

1: Introduction

1.1: The aim of Sure Start is to work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children - particularly those who are disadvantaged - so that they can flourish at home and when they get to school, and thereby break the cycle of disadvantage for the current generation of young children. In order to achieve this aim there are four national objectives:

Objective 1: improving social and emotional development

In particular, by supporting early bonding between parents and their children, helping families to function and by enabling the early identification and support of children with emotional and behavioural difficulties.

Objective 2: improving health

In particular, by supporting parents in caring for their children to promote healthy development before and after birth.

Objective 3: improving children's ability to learn

In particular, by encouraging high quality environments and childcare that promote early learning, provide stimulating and enjoyable play, improve language skills and ensure early identification and support of children with special needs.

Objective 4: strengthening families and communities

In particular, by involving families in building the community's capacity to sustain the programme and thereby create pathways out of poverty.

From these objectives flow a series of Public Service Agreements, which in turn inform the practical application of Sure Start objectives in the form of nationally set targets for local Service Delivery Agreements.

1.2: Sure Start Dover is a Round 2 Programme with a vision to strengthen the community to improve the health, education and well being of families and children before and after birth and up to age 4, by providing real and sustainable improvements which meet the needs and aspirations of parents, and enable all children to thrive and achieve their full potential. The geographical area covered by the programme focuses on urban Dover encompassing the separate wards and communities of Buckland, St Radigunds and Pineham. It is estimated that the population of under 4 year olds in the catchment area is 789.

1.3: To meet this vision Sure Start Dover provide a range of services, facilities and support for children under four and their families through a number of activities; examples are:

- Outreach & Home Visiting
- Community Transport
- Playlink
- Safety Equipment Loan Scheme
- Parent & Toddlers
- Training for Parents
- Strengthening Families & Communities
- Events Committee
- Healthcare and Education

1.4: Sure Start Dover has recently moved into new premises, the Triangles Community Centre, and is soon to become a designated Children's Centre¹. One of the issues that the evaluators need to consider is that the community survey was sent out to the local community at this time of change, which also implies that it was distributed at a time when some services offered by the programme were themselves undergoing changes either in form or in place of delivery².

1.5: The purpose of local evaluations of Sure Start programmes is to discover whether they are reaching local children and families and whether the additional services are having the desired effects. They should also examine the ways in which the design and implementation of services can be improved. To do this they need not only to assess their performance against the national targets, but also to assess the degree to which their service implementation and delivery observes the following key Sure Start principles:

- Coordinate, streamline and add value to existing services,
- Involve parents, grandparents and other carers,
- Avoid stigma by ensuring that all local families are able to use Sure Start services,
- Ensure lasting support by linking to services for older children,
- Be culturally appropriate and sensitive to particular needs and
- Promote the participation of all local families in the design and working of the programme.

1.6: The Sure Start Dover Programme states its vision thus:

The Sure Start Dover Programme's vision is to strengthen the community, to improve the health, education and wellbeing of families and children before and after birth and up to age 4 by providing real and sustainable improvements which meet the needs and aspirations of parents and enable all children to thrive and achieve their full potential (Sure Start Dover Delivery Plan, 2000 version 5).

1.7: The Delivery Plan (Version 5 September 2000) also noted certain high levels of need within the catchment area:

- A small but increasing ethnic minority population, including asylum seekers and refugees,
- A high proportion of lone parents,
- High rates of unemployment and low incomes,
- Health problems linked to health inequalities,
- Significant speech and language problems, and behavioural and learning difficulties, at entry to some schools; and variable educational attainment,
- Intense social problems, including crime, domestic violence and substance misuse and
- Environmental deficits such as lack of safe play and recreational facilities.

The Delivery Plan (2000 version 5) also stated the overall aims in the forward strategy of the Programme:

¹ The national policy on Sure Start has recently moved towards the development of a more long-term solution, Children's Centres. However, these will not be exactly the same as Sure Start and there will be management and accountability issues to be confronted as the process develops.

² One notes that some 'scores' on the community survey may need to be interpreted in the light of these changes

- Ensure that strong partnerships develop between voluntary statutory agencies and the community based upon trust and good communication,
- Ensure that the scheme's impact and the benefits derived will bring long term and lasting effect,
- Encourage and support the community to identify and manage Sure Start projects,
- Maintain and develop links with the private sector.

1.8: To achieve the most effective forward strategy the Delivery Plan stated that it would be necessary to:

- Ensure each phase of the Programme's implementation is planned carefully providing sufficient planning time consistent with effective service delivery,
- Establish good research models of evaluation,
- Identify the most effective and successful projects within the Sure Start Scheme both locally and nationally which are meeting parental needs and supporting the development of children with an emphasis upon prevention, thus reducing the long term need for services,
- Identify the individual projects which are to continue into the longer term and withdraw or change those elements of the scheme which are less successful,
- To ensure effective plans are made for the funding and operation of continuing projects and
- Sustain support to the community and develop their capacity and opportunity for greater participation in the planning and delivery of the Sure Start Scheme.

1.9: In terms of evaluation, Sure Start Dover has already been very pro-active. Early in the life of the programme Canterbury Christchurch College were appointed to conduct the local evaluation and they reported in March 2003. There were some issues in terms of confidentiality and accuracy in the report and the Management Board of the programme with the approval of the Sure Start Unit decided that it should not be publicly issued. However, the programme conducted its own satisfaction survey and set in motion a series of self-evaluations for each of the programme's projects. Although the response rate for the satisfaction survey was a little disappointing it did seem to suggest that the local community was very satisfied with the services provided but there was a need for better 'advertising' of specific services and perhaps more 'structure' to Drop-in services. These points helped to inform the current evaluation brief.

2. Methodology

2.1: The local evaluation brief from Sure Start Dover is clear and succinct. A percentage of evaluation work has already been carried out by a former contractor, although there were significant issues raised in terms of confidentiality and the contract was terminated. The evaluation brief also makes clear the significant amount of work already done (and continuing to be done) in terms of the internal evaluation of elements of the programme. Sure Start Dover required the external evaluator:

- To conduct a full evaluation of the marketing of the programme,
- To conduct a full evaluation of the Drop-Ins, (now called Parent & Toddlers)
- To work with the Finance Facilitator to develop a cost-effectiveness³ evaluation⁴,
- To work with core service Health Visitors to ascertain the impact of Sure Start Dover on Health Visitor caseloads in the Sure Start Dover area,
- To work to understand how Sure Start Dover will move into Children's Centres and to develop ways of engaging the community in that process and
- To support sure Start Dover personnel in their self evaluations of individual services (20 in all) through developing monitoring, evaluation and analysis guidance.

2.2: The evaluation was to be conducted initially over a 12 month period, culminating in a draft evaluation report followed by a final evaluation report reflecting both the effectiveness of the programme and identifying the areas for improvement.

2.3: In order to achieve the aims of the evaluation, Stewart Kirk Social Research and Evaluation have completed the following evaluation tasks:

- Conducted a community survey,
- Conducted in-depth interviews with Home Visitors,
- Conducted in-depth interviews with the Management Board and
- Conducted in-depth interviews with Service Providers.

In addition all staff were given the opportunity to talk to the evaluators, and an 'away-day' was held with staff to deal with various self-evaluation issues.

2.4: The analysis of the various interviews was completed manually in order to retain the complexity and richness of the qualitative data and key themes and perspectives were developed. The analysis of the community survey was accomplished using SPSS⁵, enabling frequencies and appropriate crosstabulations to be obtained.

2.5: In order to maximise the response rate for the community survey, Stewart Kirk Social Research and Evaluation included a prize draw, with the first three names 'drawn out of the hat' being awarded Boots shopping vouchers to the value of £100, £50, and £25 respectively.

³ To compare the services provided by Sure Start Dover with core delivery of services in order to understand the added value provided by Sure Start Dover to the community in the Sure Start Dover area.

⁴ Detailed guidance about conducting cost effectiveness evaluation is available on the website provided by the National Evaluation of Sure Start (NESS), www.ness.bbk.ac.uk/guidance.

⁵ Statistical Package for the Social Sciences (for Windows v.12)

3: Executive Summary

3.1: As part of the evaluation process views were gathered from a number of significant stakeholders in the Sure start Dover programme, they were:

- The community,
- Management & Providers,
- Home Visiting Worker,
- Home Visiting Service Users
- Service users of some other Sure Start services
- Mainstream Health Visitors

The following is a summary of the key findings from each of these areas.

3.1: The Community Survey (88 responses)

3.1.1: Approximately 635 questionnaires were distributed and 88 were completed and returned. This gives a response rate of 13.86%, which ensures that the results are 95% statistically significant (+/-5%). However, it needs to be noted that some of the crosstabulations may be a little less significant as the sub-samples that are being compared are relatively small. This is also compounded by the fact that 'hard to reach' groups have remained hard to reach in terms of the community survey, most notably ethnic minorities and men.

