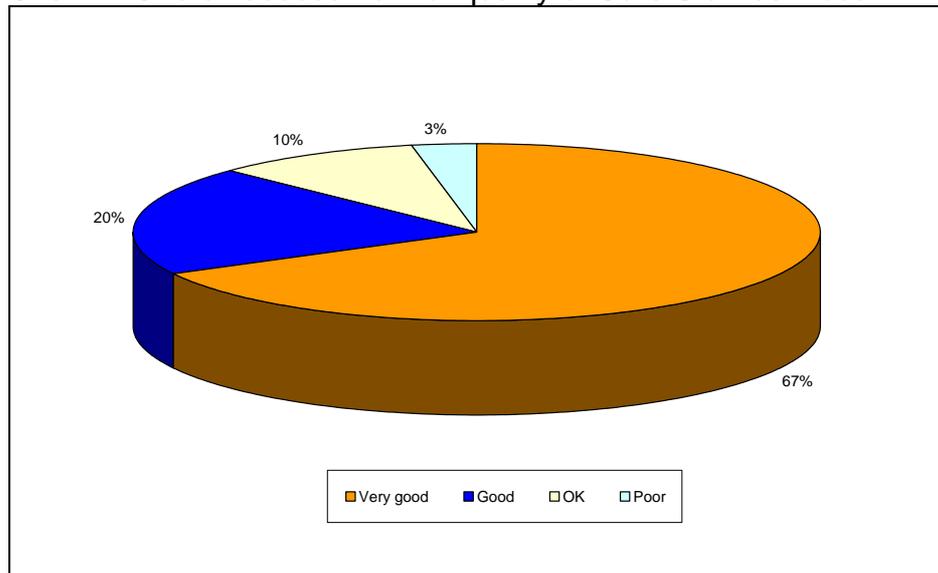
As noted previously, given the aim of addressing the continuum of needs of local families in an appropriately co-ordinated way, Sure Start Rawmarsh could consider the reintroduction of case network meetings or similar to ensure that all families needs are appropriately met.

C. User satisfaction with services

Parents perspective

Respondents to the community survey were asked what they thought of the quality of Sure Start service they received. The results are set out at Chart 4.

Chart 4: Overall assessment of quality of Sure Start services

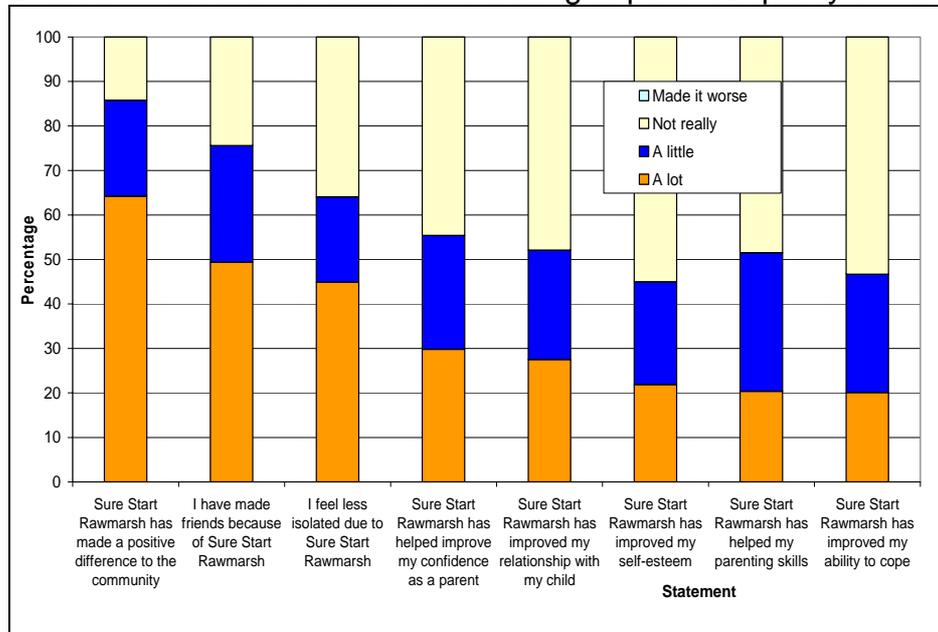


The results were disaggregated in relation to a number of key demographic variables:

- Respondents from dual parent households gave a more positive assessment of Sure Start services with 98% indicating that services were OK to Very Good compared to 92% of their lone parenting peers
- Respondents who had lived in the area for 2 years and more gave a more positive appraisal than their peers who had been in the area for a year or less. Thus 89% of those who had lived in the area for a year or less rated services as OK to Very Good compared to an average of 98% for those who had lived in the area for 2 years or more.
- Respondents in full-time work gave a lower appraisal than their peers, with 82% of parents from this cohort describing services as OK to Very Good compared to 98% for both part-time workers and full-time parents

Respondents were asked to rate a series of statements relating to the impact of Sure Start on the quality of their lives. The results are set out at Chart 5 below.