3.1.2: The community survey covered three sections:

- Demographics,
- Listed existing services (other than Sure Start) and
- Sure Start

3.2: Demographics⁶

3.2.1: The vast majority of those who responded to the community survey were white British females, of whom over two thirds were either married or living with a partner. The vast majority of respondents were under 35. Over half the respondents came from the Buckland area of Dover, with a further third coming from St Radigunds, very few were from the Whitefield area. The majority of the respondents were not in employment at the time of the survey. Less than one in ten of the respondents reported having a disability. Most respondents only had the one child under 5, although a reasonably large number had two.

3.3: Listed existing services (other than Sure Start)⁷

3.3.1: When it came to looking at existing service those chosen after consultation with the programme were:

- Team midwife,
- Schools nurseries,

⁶ general report page 21 & figures 1 to 4 appendix 1 pp.77-78

⁷ general report pp.21-25 & figures 5 to 16 appendix 2 pp.79-84

- GP services,
- Hospital services,
- Childcare,
- Information for parents,
- Support with special needs,
- Social services and
- Housing

3.3.2: With some exceptions most people were satisfied or very satisfied with the existing services in the Dover area, the only existing services that fell below 50% satisfaction rates, when combining very satisfied and satisfied, were Childcare, support with special needs and Social Services. More pertinently levels of dissatisfaction were relatively low the highest being GP services at 18.6%. one notes that Social Services Features relatively low on both satisfaction and dissatisfaction ratings, as almost three-quarters of the respondents answered neither or don't know when asked how satisfied they were with social services. This will almost certainly be because they have had little experience of it and the Social Worker post has been vacant for the past year. It is unlikely to be filled in the near future as Social Services are pulling Social Workers back to the frontline. Sure Start Dover are proposing for an extended Playlink Service to cover this deficit.

3.3.3: A further point is that those not in employment were more likely to be satisfied with existing services with nearly two thirds of them expressing satisfaction with existing services.

3.3.4: Just under two thirds of the respondents felt that they were well informed about what was happening in their area, with older respondents more likely to hold this view, also employed people were more likely than unemployed to feel well informed about what was going on in their area. The most common forms of gaining information about the area were Newsletter, word of mouth and leaflet; these were also expressed as the way people would like to continue gaining information about the area.

3.3.5: When it came to looking at what the area was like for bringing up kids in, the majority felt it was adequate or good, however there was a significant proportion who felt it was a poor and very poor area to bring up children.

3.4: Sure Start⁸

3.4.1: The first and important point that came out of the community survey was that there was a high level of awareness of Sure Start and the services it provided with 72.3% of those surveyed expressing an awareness of Sure Start. Further there was no significant variation of this awareness across the different wards of the area. There were slight variations amongst different demographic groups, but in all cases awareness was high. However there was considerable variation in terms of exactly which specific Sure Start services and activities people were aware of and had, did, or intended to use. But with certain exceptions such as Brushing for Life, Portage and the Newsletter all had reasonably high levels of awareness.

⁸ general report pp.25-28, figures 17 to 24 appendix 1 pp.85-90 & tables 1 to 7 appendix 2 pp.101-106

3.4.2: The real issue may revolve around current use, In terms of current use, the levels are relatively low. The best used services and / or activities per activity group appear to be Drop-ins (Parents & Toddlers), Bumps 'n' babies, Playlink services, Newsletter and Basic Food Hygiene. In terms of past use per activity group the most used appear to be Drop-ins (Parents & Toddlers), Midwifery services, Crèches, Newsletter, and Paediatric First Aid. Finally, in terms of probable future use by activity group, the most likely services and / or activities the respondents intend to use are Parenting Skills, Big Talkers, Bookstart services and Playlink services, Establish Links with Jobcentre plus, and Paediatric First Aid.

3.4.3: Those people who are using the services are consistently satisfied with those services. When one combines the satisfaction ratings for good and excellent then one can see that satisfaction ratings are at a level of 50% to 95%, with the majority around the 75% levels. This suggests that for those using the services of Sure Start Dover, Sure Start Dover are reaching near to the national Sure Start targets for satisfaction. A more important point is that with very occasional exceptions very few people rated the services provided as poor or very poor.

3.4.4: When it came to looking at how people found out about the Sure Start services, the principal ways were via health professionals (who may well be Sure start workers) in the area, from Sure Start workers or from friends or family members recommending it.

3.4.5: Important factors to consider when looking at why people initially use and continue to use Sure Start services are that they are seen to aid the child's development processes, the cost and times of the activities fit in with family life and their services are meeting the needs of the family as a whole unit. However timing of events was also given as a reason for not using Sure Start services, but in this case the numbers were small, so may not be significant.

3.4.6: In general terms the respondents gave Sure Start Dover services and activities a rating of good or excellent. Ratings of poor or very poor for any aspect of Sure Start service delivery were insignificant, and positive ratings were particularly high in terms of staff and activities for children. There were no significant variations in ratings by any of the demographic criteria, except that those respondents with a disability were routinely even more positive in their responses than were those without a disability, although the numbers were low for this demographic category.

3.4.7: When it came to looking at the development of the Children's Centre, just over one-third (36%) of the respondents were aware that Sure Start Dover would be running services and activities from Children's Centres. When it came to looking at demographic differences in on this area the proportion of respondents who were in paid or unpaid employment who were aware of this development in service delivery was even smaller (25%), whereas those respondents with a disability were slightly more likely to be aware (42.86%). But still the overall trend was that people in the main were not aware of the changes in service delivery.

3.5: The Management Board & Providers⁹ (15 interviews)

3.5.1: Initially for this phase of the evaluation process ten face to face interviews were conducted, this constituted 6 management board members and four providers.

⁹ general report pp.29-35 & figures 25 to 32 appendix 1 pp.90-94

It was then decided to try to gain the views of a few more providers, for this purpose a further list of providers was issued to the evaluators. All the providers on this list were circulated with the management board and providers questionnaire by post, for them to fill in and return. Five further provider respondents were gained in this way, they were:

- Young Person's Services – KCC Education & Libraries,
- Portage Co-ordinator – South Kent Portage,
- Health Promotion Services – East Kent PCT,
- Children's Services – NCH South East and
- Homestart – The Ark Christian Centre

3.5.2: The majority of the respondents felt that not only was the Sure Start Dover programme performing well, but it was also developing over the course of time. Although it was felt that the programme had coped well with all the many changes it had gone through, issues were still raised that revolved around the concept of mainstreaming.

3.5.3: The programme was felt to be meeting the national and local objectives by the majority of the respondents although there were a number of riders added to this, which were:

- It isn't meeting all the objectives or the most important ones
- National objectives don't take into account local issues
- National objectives are often unrealistic
- You can't make people engage.

3.5.4: Of those who felt that the programme wasn't meeting national and local objectives, no real examples were given for where the programme was falling short of its objectives, other than one person who stated that not enough time was given to library objectives.

3.5.5: There was no doubt amongst the respondents that the provision for children aged 0 to 4 and their families had improved with the introduction of Sure Start to the area. This improvement was seen to be that there was a wider range of services, these services were much more co-ordinated, the community had opportunities to be involved in the development of these services, the services and facilities were of a better quality and that there had been a widening of scope of interventions for some agencies. All these improvements in service provision were seen to bring a number of benefits to the local community, which were:

- Provides more choice of services
- Services are easier to access
- Services are seen as being there to help
- Brings co-ordination to services
- It empowers the community
- Helps break isolation
- Brings services in to the heart of the community
- It fosters a sense of community
- Some literacy improvements
- Access locally to professionals

3.5.6: However the majority of the respondents also saw that there were some drawbacks to this increased provision from the Sure Start programme, issues that were raised as potential drawbacks revolved around what happens when the money

goes, may be diverting funding from the more needy, the boundary may exclude some people from some aspects of the service, that the service could lead to stigmatisation of the areas involved and that local provision is uneven and depends on successful management of the Sure Start programme.

3.5.7: Respondents were reasonably satisfied with the training of staff and volunteers with most feeling that it was neither good nor poor or good; this does however leave a feeling that there is room for improvement when it comes to training.

3.5.8: When it came to looking at the management processes, structures and the flow of information within the programme, there were similar feelings as those for training, in that in the main they were rated as either good or neither good nor poor. A key point is that very few rated them as poor. In terms of management structures a reasonably high proportion of the respondents rated it at the very good level. So things appear to be working reasonably well, there is room for some improvement, but things are going in the right direction. A number of suggestions were made for how these aspects could be improved:

- Need to make people aware of the importance of working together
- Communication needs to be kept flowing especially from the Sure Start end
- Need stronger community involvement
- Need more continuity and involvement from some agencies
- Statutory part of the board need to know more about Sure Start and the people it works with
- We all need to play a part in communication flow and it needs to be improved
- All people on the board need to be sure of their roles
- Less egotistical management
- More professional view of overall provision
- Newsletters to providers / families / staff
- Need to be kept better informed of matters over and above those of just finances.