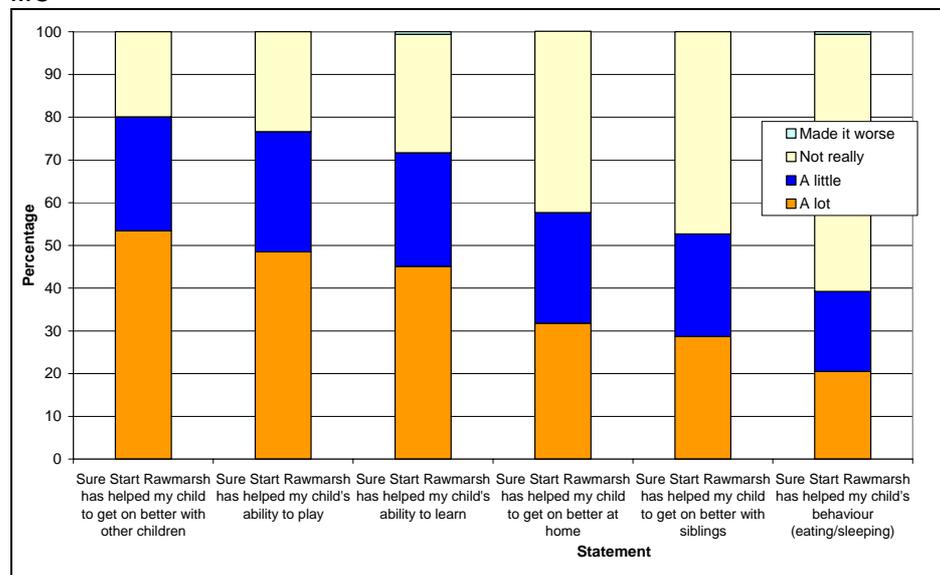
Chart 5: Evaluation of statement relating to parent's quality of life



The results cover a broad range with the range extending from 86% of parents agreeing A Lot or A Little with the statement Sure Start Rawmarsh has made a positive difference to the community, to 45% agreeing to the statement Sure Start Rawmarsh has improved my self-esteem.

Respondents were asked to evaluate a range of statements relating to their children and the impact that Sure Start had had on the quality of their lives. The results are set out at Chart 6.

Chart 6: Evaluation of statements relating to children's quality of life



As with results for statements relating to parents, the range of results is large from 80% agreeing A Lot or A Little with the statement Sure Start Rawmarsh has helped my child to get on better with other children, to 39% with the statement Sure Start Rawmarsh has helped my child's behaviour (eating/sleeping).

Health services

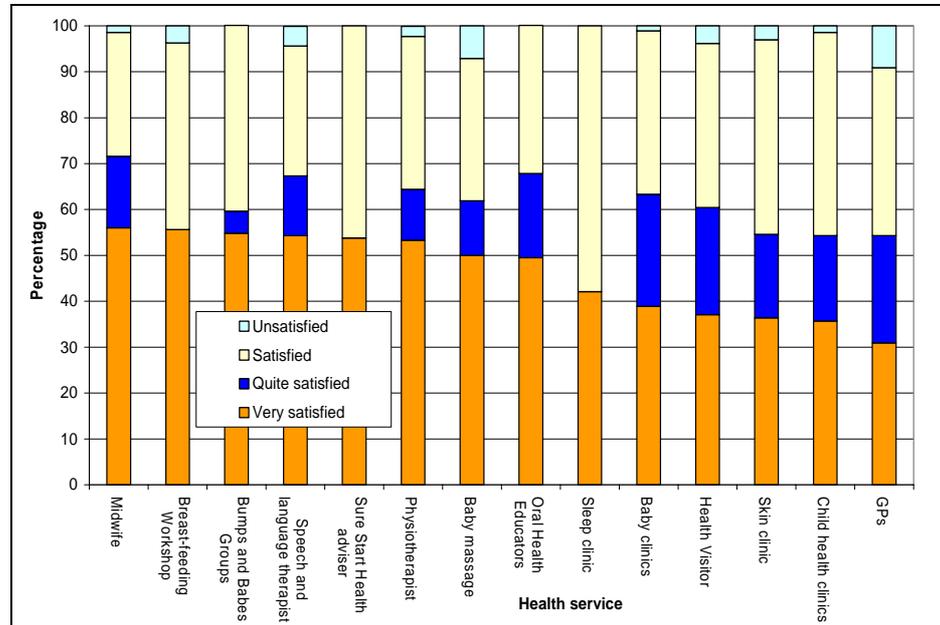
Respondents to the community survey were asked to evaluate a range of health services using a four point attitudinal scale incorporating the elements Very Satisfied, Quite Satisfied, Satisfied and Unsatisfied.

The services they evaluated were:

- GPs
- Midwife
- Health Visitor
- Speech and language therapist
- Skin clinic
- Bumps and babes group
- Breast-feeding workshop
- Baby massage
- Child health clinics
- Sure Start Health Advisor
- Oral Health Educator
- Physiotherapist
- Sleep clinic
- Baby clinics

The results are given at Chart 7.

Chart 7: Evaluation of health services



The results are very positive with the majority of respondents Satisfied to Very Satisfied with each of the services being evaluated. Chart 6 further demonstrates that the majority of respondents were Very Satisfied with 6 of the health services being evaluated, namely:

- Midwife
- Breast-feeding workshop
- Bumps and babes group
- Speech and language therapist
- Sure Start Health Adviser
- Physiotherapist

When looked at in relation to a number of key demographic variables, analysis revealed that:

- Perceptions of GP services varied by gender with 77% of male respondents Satisfied to Very Satisfied against 93% of female respondents
- Greater satisfaction with GPs among lone parents than among their peers from dual parenting households (at 96% and 90% Satisfied to Very Satisfied respectively)

- Assessment of health visitors varied by length of time respondents had lived in an area with 88% of those who had lived in the area between 2 and 5 years indicating that they were Satisfied to Very Satisfied against an average of 99% among those who had lived in the area for 6 years or more
- Full time parents were most satisfied with GP services at 98% Satisfied to Very Satisfied compared to an average of 89% for those in employment and 81% of those unemployed

Where it was possible to compare services, results for Sure Start Rawmarsh were set against those from Sure Start Maltby. The results are given at Table 33.