3.5.9: Respondents were then asked to think about how the programme was marketed, taking marketing in general terms, most respondents were positive about it, feeling that the programme was marketed well or very well. But when marketing was looked at in more depth then the picture changed. When it came to the marketing of the individual projects there was a much more marked difference of opinion on how well they were marketed, some were seen to be marketed better than others. An important point here was the number of respondents who felt unable to comment on the marketing of individual projects, this may well be something that needs to be considered and may well lead to the need for a review of marketing of the projects. A number of suggestions were made as to how marketing could be improved, they were:

- Get the core services to advertise our service
- Improve communication so everyone knows what everyone else is doing
- Do a needs analysis to aid targeting so we can market according to need
- More posters and a back to basics advertising campaign
- More money for advertising
- More innovation in our advertising – think outside the box
- Radio coverage
- More press releases
- Higher marketing standards

3.5.10: Most of the respondents, who felt able to express an opinion, felt that most of the services provided by Sure Start Dover represented value for money, with the exception of monthly events, transport and health promotion services. However this has to be tempered with the high level of those who were unsure or stated they didn't know about services being value for money. Some projects though did stand out as getting high numbers of respondents viewing them as value for money, such as:

- Bumps & Babies
- Baby Massage
- Midwifery service
- Speech Therapy services
- Drop-ins – Parent & Toddlers
- Big talkers
- Health visitor services
- Playlink services

3.5.11: On the question of whether services set up under Sure Start would carry on after the move into the Children's Centres, views were evenly split, there were however a number of services that stood out as gaining a high proportion of opinion stating they would continue, these were:

- Parenting skills
- Breastfeeding Peer Support Group
- Health Visitor Services
- Playlink Services
- Speech therapy services

Again though this needs to be tempered against the high levels of those who were unsure or felt they didn't know which was often the majority response.

3.5.12: When looking at the impact of the move to the Children's Centres there was an even mix of the positive and negative views of what the principle changes would be. On the positive side the changes were seen to be:

- More integrated multi agency provision
- Less duplication
- Rapid reaction and an earlier intervention to problems
- Core services will engage at a deeper level
- Removal of the postcode lottery
- It will extend the age limit and widen the scope
- Services will be more wide reaching
- Hopefully lots of services can be provided for more families

Whereas the negative views of the move to the Children's Centres were seen as:

- Services will be less co-ordinated potentially due to funding issues
- Some services will cease to exist
- There will be changes in service delivery
- Inability to mainstream
- Lack of resources
- Children's Centres won't deliver to the local community
- There will be a drop in the level of support for the community.
- Some of the established partnerships could be lost or affected
- We will have to start all over again

3.5.13: The general consensus of the respondents was that interagency collaboration had improve considerably since the introduction of Sure Start in the area, further that this improvement in interagency collaboration had been due to the influence of Sure Start.

3.5.14: The majority of respondents felt that the Sure Start Dover services were performing at a reasonably good level, with only one person believing that they were performing badly. However only one person felt they were performing at a very good level, which suggested there is still room for improvement, so the respondents suggested a number of ways in which the services could be improved. These suggestions were:

- Improve the management board, which isn't functional
- Share best practice
- Improve partnerships
- More staff
- More information to Old Park
- Work more closely with Core Services
- More provision for those at both ends of the age range
- More support for older children
- More family events
- A little more community consultation
- Transpose how we work in Sure Start into other agencies
- A change of management philosophy
- Better communication from management

3.6: Home Visiting Service¹⁰ (16 interviews)

3.6.1: All the staff involved in the home visiting service were very positive about their roles both in the terms of community development as well as their own professional development.

3.6.2: It was felt that the initial visits were very important and useful as they set up the ongoing process of the help for individual community members as well as being the conduit for the community members to all other Sure Start services. The most common reasons for the initial visits were to give information and advice on health, to give information about local resources for children and families and to give other information. Other information included:

- Advice about help round the house
- Speech & Language concerns
- Referral to other professionals
- Information about courses
- Advice on Child behaviour issues

3.6.3: The respondents also elaborated about any other issues they would talk about to the community members at that initial visit, there were a number of issues highlighted but the most common mentioned were, health advice / information, advice / information about home safety and advice / information about play. It was seen that these initial visits were a mix of both advice and practical help and support.

¹⁰ general report pp.37-43, tables 8 to 14 appendix 2 pp.106-108 & figures 33 to 37 appendix 1 pp.94-96

3.6.4: It was felt by all the respondents that the initial was useful or very useful and that a number of benefits were gained by the community members such as:

- Provide information about services available
- Help break isolation
- Provide someone who will listen and understand
- Act as an access in to the provision of Sure Start
- They get to learn how to interact with their child
- Learn how to play with their child
- Have their anxiety reduced
- Get to talk about their concerns and help with dealing with issues
- Get help and advice about health issues
- They can gain confidence

Most respondents didn't feel that there were any real drawbacks to the initial visits.

3.6.5: Most of the community members needed continued visits with ten being about the average number of visits needed with any community member, some needed more some needed less, depending on their situation. Over the course of time the reasons for these home visits was seen to change in the majority of cases. This change was more towards issues revolving around child development or general practical help with issues such as debt or looking after the children.

3.6.6: The issue was then raised of whether the home visits became more or less useful to the community members over time. The answers were a mix of all three options, with some feeling they became more useful / helpful, some feeling they became less useful / helpful and others feeling they became neither more nor less useful / helpful. This was because it depended on the nature of the problems that the families had. Some issues were easy to deal with, so in those cases the visits lost their usefulness once the issue had been dealt with. Other issues were complex so time was needed to deal with those issues, so the visits became more useful over time. So in a sense the visits are seen as useful / helpful up to the point where all the issues of the community members are dealt with, how long that takes is variable.

3.6.7: Although it was generally felt that most of the community members would have coped without the home visits, the general feeling was that they would have just struggled on with their problems or never got their problems dealt with. Even if they had their problems dealt with it was felt this would have only been in the format of dealing with them when they became a crisis, rather than in the preventative format as provided by Sure Start.

3.6.8: The home visits provided by Sure Start Dover are seen to have impacts on all members of the family, especially around the area of improving the quality of their lives, offering them support, helping accelerate child development (especially in the field of speech and language), breaking isolation, and bringing the family unit together. There is also the point that the home visiting acts as a gateway to many other professionals, so makes accessing services easier for the community members. Via this accessing of services the community members and their families gain the chance to socialise, to access courses and to grow and develop as individuals.

3.6.9: The respondents all felt that the home visiting service was effective with most feeling it was very effective, the reasons for this were seen as that it's delivered in the home, it can be tailored to each individuals needs, It accesses those who probably

wouldn't be accessed otherwise and it acts as a link to all the other Sure Start services.

3.6.10: The services of the home visiting were seen by most of the respondents to be new services and although seen as an excellent service it was felt that there were improvements that could be made, these suggestions were:

- More funding
- Access more people
- Provide a wider range of services
- Money for books – reference and specialised works relevant to issues we deal with
- A link with a university standard library would be useful
- More Playlink workers (this is in the process of being dealt with)
- More publicising of our work
- More staff
- Constant up dating of resources and information on offer

3.6.11: It was felt that the training for home visitors was effective and in general relevant to the position and that they were reasonably happy with their levels of training prior to working as a home visitor.

3.6.12: The home visitors were clear about the benefits of collecting data for monitoring and evaluation purposes and felt that these benefits were that it aided the ability to share information with other people and agencies, showed the progress of the project, aided target setting and goal setting and shows the effectiveness of the project. They did feel there were some drawbacks also these were seen to be, that it's time consuming, it doesn't always provide enough information in the case of someone else taking over a role, and it doesn't always allow us to show the effectiveness of the visits. Some suggestions were made for possible improvements to data collection, these were:

- Need more feedback from the service users
- Need to record more data
- Could be computerised to cut out repetition
- Have parents monitor what they do at home with kids
- Have some joint monitoring
- Have a dedicated family progress form (now in place)
- Use all the information people collect

3.6.13: The home visiting service was seen to be meeting national and local objectives or was certainly making good progress towards them.

3.7: Home Visiting Service Users¹¹ (7 interviews)

3.7.1: Generally home visits were instigated via referrals from other agencies / professionals, and they tended to be about advice and information and health issues, although other issues such as debt and home safety were also involved in the visit. The service users felt many benefits (such as relief, help and a sense of support) and no real drawbacks (apart from an initial nervousness) to the initial home visits.