Table 33: Evaluation of health service by Sure Start programme

Health service	Evaluation Very Satisfied to Satisfied (%)	
	SS Rawmarsh	SS Maltby
GP	90.9	89.4
Midwife	98.6	100
Health Visitor	96.2	96.4
Speech and language therapist	95.6	100
Physiotherapist	97.8	100

Favourite health services

When parents were asked which was their favourite health service, the most commonly cited service was Health Visitor (noted by 10% of the survey population), followed by GPs (9% of respondents). The results in full are given at Table 34.

Table 34: Favourite health service of respondents

Health service	Number of citations	Percentage of survey population
Health Visitor	19	9.6
GPs	17	8.6
Midwife	11	5.6
Bumps and babes group	5	2.5
Oral Health Promoter	3	1.5
Physiotherapist	3	1.5
Baby massage	2	1.0
Baby clinic	2	1.0
Health clinics	1	0.5
Skin clinic	1	0.5
Speech and language therapist	1	0.5

A selection of quotes is given below to illustrate why these services were cited:

Health Visitor

- Health visitors were brilliant when my son was born.
- My health visitor has time for you, offers additional services and also makes you feel like a real person.
- Health visitor supported me and accepted my evaluation of the situation.
- Health visitors are really helpful.
- My health visitor – she's always good for advice.
- Health visitor ... it's nice to have someone to turn to if I'm not sure about health concerns.

GPs

- GP is nice and the kids like him. He makes us feel at ease.
- GP – always there.
- GP is lovely and patient.

Midwife

- Midwife was excellent, she was always willing to pay visits and give advice.
- Midwife was brilliant and really helpful.
- Midwife really helpful and friendly.

The quotes indicate that services are appreciated where health professionals act in a supportive manner. Parents also evidently appreciate the demeanour of the staff with parents willing to praise staff for being friendly.

Health services in need of improvement

When asked to detail health services which they felt in need of improvement, the most commonly cited service was GP noted by 8% of the survey population, followed by Health Visitors at 5%.

Table 35: Health service needing improvement

Health service	Number of citations	Percentage of survey population
GP	15	7.6
Health Visitor	10	5.1
Midwife	2	1.0
Child Health Clinic	1	0.5
Baby clinic	1	0.5

Again, illustrative quotes have been provided to indicate why these services were selected:

GP

- Doctors surgeries – difficult to get appointment and long waiting time to be seen.
- GP receptionist is a pain, it's hard to get appointments.
- Doctors are a pain. Hard to get an appointment and have to wait too long.
- My doctors – every visit in and out in no time, feel they don't have time for you.
- GPs - queues and doctor late. Not punctual.

Health Visitor

- Health visitor made me feel silly. Very orientated to women rather than lone dads.
- Health visitor – bossy, patronising and unable to keep appointments.
- Health visitors are intrusive and rude.
- Health visitor was rude, bossy, inviting herself to my home. Made mistakes and refused to accept responsibility.

The key factor with regard to GPs is evidently the appointment system used and the wait that this entails for parents and their young children. With regard to health visitors, some concern was expressed by a few parents regarding the attitude that they displayed where parents felt that their concerns were being dismissed or where they felt that the health visitor was behaving in an aloof manner.

To contextualise the results regarding the need to improve health services, 65 parents (33% of the survey population) were able to give details of a favourite service, whilst only 29 (15%) gave details of a service they identified as needing improvement.

Play and learning

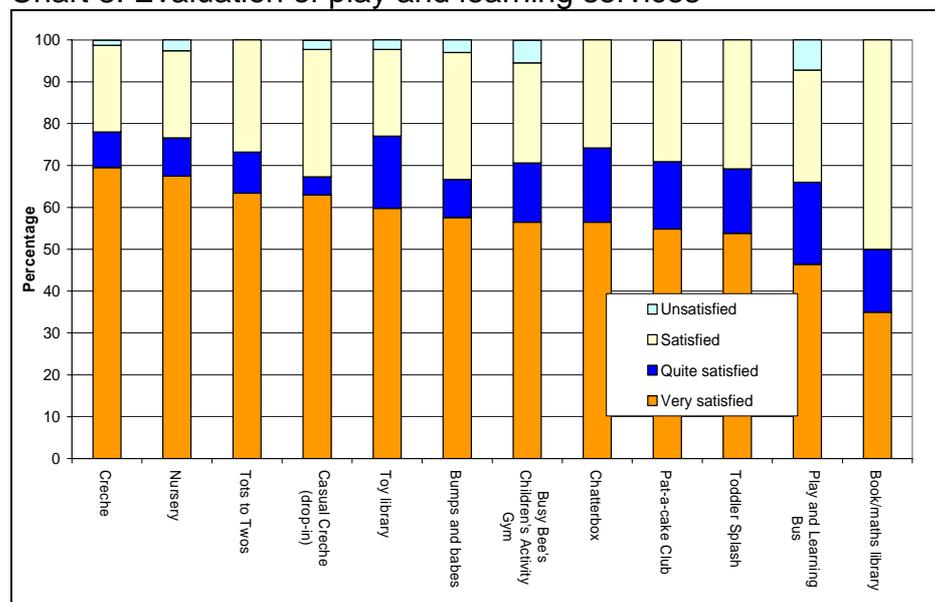
Respondents to the community survey were asked to evaluate a range of play and learning services adopting the attitudinal scale identified above (at Health services, page 50).

Respondents were asked to evaluate the following services:

- Crèche
- Casual crèche (drop-in)
- Childminders
- Nursery
- Special needs support
- STEPS (educational psychology)
- Toy library
- Toddler splash
- Play and Learn Bus
- Busy Bees
- Book/maths library
- Chatterbox
- Tots to Twos
- PACT (behaviour management)
- Story Sacks
- Bumps and Babes
- Pat-a-Cake Club

The results are given at Chart 8.

Chart 8: Evaluation of play and learning services



The evaluation results are extremely positive with 90% and above of respondents indicating that they are Satisfied to Very Satisfied with each of the services. The majority of respondents indicated that they were Very Satisfied with services apart from the Play and Learn Bus and the Book/maths library, albeit that these also have very high levels of satisfaction overall.

Responses to five services were too low to enable full evaluation. These services and the actual number of citations are given at Table 36.

Table 36: Evaluation of services with low response rates

Play and learning service	Actual numbers			
	Very Satisfied	Quite Satisfied	Satisfied	Un-satisfied
Childminders	7	1	9	1
Special needs support	5	2	8	2
STEPS	4	1	8	1
PACT	5	2	9	0
Story Sacks	5	3	7	1

As with the results at Chart 8, the majority of respondents to the services above were Satisfied to Very Satisfied.

Levels of responses were insufficient to allow for analysis by demographic factors.

It was possible to compare some of the play and learning services provided by Sure Start Rawmarsh against those provided by Sure Start Maltby. The comparative results are given below at Table 37.

Table 37: Evaluation of selected services by Sure Start programme

Play and learning service	Evaluation Very Satisfied to Satisfied (%)	
	SS Rawmarsh	SS Maltby
Crèche	98.8	80.8
Childminders	94.4	100
Nurseries	97.4	100
Special needs support	88.2	54.5
Toy library	97.7	92.9

Favourite play and learning services

When asked to indicate their favourite play and learning services, the most commonly cited service was the Play and Learn Bus (9% of the survey population) followed by Chatterbox (8%) and the Toy Library (7%). The results are given in full at Table 38.

Table 38: Favourite play and learning service of respondents

Play and learning service	Number of citations	Percentage of survey population
Play and Learn Bus	17	8.6
Chatterbox	16	8.1
Toy Library	13	6.6
Busy Bees	12	6.1
Drop-in crèche	4	2.0
Nursery	4	2.0
Toddler Splash	3	1.5
Bumps and babes	3	1.5
All	2	1.0
After school club	1	0.5
Breakfast club	1	0.5
Family entertainment group	1	0.5
Playgroups	1	0.5
Stay and play	1	0.5
Summer play group	1	0.5

Illustrative quotes have been provided to indicate the factors that parents liked about these services:

Play and Learn Bus

- My kids constantly nag me about it. They love the play bus, it's fun, colourful and different.
- There is a good variety of activities to do for the children and the crèche workers are very helpful and enjoyable to work alongside with my children.
- The play bus is very well equipped. The crèche is well staffed and X and Y are excellent at their jobs. The toys are clean and in a very good condition in all of the groups. The interaction between staff and children is excellent.
- Play bus is a happy place to go.

Chatterbox

- Chatterbox – the sessions are well structured and enjoyable for children.
- Chatterbox is fun and I can leave my son to play and make friends.
- My son loves exploring the sand and water tubs.
- I like Chatterbox because my child plays with other children.

Toy library

- The toy library is very good because it gives you some sort of idea of the latest toy that your child may be interested in and whether your child plays with that particular toy before you buy it.
- It gives my little girl a variety of toys to play with.
- I can borrow a variety of toys for my little girl which I can't normally afford to buy.
- Toy library gives me a chance to try other toys.

The comments provided indicate that the play bus is meeting the needs of local parents, providing a service which their children enjoy and which parents think is of a high quality. It would appear to be this perception of the quality of its service which is the foundation for its success. Chatterbox was identified as a chance for their children to interact socially whilst in a learning, structured environment whilst the

toy library was welcomed as a means by which parents could access a greater range of toys which they would not be able to afford themselves.

Play and learning services in need of improvement

When asked to identify play and learning services in need of improvement, the most commonly cited service was the Play and Learn Bus, cited by 5% of the survey population. The results are given at Table 39.

Table 39: Play and learning service needing improvement

Play and learning service	Number of citations	Percentage of survey population
Play and Learn Bus	10	5.0
Toy library	3	1.5
Busy bees	1	0.5
Toddler splash	1	0.5
None	1	0.5

A selection of quotes is provided below in relation to the play bus:

Play and Learn Bus

- Play bus – it's cramped.
- Play bus – cramped and pretty boring.
- Play bus – not enough room.
- Play bus hasn't enough room for boisterous boys.

Where concerns were expressed, these were rather in relation to the physical capacity of the bus rather than the quality of service being offered.

Placing the results in context, 16 survey respondents (8% of all respondents) gave details of a play and learning service which they felt they needed improving, whilst 80 (40% of the survey population) gave details of a favourite service, a difference of some factor of five indicating that the general perception regarding services in the area is very positive.