¹¹ general report pp.45-51, tables 15 to 19 appendix 2 pp.108-109 & figure 38 appendix 1 pg.97

3.7.2: The service users all had continued visits (at least ten) usually weekly, but at least fortnightly, and they always saw the same worker, which they felt was very beneficial. They saw the reasons for the visits changing over time, tending to move towards safety and child development. Although their perceptions of the ongoing usefulness varied over time, they were keen to stress the positive impact the visits had on their lives.

3.7.3: In general the respondents' health visitors know about their Sure Start worker. This was felt to be appropriate by the service users as it avoided repetition of intervention; they were less sure if other professionals ought to know unless it was necessary.

3.7.4: The service users felt that the benefits they derived from the visits were also enjoyed by their partners and children, through the reduction of stress, dealing with issues of debt and housing and the general improvement of quality of life.

3.7.5: The service users were very happy with the home visits, particularly in the current format, and could see little that needed improvement, except perhaps to involve more men.

3.7.6: The general conclusions that can be drawn at this stage are that the programme is successful and at least one of the core services (Home Visiting) is performing well. It would also appear that there may be issues of marketing at the project level to be confronted and the resolution of an apparent high penetration of the Sure Start name into the community being translated into higher usage of a wider variety of services and activities.

3.8: Cost Effectiveness¹²

3.8.1: At this stage of the evaluation process it was decided to conduct a cost effectiveness analysis on just the Home Visiting aspect of the Sure Start services, as this had been the main aspect of Sure Start looked at in this phase. All figures in this section are based upon information provided to the evaluators by the finance facilitator, who provided a very informative and detailed financial breakdown.

3.8.2: Taking into account the staffing costs of each member of staff involved in home visiting and the amount of time spent on home visiting it was possible to work out generic unit cost per home visit, based on the figures provided for home visits in November 2004. That unit cost per home visit was £18.02, Obviously the generic cost of home visiting will fluctuate according to which professionals are conducting the most visits in a particular month, as there are differentials between the different professional's costs. But unless November 2004 was a particularly unusual month then it's fair to say that the generic cost of home visiting will not fluctuate by more than a couple of pounds either way.

3.8.3: Looking at the generic cost, which comes in around the £18 per visit mark, one has to say that from our experience it shows a high level of value for money in that it compares favourably with other Sure Start areas and with other professional interventions in the form of home visits. Especially when balanced against the perceived value gains mentioned by the service users and their families.

¹² general report pg.53 & tables 20 to 22 appendix 2 pg.110

3.9: Exit Surveys¹³

3.9.1: From an 'away-day' with the Sure Start staff team, certain issues of evaluation were discussed. From these discussions it was decided that an exit survey be developed and tested across one or two different activities. The activities that it was tested upon were the Christmas Party, Breastfeeding Support Group (Training) and the exercise course. To enhance the quality of the evaluation, the project leader for the Breastfeeding Support Group (Training) also supplied the evaluator with the group internal monitoring returns. Together, these give us a picture of the views of some service users.

Christmas Party (13 responses)

3.9.2: Looking at the responses to the exit survey for the Christmas Party it can be seen that it provided an activity that was perceived as being both very useful and better than what had been there previously. The most common ways of hearing about the activity were via word of mouth, through another Sure Start activity or via a leaflet / newsletter. The main reasons for using the activity were that it would be fun, that Sure Start services were known to be good or to break isolation. All aspects of the activity were rated as good or better and there was seen to be little room for improvement, further the activity was seen to be good value for money. It was also clear that attendance at one Sure Start activity was often followed by attendance at others.

Breastfeeding Support Training (6 responses)

3.9.2: All the students found the course very useful, not only for finding out information about breastfeeding support, but for also building confidence and for the opportunities to socialise. They felt that the course led to better provision for the people of the area, by giving them extra support from people with experience of breastfeeding, by encouraging more mothers to breastfeed and by providing quality information. Most of the students found out about the training from health professionals in the area. They started the course as they wanted to help others, they wanted to gain knowledge and they wanted to pass on their experience of breastfeeding. The only slight drawback to the course was not having the same person each week. All aspects of the course were rated as good or better, with everyone rating the staff as very good. All thought that the course provided value for money. It was also clear that the students were either using or willing to use other Sure Start services.

Community Support Worker Service (3 respondents)

3.9.3: The community support worker service is found to be very useful by those who use it; they find the multiplicity of help and support very beneficial. The service is leading to better provision for Dover as it provides help when it's most needed. The respondents came into contact with the service via other professionals via the referral system. They used the service as they needed the support and it wasn't available elsewhere. The only slight perceived drawback was that the service was only for one hour at a time. The ratings of the aspects of the service were consistently high and the service was seen to be value for money. Respondents who used the service were willing if not already using other Sure Start services to start using them.

¹³ general report pp.55-61 figures 38 to 43 appendix 1 pp.97-99

Exercise Course (14 respondents)

3.9.4: The exercise course was seen by the majority to be useful, as it was seen as a pathway into exercise and was seen as a fun way to get fit. The general consensus was that they weren't sure if it was better than what was there before, mainly because they weren't sure if there had been an exercise course before. People found out about the course via other Sure Start activities, from word of mouth or through a leaflet / newsletter. The main reasons cited for attending the course were that it was good value for money, people wanted to get back into shape or that they simply wanted to do something that was just for them. The only suggestions for improving the service were that it should run for longer both on a sessional and course basis. All aspects of the service were rated highly, especially the staff. Over half of the people attending the course stated that they attended other Sure Start activities and services. Only two of the respondents stated that they used non Sure Start services or activities.

3.10: Service users Focus Group¹⁴ (6 participants)

3.10.1: The services and support are very useful as they break isolation, aid parental and child development and create a sense of community. The services are way better than what was there before and are value for money not only for those who use them but for the community as a whole and for the government and society. The only drawback to the services is if the cease being provided in their current format. Maybe more could be done to get dads involved; having a male outreach worker might help this. People tend to hear of Sure Start via word of mouth, from leaflets or via health professionals. People tend to attend Sure Start as a way of breaking isolation, so child can learn and develop and because it's enjoyable. There were seen to be no real barriers to accessing Sure Start that the way staff work wouldn't be able to overcome. All aspects of Sure start are very good especially the staff. The move into the Children's Centre has given Sure Start further opportunities to become the hub of the community and to make further progress, which should be towards Sure Start becoming Dover wide.

3.11: Mainstream Health Visitors¹⁵ (3 respondents)

3.11.1: The development of Sure Start has not affected either the type of service provided by the mainstream health visiting nor the quantity they provide. Further there is seen to be no change in the reasons for home visits as far as mainstream health visiting goes. The only slight perceived change in workload for the mainstream health visiting was seen to be occasional increases in administration. It was felt that the move of Sure Start to the Children's Centre had not impacted at all on mainstream health visiting. The health visitors felt that the development of Sure Start could only be seen to be beneficial for both the community and for them as health visitors, as it offered up the potential for more support and better opportunities for those who wanted to utilise them. Sure Start was seen by the health visitors to be an excellent service.

3.11.2: Clearly the lack of responses makes it difficult to draw any concrete conclusions from this section of the evaluation. However one can make certain

¹⁴ general report pp.63-65

¹⁵ general report pp.67-68

assumptions due to the lack of responses that is that Sure Start hasn't had a negative effect on the mainstream health visiting services. As if this had been the case then it is fairly certain that more health visitors would have responded. A further assumption that can be maybe made is that the three respondents reflect the consensus view, in that again if Sure Start had made really positive changes to mainstream health visiting then it is felt more responses would have been forthcoming. So a lack of responses is felt to suggest a level of homeostasis within mainstream health visiting when looked at in conjunction with the development of Sure Start Dover.

3.12: Conclusion

3.12.1: It can be seen from all the stakeholders interviewed in this phase of the evaluation process that in general the Sure Start Dover programme is not only functioning well at this given point in time, but has shown throughout it's life span an ability to progress and change as and when it needs too.

3.12.2: The services are both well heard of and well liked by those who use them; however there is a major issue revolving around the disparity of the levels of awareness and the levels of usage of many of the activities. Some of these may revolve around the individual marketing of projects; knowledge of which was lacking amongst the board and providers and which may therefore be problematic at service user level too.

3.12.3: The staff working on the programme are highly thought of by those who use it and regard themselves as being well trained for their roles. They are providing services that are felt by the community to be needed directly into the areas where they are needed. However there is still work to be done on the issue of some of the hard to reach groups; especially men.

3.12.4: There are many aspects of the programme that do not need to change. Whilst changes to service delivery patterns are inevitable as the programme develops and changes due to external factors, it is important to note those elements of service delivery that are particularly successful. Indeed, in general terms, the evaluator would argue for maintaining the current service delivery pattern in entirety whilst looking to develop new services and activities in response to perceived need. In the case of the home visiting service, Sure Start Dover is providing a service which is both value for money and which is perceived by the users as making a real difference to their lives. The same can be said of the other services looked at via the exit surveys and their group work, although the value for money aspect has yet to be looked at from anything other than a service users view point for these services.

3.12.5: Despite the overall penetration of the programme, there remains a question of 'reach'. The programme needs to examine ways in which it could enhance the level of participation in the programme of men generally and people from specific ethnic minority backgrounds. One is aware that the engagement of people from certain ethnic backgrounds (e.g. South Asian backgrounds) can be achieved relatively easily through the use of bilingual workers etc. the real difficulties may well be in trying to find ways to engage a very diverse transient population (refugee families and asylum seekers). Other aspects of 'hard to reach' are the engagement of working people; there may be an issue of timing of group sessions, for example, that mean some working parents cannot attend. This is not meant as a criticism of the programme (as evaluators we are aware of the efforts being made in this area

already); rather it is highlighting a series of national issues that local programmes are faced with, and the necessity to continue trying to improve levels of engagement.

3.12.6: The management processes, structure and flow of information are seen to be in the main good and going in the right direction, but there is still room for improvement in this area. However there was a view that if it hadn't been for the strong management of the programme through some turbulent times then the programme may have floundered some time ago.

3.13: Recommendations

3.13.1: Recommendations for no change:

- Groups
- Home Visiting Service
- Current service delivery pattern
- Maintain process of adapting to changing needs of the local community

3.13.2: Recommendations for Possible action:

- Keep developing management structures and process
- On future courses retain a single course facilitator for life of course where possible
- Continue improving community input into the programme

3.13.3: Recommendations for definite action:

- Examine ways in which reach can be enhanced for all hard to reach groups especially men, ethnic minorities and working people
- Investigate ways to turn the high awareness levels into higher usage rates,
- Make sure all stakeholders are fully aware of all aspects of the programme
- Carry out a review of marketing procedures especially in respect of the individual projects
- Examine the impact of the move to the Children's Centres on both staff / providers and the community

General Analysis and Information

4. The Community Survey (88 respondents)

4.1: Approximately 635 questionnaires were distributed and 88 were completed and returned. This gives a response rate of 13.86%, which ensures that the results are 95% statistically significant (+/-5%). However, it needs to be noted that some of the crosstabulations may be a little less significant as the sub-samples that are being compared are relatively small. This is also compounded by the fact that 'hard to reach' groups have remained hard to reach in terms of the community survey, most notably ethnic minorities and men.

4.2: Demographics

4.2.1: Of the 88 respondents 96.6% described themselves as female, and 95.55% described themselves as mothers, whilst 97.7% said that they were the main carer for a child under the age of 5. None described themselves as male or with any other relationship to the child. Further all the respondents were white (98.8% White British, 1.2% White Other). although the population of the area is predominantly White British, this does mean that the views of people from other ethnic backgrounds are absent from this report. Over half (55.2%) of the respondents came from Buckland's, over one-third (35.6%) from St. Radigunds, an only 9.2% from Old Park.

4.2.2: Two-thirds of the respondents (66.7%) were married or living with a partner (figure 1: appendix 1, page 77).

4.2.3: When asked about their employment status 29.4% stated that they were in paid employment, 3.5% in unpaid employment (e.g. voluntary work), with 67.1% being not in employment. Of those engaged in paid or unpaid employment 60.7% worked for 16 to 39 hours per week, and 39.3% worked 15 hours per week or less. None of the respondents worked more than 39 hours per week.

4.2.4: Less than 1 in 10 (8.4%) of the respondents reported having a disability, and most of the respondents were under the age of 35 (figure 2; appendix 1, page 77).

4.2.5: When asked how many children they had under the age of 5, over two-thirds of the respondents stated that they only had one child within that age group (figure 3; appendix 1, page 78). The respondents appeared to have children with an even spread of ages across the Sure Start age category and beyond (figure 4; appendix 1, page 78).

4.3: Listed Existing Services (other than Sure Start)

4.3.1: In general terms the respondents were either satisfied or very satisfied with existing services; however there were some variations in terms of the types of services. For example, over one-third of respondents were very satisfied with the Team Midwife and with Schools and Nurseries, whereas only 4.8% were very satisfied with Housing. One notes, however, that with the exception of childcare, support with special needs and social services, all the categories scored a rating of satisfied or very satisfied of over 50% (figure 5; appendix 1 page 79).

4.3.2: Further analysis of the 'satisfied' or 'very satisfied' ratings shows that there are some variations by various demographic criteria. Those who were single, separated or divorced, for example, were more likely to be satisfied or very satisfied with a

whole range of existing services than were those who were married or living with a partner, with the sole exception of satisfaction with hospital services (figure 6; appendix 1, page 79). There are also some variations in terms of whether or not the respondent had a disability¹⁶. Although not statistically significant, these may be worth considering (figure 7; appendix 1, page 80).

4.3.3: One also notes that those respondents over the age of 35 were more likely than other age groups to be satisfied or very satisfied with schools and nurseries, whilst those aged 16 to 24 were more likely than other age groups to be satisfied or very satisfied with GP services (figure 8; appendix 1, page 80).

4.3.4: With the exception of Social Services, Team midwife and Housing, those in paid and unpaid work tended to be more likely to be satisfied or very satisfied with existing services (figure 9; appendix 1, page 81). Levels of dissatisfaction with existing services were much lower than the levels of satisfaction. However, it is clear that there are some areas of existing services that people appear to be more likely to be dissatisfied with than others. These are primarily; GP services, Housing, Hospital Services and information for Parents (figure 10; appendix 1, page 81).

4.3.5: One notes that Social Services features relatively low on both satisfaction and dissatisfaction ratings, as almost three-quarters of the respondents answered neither or don't know when asked how satisfied they were with social services (figure 11; appendix 1, page 82). This will almost certainly be because they have had little experience of it and the Social Worker post has been vacant for the past year. It is unlikely to be filled in the near future as Social Services are pulling Social Workers back to the frontline. Sure Start Dover is proposing an extended Playlink Service to cover this deficit.

4.3.6: In general almost two-thirds of the respondents were satisfied or very satisfied with existing services, whereas 23.5% were dissatisfied or very dissatisfied with existing services (figure 12; appendix 1, page 82).

4.3.7: The principal comments the respondents made in terms of existing services were that there were issues with hospital A & E and acute services as there was no local unit, and also a view from some respondents that was critical of the quality and accessibility of GP services. This was offset by other comments that praised the helpfulness of some GP practices. One respondent felt that social services were not providing the level of care for children that they should, but the overall view of social services was completely neutral as people has very little experience of them. Five respondents passed comment on the Midwifery Service; three with fulsome praise, two relatively critical. Although very few respondents made comment on housing, those who did criticised the quality of both the housing and the local authority housing department. A variety of comments were made regarding schools and nurseries. For one respondent the primary problem was distance, having to drive ½ mile there and ½ mile back each time she used the nursery. One respondent was unhappy in terms of information about school enrolment, and two of them felt that although nurseries were OK none had all the facilities they felt were required. Another respondent was unhappy at the lack of nursery facilities for the under 2s, and one felt that one nursery had exhibited a bad attitude when she tried to enrol her son. Finally, there was significant praise from two respondents for the same nursery. Apart from the notable exception of information from Sure Start, the comments

¹⁶ One needs to note that the number of respondents with a disability is relatively small (only 7 in number), therefore the results could be skewed by any 'rogue' responses

respondents made suggests that information about services, activities and events in the area was relatively poor. One respondent felt that she had received good special needs support, another was critical of the termination of support at age 5 and three others made more critical comments, in terms of the problems with special needs support for older children. The only comments made about childcare were that either respondents preferred to use solely self and family for childcare, or that childcare was too sparse and too expensive.

4.3.8: Those in paid or unpaid employment (53.57%) were less likely than those not in employment (64.29%) to be satisfied or very satisfied with existing services in general, and those respondents with a disability (85.71%) were much more likely than those without a disability (58.87%) to be satisfied or very satisfied with existing services. One also notes that those respondents who were single, separated or divorced were more likely than those who were married or living with a partner to be very satisfied, very dissatisfied or dissatisfied with existing services in general. It was also clear that those respondents in the 31 to 35 age group were a little more likely than those in other age groups to be satisfied or very satisfied with existing services in general (figure 13; appendix 1, page 83).