Training and education

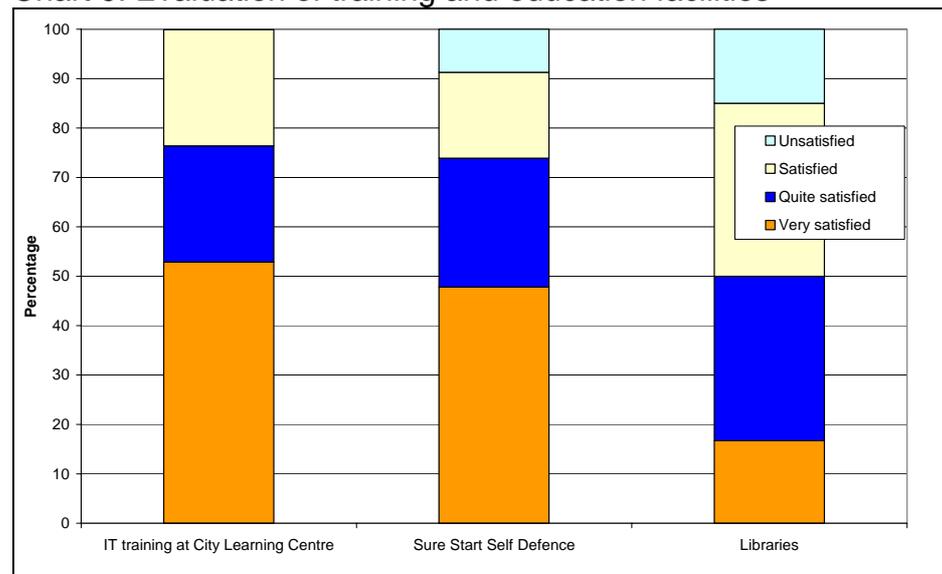
Respondents were asked to evaluate training and education facilities utilising the attitudinal scale adopted for the other thematic areas (see Health services above).

Respondents were asked to evaluate the following services:

- NVQ Childcare and Education
- Libraries
- ESOL classes
- IT training – City Learning Centre
- Sure Start Self Defence
- Committee Skills
- Story Sacks Training

The results are given at Chart 9.

Chart 9: Evaluation of training and education facilities



As with previous thematic areas, the results are very positive with 85% and above of respondents indicating that they are Satisfied to Very Satisfied with services. IT training was particularly well received with over half of respondents indicating that they were Very Satisfied with this course.

There were insufficient numbers of responses to the other training and education facilities to enable analysis by percentage. The results in actual numbers are presented at Table 40.

Table 40: Evaluation of services with low response rates

Training and education facility	Actual numbers			
	Very Satisfied	Quite Satisfied	Satisfied	Un-satisfied
NVQ Childcare and Education	5	3	3	0
ESOL classes	1	0	1	0
Committee Skills	5	1	3	0
Story Sacks Training	2	1	2	0

While responses for the above courses were low, the results at Table 40 demonstrate that no respondents gave any of the courses a rating of Unsatisfied meaning that all respondents were Satisfied to Very Satisfied.

Given the relatively low response rate, it was not possible to analyse the data regarding training and education in relation to demographic variables.

The only comparable training and education facility shared between Rawmarsh and Maltby were Libraries. 85% of respondents to the Sure Start Rawmarsh community survey were Satisfied to Very Satisfied with libraries, compared to 91% of respondents to the Sure Start Maltby community survey.

Favourite training and education services

When asked to indicate a favourite training and education facility, the most commonly cited service was Sure Start Self Defence, noted by 4% of the survey population. The results in full are given at Table 41.

Table 41: Favourite training and education facility

Training and education facility	Number of citations	Percentage of survey population
Sure Start Self Defence	7	3.5
Committee Skills	3	1.5
IT training at City Learning Centre	3	1.5
Library	2	1.0
NVQ Childcare and Education	2	1.0
First Aid	1	0.5

While there were relatively few responses, it is useful to give representative quotes in order to indicate why the above services are popular.

Sure Start Self Defence

- Self defence - excellent, very interesting, made me more aware, very well taught.
- Self defence - a good form of exercise which I enjoyed, also gave self confidence to protect self.
- Self defence is brilliant, good fun and practical.

Committee Skills

- Committee skills - built my confidence enormously. Learnt about committee meeting, confident to talk in them now.
- Committee skills, helped my confidence.

IT training at City Learning Centre

- The IT Training is brilliant. I didn't have a clue about computers but now I have something for when I return to work when my youngest starts school.

Training and education services needing improvement

When asked to detail a training and education facility in need of improvement, only 3 respondents (2% of the survey population) gave details of a service. All 3 cited libraries:

- The library is ok but it looks very old and dingy.
- Libraries - Parkgate is dull and old. Not ideal for active toddlers. Would use more if a session was just for children. Would use one at Sure Start.
- Libraries - should have child section in separate room - so not to disturb other users.

While very few responses were given, they all indicate that respondents feel that libraries are not currently conducive to taking young children there to use their facilities.