4.3.9: When it came to looking at why the respondents were satisfied with services in general for the under 5's in the Dover area the respondents made comments that revolved around a number of key issues, some of the comments crossed over between existing services and those provided by Sure Start. The areas covered were:

- More facilities, services and support in the Dover area for under 5's and their families,
- There are socialisation opportunities for both parents and their children, which help break isolation and aids child development,
- There are quality services and support for children under 5 and their families,
- The services and support meet people's needs,
- The services and support are value for money.
- If it wasn't for Sure Start there wouldn't be much else in the way of provision for under 5's and their families,
- Sure Start trips are excellent

The respondents also made a number of comments about why they weren't satisfied with the services and facilities in general for children under 5 in the Dover area, these revolved around the following issues:

- The cost of activities can be prohibitive,
- There are not enough services, facilities and activities for children under 5 in the area,
- There are no decent local parks for children under 5, all are unsuitable due to vandalism, dog mess, drunks etc,
- The services, facilities and activities weren't of a standard that I expected,
- The timings of events aren't always that suitable and there is little or no choice over the timings of events i.e. events being repeated at different times,
- There's not enough information about what services are available for children in the area, especially with regards to clubs, after school activities and toddler groups,
- There isn't enough reasonably priced childcare,
- Hard to find activities for children with excessive energy levels,
- There's nowhere to go for days out,
- If you don't live in the correct area you can't access Sure Start services

There were also a number of more neutral comments made by the respondents on services and facilities in general in the Dover area for under 5's, which revolved around the following areas:

- Needs to be more morning activities, especially indoors,
- Tend to go elsewhere for children's activities,
- Could do with a proper hospital,
- Could do with somewhere else like Kids Safari closer to town,
- Child is only young so am still discovering what is available and what is best for us.

4.3.10: Just under two-thirds (64%) of the respondents felt that they were well informed about what was happening in their area. This varied considerably by age; older respondents being more likely to feel well informed than younger ones (figure 14; appendix 1, page 83). Those respondents in paid or unpaid employment (71.43%) were more likely than those not in employment (59.65%) to feel well informed about what was going on in their area, and those who were single, separated or divorced (75%) were also more likely than those who were married or living with a partner (57.14%) to feel well informed about what was going on in their area.

4.3.11: The respondents tended to get their information from Newsletters, word of mouth and leaflets. In general the respondents felt they would like to continue getting their information in the same ways in which they currently received it, although they were not as keen to receive information by word of mouth and would possibly prefer more information to be made available through the health services, and the library (figure 15; appendix 1, page 84). Some respondents mentioned getting information from local radio, TV and newspapers, and some of them stated that they would like to get information from newspapers and from schools. There was also some comment that the Newsletter was sometimes late and pointed to events and activities that had already happened.

4.3.12: Most of the respondents tended to think that the area was either good or adequate as a place to bring up children under 5 years of age. Only 2.3% thought it was excellent, whereas 23.2% felt it was poor or very poor (figure 16; appendix 1, page 84). Those in paid or unpaid employment (28.57%) were less likely than those not in employment (38.6%) to rate the area as excellent or good for bringing up young children. When looking at what the area was like for raising children the respondents made a number of positive comments revolving around the following issues:

- The area is a nice place, it's quiet and is clean and tidy,
- There are good facilities and services either locally or within close proximity,
- The area is a reasonably safe one,
- The people here are nice and there's good community spirit,
- Sure Start are making it more fun for under 5's with all their facilities and services

Respondents also made a number of negative comments about what the area was like to raise children in, these revolved around the following areas:

- There is lots of anti social behaviour in the area,
- There are no safe, quality play areas or parks for kids locally,

- Because of all the hills and steps it's geographically not a good place for buggies and prams, transport is also an issue for prams and buggies,
- There's nothing for children to do in the area, unless you have money to spend,
- Place is overcrowded, especially with families with problems,
- Area is unclean, unsafe and neglected,
- Can be a very isolating place with poor community spirit,

4.4: Sure Start

4.4.1: Almost three-quarters of the respondents (72.3%) had heard of Sure Start services that were available in Dover, with no significant variation by ward. All of the respondents with a disability had heard of Sure Start, whereas only 70.27% of those without a disability had heard of it. Two-thirds of those in paid and unpaid employment had heard of Sure Start services in the area, but over three-quarters (76.36%) of those not in employment were aware of Sure Start. Those respondents in the 16 to 24 and in the 31 to 35 age groups were more likely to be aware of Sure Start than those respondents in other age groups (figure 17; appendix 1, page 85).

4.4.2: There was considerable variation, however, in terms of exactly which specific Sure Start services and activities people were aware of and had, did, or intended to use. With the exception of one or two services (notably Brushing for Life, Portage and Newsletter) the awareness levels for all services were high (table 1; appendix 2, page 101). One also notes that the respondents who were categorised as 'heard of' are those who ticked the heard of box but did not make any other indication. Clearly, those who use, have used or intend to use specific services must, by definition, have heard of those services. In other words, there is no real problem within the programme of community recognition. In terms of current use, the levels are relatively low (table 1; appendix 2, page 101). The best used services and / or activities per activity group appear to be Drop-ins (Parents & Toddlers), Bumps 'n' babies, Playlink services, Newsletter and Basic Food Hygiene. In terms of past use per activity group (table 1; appendix 2, page 101) the most used appear to be Drop-ins (Parents & Toddlers), Midwifery services, Crèches, Newsletter, and Paediatric First Aid. Finally, in terms of probable future use by activity group (table 1; appendix 2, page 101), the most likely services and / or activities the respondents intend to use are Parenting Skills, Big Talkers, Bookstart services and Playlink services, Establish Links with Jobcentre plus, and Paediatric First Aid.

4.4.3: The level of satisfaction with the various services was consistently high (ranging from 50% to over 95% ratings of good or excellent), especially in terms of Outreach Home Visiting Services, Drop-ins (Parent & Toddlers), Midwifery Services, Play on Prescription, Playlink Services, Crèches, Monthly Events, Establishing Children's Centres within Dover District, Basic Skills and Fun with Food (which all were rated good or excellent by at least 75% of the respondents, thus meeting national Sure Start satisfaction targets). Perhaps of even more significance was the fact that none of the services and /or activities were seen as poor or very poor by more than 8.3% of respondents. In most cases there was no dissatisfaction registered. The only services and / or activities that any of the respondents showed any level of dissatisfaction with were Social Worker Services, Breastfeeding Peer Support Group, and Portage (table 2; appendix 2 page 102)..

4.4.4: The respondents first found out about Sure Start as follows:

- Health Visitor (22)

- Friend or family member (17)
- Midwife (12)
- Sure Start visit (11)
- Preschool (7)
- Letter / Leaflet (5)
- GP (2)
- Breastfeeding Group (2)
- By phone (1)
- Other (9)

4.4.5: The reasons the respondents gave as most important for why they used Sure Start services and activities tended primarily to be those to do with their children's needs and development, whilst those they tended to see as least important were such things as cheap refreshments, nothing else to do and knowing other parents who use specific services and / or activities (figure 18; appendix 1, page 85). There was little difference in perception by marital status except that those who were single, separated or divorced appeared to be significantly more concerned about the times and days of activities, the quality of equipment, the cost and 'getting out of the house' than did their counterparts who were married or living with a partner (figure 19; appendix 1, page 86). Those parents with a disability appeared to be much more conscious than those without a disability across a whole range of reasons for using Sure Start services and activities, most notably, in terms of knowing other parents who use the service¹⁷ (figure 20; appendix 1, page 87) Those who were not in employment were more likely than those in paid or unpaid employment to rate all aspects of the services or activities as important or very important, with the exception of the quality of equipment (figure 21; appendix 1, page 88). There were some variations by age but these tended to be relatively small (table 3; appendix 2, page 103).