Support services

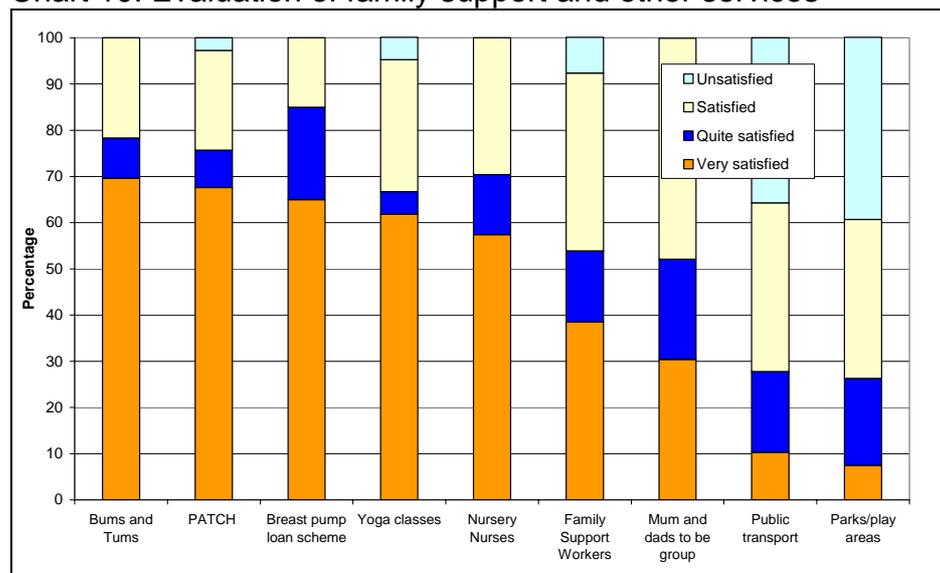
Respondents were asked to evaluate family support and other services in the Sure Start catchment area utilising the attitudinal scale adopted in relation to the other thematic areas (see Health services, page 45).

Respondents were asked to evaluate the following services:

- Family Support Workers
- Nursery Nurses
- Mum and dads to be
- Rawmarsh Dads
- Rawmarsh Drugs Forum
- Grandparents Group
- CHAT young people's drop-in
- Baby doll project
- Chatabout
- Yoga classes
- Bums and Tums
- Family Learning
- Post natal depression support
- Breast pump loan scheme
- PATCH (safety equipment loan)
- Public transport
- Parks/play areas

The results are set out at Chart 10.

Chart 10: Evaluation of family support and other services



The evaluation results differ considerably with the range of those Satisfied to Very Satisfied extending from 61% (Parks/play areas) to 100% (Bums and Tums, Breast pump loan scheme, Nursery Nurses and Mum and dads to be group). Despite the degree of variance, the key result is that the majority of parents are Satisfied to Very Satisfied with each of the services.

As with other thematic areas, levels of responses meant that it was not possible to evaluate all services using a percentage scale. Those additional services are detailed below along with their actual number of responses. The results are given at Table 42.

Table 42: Evaluation of services with low response rates

Family support and other services	Actual numbers			
	Very Satisfied	Quite Satisfied	Satisfied	Un-satisfied
Rawmarsh Dads	11	1	2	0
Rawmarsh Drugs Forum	1	0	2	0
Grandparent Group	4	2	2	1
CHAT	1	0	2	0
Baby doll project	1	0	2	0
Chatabout	3	3	2	0
Family Learning	7	1	4	2
Post natal depression support	7	0	2	2

When the results were explored in relation to key demographic variables, a number of differences were observed in relation to the attitude towards public transport and parks/play areas. These differences are explored below:

- Satisfaction levels were lower among male respondents than for female respondents for both public transport and parks/play areas. The results for each gender are set out at Table 43.

Table 43: Evaluation of services by gender

Family support and other services	Evaluation Very Satisfied to Satisfied (%)	
	Male	Female
Public transport	46.6	66.3
Parks/play areas	47.8	63.2

- Satisfaction levels varied between lone parents and their peers from dual parenting households with lone parents giving a more positive assessment of public transport, but a

less positive assessment of parks/play areas. The results are given at Table 44.

Table 44: Evaluation of services by parenting status

Family support and other services	Evaluation Very Satisfied to Satisfied (%)	
	Lone parent	Dual parent
Public transport	81.8	60.7
Parks/play areas	80.0	56.8

- Opinion of public transport varied in relation to working status with unemployed respondents giving the most negative evaluation of this service. The results are given at Table 45.

Table 45: Evaluation of services by working status

Family support and other services	Working status (%)			
	Working full time	Working part time	Un-employed	Full time parent
Public transport	n/a	76.9	55.0	70.9
Parks/play areas	58.8	57.1	71.4	71.0

Given the diverse and locally oriented nature of support services, it was only possible to compare data regarding family support workers, parks/play areas and public transport with the results from Sure Start Maltby. The results are given at Table 46.

Table 46: Evaluation of services by Sure Start programme

Family support services	Evaluation Very Satisfied to Satisfied (%)	
	SS Rawmarsh	SS Maltby
Family Support Workers	92.3	95.2
Parks	60.6	20.2
Public transport	64.3	89.0

Favourite support services

Asked to give details of a favourite family support and other service, the number of responses was low with the most commonly cited service were parks/play areas noted by 4% of the survey population. The results in full are given at Table 47.

Table 47: Favourite family support and other service of respondents

Family support and other service	Number of citations	Percentage of survey population
Parks/play areas	8	4.0
PATCH	5	2.5
Yoga	4	2.0
Rawmarsh Dads	4	2.0
Bums and tums	3	1.5
Grandparent Group	3	1.5
Public transport	3	1.5
Post natal depression support	2	1.0
Mum and dads to be group	2	1.0
Breast pump loan scheme	1	0.5
Family learning	1	0.5
Family Support Worker	1	0.5

Parks/play areas:

- Parks and play areas – local and enjoyable.
- Rosehill Park is great for the whole family.
- Parks, play areas - can go when you want.
- Rosehill Park is great - big areas to run and play.

Support services needing improvement

When asked to identify family support and other services in need of improvement, the most common response was parks/play areas, identified by 9% of the survey population. The results are given in full at Table 49.

Table 48: Family support and other service needing most improvement

Family support and other service	Number of citations	Percentage of survey population
Parks/play areas	17	8.6
Public transport	11	5.6
Yoga	1	0.5
Family Support Worker	1	0.5
None	1	0.5

Parks/play areas:

- Parks are terrible, rubbish & dog foul all over the place. Graffiti. Kids too old playing in tots park.
- Parks / play areas - not enough facilities. NO TOILET!
- Rosehill Park - not suitable for small children at all. No play area for small ones and grassy areas not suitable for running about on.
- The park near me isn't very ideal. Youths hang about in it, so my son gets scared. Its been set on fire a couple of times.
- Parks - we have a lovely spacious park in Rawmarsh which has been ruined by vandals and graffiti.

Public transport

- Public transport - our route should have low floor the buses for pram access, does not always arrive. Then you have to take your child out of the pram and fold it up.
- Public transport – can't rely on it. Never on time
- Buses are terrible. Drivers are rude, they always make you struggle or refuse to wait.
- Public transport - never on time, no low floor buses when you need them.

Observations and opportunities

1. The results identified represent baselines for measuring progress in future years. These baselines could be updated through annual external evaluation processes.
2. Sure Start Rawmarsh could consider setting satisfaction targets for all activities that recognise the goal of improving the levels of satisfaction with locally available services.
3. Sure Start Rawmarsh could also consider exploring ways of improving understanding of the component parts of satisfaction, such as 'friendliness of staff', 'opening times' and 'ease of making an appointment'. This could occur through consultation processes with local parents.

Health services

4. In terms of health services, the level of satisfaction with Sure Start provided health services is very high. Satisfaction levels range from 91% to 100% in all health oriented services. Particularly high levels of satisfaction exist for the oral health educator, the sleep clinic, the health adviser and the Bumps and Babies Group.
5. The most favourite health service for local parents is health visitors and the least favourite service is GPs. The satisfaction with health visitors relates predominantly to issues of helpfulness, while with GPs the predominant issue is waiting times, rather than other factors.

Play and learning

6. In terms of play and learning, the level of satisfaction with Sure Start provided play and learning services is high with a range of 88%- 100%
7. Key aspects of success in play and learning appear to be quality learning and play for children, especially as it relates to promoting their socialisation and having a range of good quality toys.
8. The Play and Learn Bus was both the most favourite service and the service requiring most improvement. Given that concerns about the Play and Learn Bus, however, revolve around capacity rather than quality, the programme might consider increasing the number of visits made by the bus to different areas in a week to try and extend opportunities for very young children to take advantage.

Training and education

9. In terms of training and education, the level of satisfaction are in the ranges 88-100%, with IT training an especially satisfying learning opportunity for local parents. .
10. The self defence training was the favourite training and education activity, with parents indicating that the very practical nature of the provision was most appreciated.
11. Conversely, libraries were the service requiring most improvement, reflecting to large measure a need for capital improvement. Programmes, such as Sure Start North Canning Town, have invested in the improvement of local libraries with the aim of enhancing their value. Given the extent to which libraries provide a valuable source for providing services to Sure Start Rawmarsh families, any efforts to address the capital needs of the libraries should be encouraged.

Support services

12. Support services that act as a 'catch-all' for the range of other activities in terms of one to one support, together with those that enhance community life and participation, have a range of 61- 100% satisfaction.
13. Sure Start Rawmarsh should feel very proud of the 100% satisfaction rates with Bums and Tums, Breast pump loan scheme, Nursery Nurses and Mum and Dads to be group.
14. Clearly parks offer a significant opportunity to children and families both in terms of development and community participation, being recognised both as the most favourite service and the service requiring most improvement. To the extent that the Sure Start Rawmarsh Partnership can influence improvements to, and better maintenance of local parks, this must be encouraged.

Appendix A

In total, 198 parents of young children aged 0 to 4 responded to the community survey, representing some 25% of parents with young children thought to live in the area.