4.4.6: When looking at why people use Sure Start some respondents made comments around the following areas:

- The staff are very helpful, supportive and caring,
- Offers chance for socialisation for both children and parents,
- It's an opportunity to share experiences with peers,
- The one to one stuff is great for those who are shy and don't like groups,
- The visits are really useful,
- They can provide good courses,
- Everything is under one roof

4.4.7: Although relatively few of the respondents gave a response as to why they did not use specific Sure Start services, those who did give an answer overwhelmingly made clear that the key issue for not using a particular service was that it was held at the wrong time (figure 22; appendix 1, page 89). All further comments revolved around the following issues:

- Have different aged children which make using the services awkward,
- My child is too old,
- I don't have time to use the services,
- Don't need the services as have other support mechanisms,
- Don't know about the services as information is lacking,
- Dissatisfied with the service I received,

¹⁷ One needs to remain aware, however, of the small number of respondents who reported having a disability

- Don't like going to things on my own

4.4.8: In general terms the respondents gave Sure Start Dover services and activities a rating of good or excellent (figure 23; appendix 1, page 89). Ratings of poor or very poor for any aspect of Sure Start service delivery were insignificant, and positive ratings were particularly high in terms of staff and activities for children (figure 24; appendix 1, page 90). There were no significant variations in ratings by any of the demographic criteria, except that those respondents with a disability were routinely even more positive in their responses than were those without a disability. With regards to the general rating of aspects of Sure Start Dover some respondents took the opportunity to make the following comments around a number of issues both around their views of the service as well as their lack of use of the service:

- Feel the facilities at Triangles are excellent,
- Would love to use playgroup if I had the money,
- Don't attend Sure Start,
- Staff very good and friendly,
- Times don't fit in with other things I do with my child,
- Don't know much about Sure Start but have heard good things about it,
- I don't mix very well with other people,
- Some of the services could be combined until numbers pick up

4.4.9: Just over one-third (36%) of the respondents were aware that Sure Start Dover would be running services and activities from Children's Centres. The proportion of respondents who were in paid or unpaid employment who were aware of this development in service delivery was even smaller (25%), whereas those respondents with a disability were slightly more likely to be aware (42.86%).

4.4.10: Respondents were then given the opportunity to make comments on how access to services could be improved or hampered by the move to the Children's Centres. They gave the following comments on how access could be improved, revolving around the following areas:

- Having transport links in place with more information about it,
- Increase levels of advertising of services,
- Installing lifts in the centres for prams and buggies,
- Send out more information,
- Provide services for children aged 5 to 10,
- Have a walking bus service

4.4.11: The only comments made as to how access to services and activities would be hampered by the move to the Children's Centres were those of how far would it be to get to the Children's Centres and would there be transport provided.

4.4.12: Finally, the questionnaire asked the respondents what additional services or activities they would like to see available in the Sure Start Dover area, they made suggestions which fell into the following categories:

- Groups and activities for children over 5 and their families, especially during school holidays and weekends,
- More activities for dads,
- Have after school clubs or list where they are,
- Have more physically active activities for both under and over 5's,
- Have more day trips and courses, with consultation as to what they should be,

- Have more activities for under 5's,
- Groups for older first time parents,
- More special needs support,
- More exercised base staff for parents and children, like POP or swimming lessons etc,
- More parenting skills groups (but re name them so it doesn't appear an attack on their parenting skills),
- Have more pick up points for those who find the walk difficult,
- Have a group for newborns and toddlers, where the toddlers can be fully active without hurting the newborns,
- Have a walk in doctor or nurse available for those minor injuries,
- Provide more information especially on childcare facilities in area and breastfeeding issues,
- Crèches for working mums with flexible times

Summary: Of the 88 respondents the majority were white British females, who were living with a partner in some form. Further the respondents tended to have either one or two children under 5. Over half the respondents were from Buckland and only a small minority from Whitfield. In general they were satisfied with existing services in the area and in the main felt well informed as to what was going on in the area, with the main forms of information being newsletter, word of mouth or leaflets. The area was seen as an adequate place to bring children up in by many, however a significant proportion felt it was a poor area to raise children. There were high levels of awareness of Sure Start as a Brand, but variations when it came to the different projects. However this high level of awareness wasn't converted into high usage. Those using the services were in general very satisfied with those services especially so when it came to the quality of the staff. The principal way people found out about Sure Start was via health professionals in the area. The main reasons for using and continuing to use Sure Start were that it met people's needs, provided child development opportunities and was value for money. The main reason given for not using Sure Start services was the timing of activities and events. Only a third of respondents were aware of the move to the Children's Centres.



Parent & Toddlers

5. Management Board & Providers Interviews (15 interviews)

5.1: Initially for this phase of the evaluation process ten face to face interviews were conducted, this constituted 6 management board members and four providers. It was then decided to try to gain the views of a few more providers, for this purpose a further list of providers was issued to the evaluators. All the providers on this list were circulated with the management board and providers questionnaire by post, for them to fill in and return. Five further provider respondents were gained in this way, they were:

- Young Person's Services – KCC Education & Libraries,
- Portage Co-ordinator – South Kent Portage,
- Health Promotion Services – East Kent PCT,
- Children's Services – NCH South East and
- Homestart – The Ark Christian Centre

5.2: Firstly the respondents were asked how well the programme was performing overall in Dover the majority thought it was performing at a level of good or adequately, nobody thought it was performing badly, however nobody thought it was performing excellently either (figure 25; appendix 1, page 90).

5.3: It was then looked at how people felt the programme had developed over the course of time. The programme was seen to have developed and changed over time to the various changing needs, there was some feeling that the progress had been slow and that the programme had had a number of problems over time. One respondent felt that rather than progressing the programme was diminishing, whilst another felt that due to funding becoming an issue some agencies were actually withdrawing from the partnership. There were a number of positive and negative issues raised when talking about the programmes development over time. These were:

Positives:

- There are a lot of things happening and going on
- The team are creative and innovative.
- Team are able to adapt to change
- It suits the needs of the people
- It's going in the right direction.
- It is developing in line with the new Children's Centre Initiatives

Negatives:

- No plans to mainstream beyond Children's Centres
- It may be diverting resources from the more needy
- Is it reaching the hard to reach groups
- Shortages of staff restricted service provided
- Clarity of role of the accountable body in initial phase caused problems
- It's diminishing
- Now an end to funding is becoming an issue some agencies are withdrawing.

5.4: When it came to whether the programme was meeting the National and Local objectives, in the main most people felt it was. However there were a number of reservations made by some of those who said yes (figure 26; appendix 1, page 91). Some of the reservations about the objectives were:

- It isn't meeting all the objectives or the most important ones
- National objectives don't take into account local issues
- National objectives are often unrealistic
- You can't make people engage.

5.5: Of those who felt that the Sure Start programme wasn't really meeting national and local objectives, the only reason given was that it was felt they didn't give enough time to library objectives

5.6: On the issue of whether the programme had led to better provision for children aged 0 to 4 and their families in the local community, the feeling was unanimous in that it had led to better provision. However one respondent commented that although the provision was better it was somewhat of a missed opportunity. The provision was seen to be better in a number of ways:

- More choice
- Wider range of services
- Services are more co-ordinated
- Community are involved in developing services
- There wasn't anything there before
- More nursery provision
- More groups
- There's more support especially for those at risk
- Better quality facilities
- Improved access to services
- Widened scope of intervention for some agencies
- Support is available immediately

5.7: Looking at the benefits Sure Start brought to the local community, most respondents were clear that Sure Start did bring benefits and these benefits were positive and were seen to be:

- Provides more choice of services
- Services are easier to access
- Services are seen as being there to help
- Brings co-ordination to services
- It empowers the community
- Helps break isolation
- Brings services in to the heart of the community
- It fosters a sense of community
- Some literacy improvements
- Access locally to professionals

5.8: On looking at whether there were any disadvantages Sure Start brought to the local community, some felt that it didn't bring any disadvantages at all. Most however saw that potentially it did bring with it some disadvantages, such as:

- The amount of funding over a short space of time then the removal of this funding
- Maybe diverting funding from the more needy
- May stigmatise the area as deprived
- Issues of the boundary and those just outside it etc
- What happens when Sure Start stops
- Its too short-termist in that once its got going it will be time to stop

- Could cause conflict between the different communities
- Local provision is uneven – depends on successful management of the Sure Start programme

5.9: In terms of training for volunteers and staff, the respondents in the main felt it was at least neither good nor poor or good, one respondent felt it was poor and two felt that it was very good. A further 4 respondents felt that they weren't aware enough about the subject to make a judgement (figure 27; appendix 1, page 91).

5.10: The respondents were then asked for their views on the management structures, management processes and the flow of information within Sure Start. In the case of all three aspects only three respondents rated them as poor, for all three aspects most respondents rated them as either neither good nor poor or good. Out of the three aspects management structures had the highest incidence of people rating it as very good whereas flow of information had the lowest incidence of respondents rating it as very good (figure 28; appendix 1, page 92).

5.11: When it came to looking at how the three aspects of management structures, management processes and information flow could be improved there were a number of comments made around the following areas:

- Need to make people aware of the importance of working together
- Communication needs to be kept flowing especially from the Sure Start end
- Need stronger community involvement
- Need more continuity and involvement from some agencies
- Statutory part of the board need to know more about Sure Start and the people it works with
- We all need to play a part in communication flow and it needs to be improved
- All people on the board need to be sure of their roles
- Less egotistical management
- More professional view of overall provision
- Newsletters to providers / families / staff
- Need to be kept better informed of matters over and above those of just finances

5.12: The respondents were then asked how well they felt the Sure Start programme was reaching the local community. One respondent felt that they were reaching badly, of the others the majority rated the programmes reach at a level of well, with the rest feeling it was reaching the community neither well nor badly.