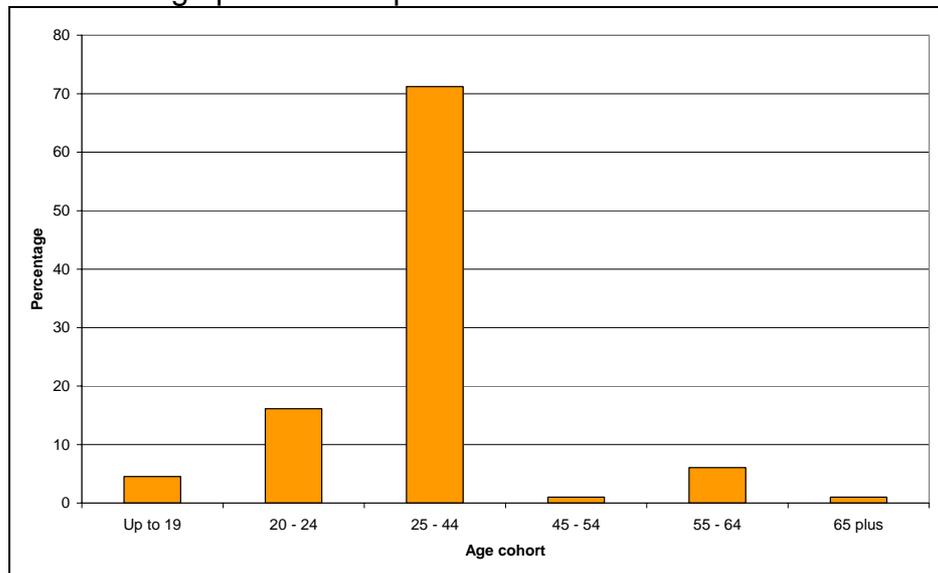
Gender

173 (87%) respondents to the survey were female and 24 (12%) male giving a female to male ratio of 1:7. This accords with the predominance of women in child-caring roles for very young children.

Age

The majority (71%) of respondents fell into the age bracket 25 to 44 years of age, whilst the next largest category was comprised of those in the band 20 to 24 years of age (16% of respondents). The results are given in full at Chart 11. The results accord with the predominant ages of parents with very young children.

Chart 11: Age profile of respondents



Ethnicity

The survey data indicated the homogeneity of the community, with 97% of respondents describing themselves as White, 2% as Black and half a percentage point each as Asian and Other.

Parents

Parenting status

When asked their parenting status, 15% of those interviewed indicated that they are a lone parent, whilst 85% stated that they are in a dual parenting household.

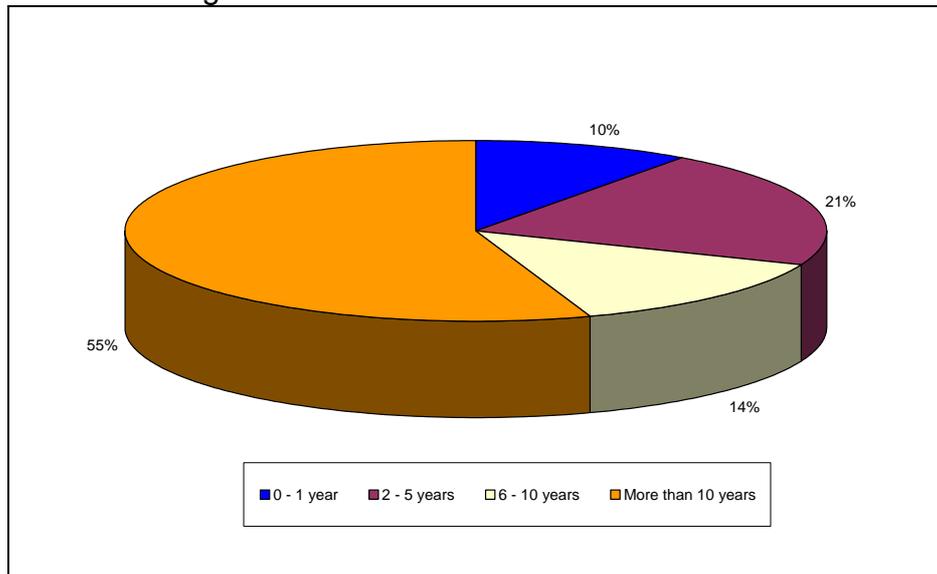
Data regarding parenting status was disaggregated in relation to a number of key demographic variables:

- analysis indicated that 27 lone parents were female and 1 male
- in relation to age, 11% of lone parents are aged Under 19, 29% aged 20 to 24 and the remainder are in the cohort 25 to 44
- the majority of lone parents (53%) had lived in the area for More than 10 years, whilst only 7% had been in the area for less than a year

Length of time lived in area

Data from the survey indicates that 90% of respondents have lived in the area for over a year indicating a stable population. The results are given at Chart 12.

Chart 12: Length of time lived in area



Working status

When asked their working status, the largest single response was Working part time, accounting for a third of the survey population. The results are set out at Table 49.

Table 49: Working status of respondents

Age cohort	% of survey population	Actual number
Working part time	33.2	66
Full time parent	24.6	49
Working full time	10.1	20
Unemployed - registered	9.0	18
Retired	5.5	11
Other	5.5	11
In full time/part time education	4.5	9
Unemployed - not registered	3.5	7
Not seeking work	2.0	4
Long term sick/disabled	1.5	3
Volunteer worker	0.5	1

Taken collectively, 43% of respondents were in some form of paid work and 13% described themselves as being unemployed.

Children

In addition to analysing the profile of parents, the profile of children in the Sure Start catchment area was also analysed.

As demonstrated in the table below, 100% of respondents to the survey were parents, indicating the success of the community surveyors in contacting the Sure Start client group.

Table 50: Number of children amongst respondents

Number of children	Actual number	Percentage
None	0	0.0
One child/expecting	70	35.4
Two children	91	46.0
Three children	29	14.6
Four children	7	3.5
Five or more children	1	0.5

As Table 50 demonstrates, the majority (65%) of parents have two or more children.

As Chart 13 demonstrates, almost exactly two thirds (65%) of children of parents in the survey population are of Sure Start age.

Table 51: Age profile of children

Age of children	Actual number	Percentage of children
Under 1	44	12
Between 1 and 2 years	54	14.8
Between 2 and 3 years	81	22.1
Between 3 and 4 years	60	16.4
Over 4 years	127	34.7

Chart 13: Age profile of children