5.13: On looking at the issue of general marketing of the Sure Start programme, the majority of the respondents felt that the programme was marketing itself well or very well, only one respondent said that its general marketing was bad, one respondent was unaware of marketing and 4 respondents felt it marketed itself neither well nor badly (figure 29; appendix 1, page 92).

5.14: The issue of marketing was then looked at in more depth, by asking how people felt each of the individual projects marketed themselves (table 4 appendix page xx). Here most of the respondents felt that most of the projects had reasonably good levels of marketing, with most scoring some level of very well's and well's when people were asked. There were some projects that really stood out in terms of those who felt they were advertised very well or well. They were:

- Drop-ins – Parent & Toddlers
- Transport

- Newsletter
- Playlink services
- Speech therapy services

Some also stood out as not getting many very wells and wells. These were

- Little Listeners this may be because this is not running yet, it is a proposed service
- Play on Prescription
- Personal Performance review for Community Members this may be because this is not running yet, it is a proposed service
- Social worker services
- Post-natal depression support group

However the more pertinent point was the high levels of people who said they weren't aware when asked how well the individual projects marketed themselves (table 4; appendix 2, page 103).

5.15: People were then asked how they felt that marketing could be improved for both the individual projects and the programme as a whole. The majority felt that there were improvements to be made, whereas a minority felt that either things were alright or they didn't have enough information to comment. Some of the suggestions made for improving marketing were:

- Get the core services to advertise our service
- Improve communication so everyone knows what everyone else is doing
- Do a needs analysis to aid targeting so we can market according to need
- More posters and a back to basics advertising campaign
- More money for advertising
- More innovation in our advertising – think outside the box
- Radio coverage
- More press releases
- Higher marketing standards

5.16: The respondents were then asked whether the projects run by Sure Start were value for money (table 5; appendix 2, page 104). With the exception of monthly events, transport and health promotion services all the events were seen to be value for money by those who felt they could express an opinion either way. Again on this question there were high levels of being unsure or not knowing. There were a few projects that stood out as getting a high majority of people viewing them as value for money (marked yellow table 5; appendix 2, page 104), they were:-

- Bumps & Babies
- Baby Massage
- Midwifery service
- Speech Therapy services
- Drop-ins – Parent & Toddlers
- Big Talkers
- Health visitor services
- Playlink services

5.17: Next respondents were asked whether services set up under Sure Start would carry on after the move into Children's Centres. On this there was a fairly even split, in whether people felt they would or wouldn't for most projects, of those who felt able to give a definite response (table 6; appendix 2, page 105). On this question the

majority response was unsure / don't know. Again however a few projects stood out as getting a high proportion of people saying they may well carry on after the move, they were:

- Parenting skills
- Breastfeeding Peer Support Group
- Health Visitor Services
- Playlink Services
- Speech Therapy

5.18: The respondents were then asked what they felt would be the principle changes that will come about from the move into Children's Centres. On this question there seemed to be an even mix of positive views and negative views about what the principle changes would be. The positives were:

- More integrated multi agency provision
- Less duplication
- Rapid reaction and an earlier intervention to problems
- Core services will engage at a deeper level
- Removal of the postcode lottery
- It will extend the age limit and widen the scope
- Services will be more wide reaching
- Hopefully lots of services can be provided for more families

The negative side of the changes was seen to be:

- Services will be less co-ordinated potentially due to funding issues
- Some services will cease to exist
- There will be changes in service delivery
- Inability to mainstream
- Lack of resources
- Children's Centres won't deliver to the local community
- There will be a drop in the level of support for the community.
- Some of the established partnerships could be lost or affected
- We will have to start all over again

5.19: The respondents were then asked how they felt the different agencies worked together before Sure Start. The majority of people felt the agencies weren't working that closely prior to the inception of Sure Start (figure 30; appendix 1, page 93). There were a number of examples given of how the agencies were or weren't working together prior to Sure Start. The examples of working together were:

- Health, Social Services and Education worked together
- Good working relationship between Social Services and St Radigunds School
- Midwifery and Health Visiting had joint parenting groups at the birthing centre.

Examples given of them not working together were:

- Social Services and Education didn't communicate even though they had common areas they had to work together on
- Health didn't engage with Social Services, Education or Libraries, Health was going on its own
- Agencies just didn't talk to each other to the detriment of families
- There was no communication
- Difficulty setting up Bookstart

5.20: Respondents were then asked to say how they felt agencies were working together now, it can be seen that the majority feel that they are working much closer now than they were prior to Sure Start (figure 31; appendix 1, page 93). Again the respondents were asked for examples of how agencies were or weren't working together now, the examples of how they were working together were:

- For first time people are talking together at a higher level, about how we should plan our services
- We now have common principles and strategies and sometimes pool resources
- Agencies meet regularly
- Children's Centres are multi agency led
- Agencies are working together to try and mainstream services.
- Small improvement in Bookstart provision
- The Sure Start board is a prime example of effective communication between all agencies
- Portage works with speech therapy
- Playlink is a service which involves NCH, Social Services and Health Visitors

Examples of not working together now were:

- Agencies initially stood back and let Sure Start do it – although this is changing now
- During a financial crisis which was caused by all parties, other agencies weren't willing to take responsibility

5.21: When asked if they felt Sure Start had been influential in changing how the agencies worked together the vast majority felt they had been influential, there was only one dissenting voice who felt Sure Start Dover had been no influence at all on the change in how agencies worked together (table 7; appendix 2, page 106).

5.22: The respondents were then asked how they felt Sure Start Dover's services were performing, most respondents felt they were performing at a level of good, nobody stated that they felt they were performing poorly (figure 32; appendix 1, page 94).

5.23: We then asked how the delivery of Sure Start services could be improved in Dover a number of issues were highlighted:

- Improve the management board, which isn't functional
- Share best practice
- Improve partnerships
- More staff
- More information to Old Park
- Work more closely with Core Services
- More provision for those at both ends of the age range
- More support for older children
- More family events
- A little more community consultation
- Transpose how we work in Sure Start into other agencies
- A change of management philosophy
- Better communication from management

5.24: Finally the respondents were asked if there were any other comments they would like to make about Sure Start Dover, these comments covered a number of areas and issues some of which were:

- There is a lot going on in the Sure Start area
- The service is improving but can go off at tangents due to big dramas
- Those on the ground work excellently and are very dedicated to working in this different way
- The project has developed well considering all problems we've had
- I hope Children's Centres become more part of mainstreaming
- It's a very difficult geographical area which makes running the programme more difficult, which isn't always appreciated
- Inception of Sure Start Dover exacerbated staff shortages in the core services
- Multi agency working was not invented by Sure Start
- Improvements in provision are not the sole prerogative of Sure Start
- It's a very good programme I hope all the good its done doesn't disappear after mainstreaming
- Shocking waste of an opportunity
- We have overcome many issues to improve partnership working. The leadership within Sure Start has been an inspiration to all and a tower of strength throughout. The scheme would not have been as successful if not for the management and all the staff in the Sure Start team

Summary: Of the 15 respondents the majority feeling was that Dover Sure Start was performing well and had developed well over the course of time, although there were still issues around mainstreaming. The programme was seen to be meeting national and local objectives and was without question providing better services in the area than previously existed. There were however issues attached to this increased provision such as what happens when the money is withdrawn, is it diverting funding from more needy areas and will it stigmatise the area. Training of staff and volunteers was seen to be satisfactory, as were the management structures, process and flow of information. But in all cases there was seen to be room for improvement. The programme in general was marketed well, although when it came to the individual projects opinion wasn't as strong, also there was a lack of knowledge of marketing when it came to the individual projects with many not able to give an opinion. Of those who felt able to offer an opinion, most felt that services were value for money, but were evenly split on whether services were sustainable, although again there were high levels of people not able to offer an opinion. There were seen to be a number of both positive and negative impacts involved in the move to the Children's Centres. Interagency working was seen to have improved thanks to the influence of Sure Start. The services in Dover were seen by the majority to be working reasonably well, but again with room for improvement.



Rare Breeds Trip

6. Home Visitors Interviews

6.1: The respondents were first asked what it was like to be a Home Visitor. The general feeling was that it was both enjoyable and interesting; however this depended upon the families that were being visited and the nature of their problems. But the general view was a positive one about being a Home Visitor.

6.2: It was then asked what the reason for the initial home visit would be; the top three reasons given were Health advice / information, information about local resources for children and families and other (table 8; appendix 2, page 106). In this case 'other' included things like:

- Advice about help round the house
- Speech & Language concerns
- Referral to other professionals
- Information about courses
- Advice on Child behaviour issues

6.3: The respondents were also asked about what other things they generally talked to community members about in the initial Home Visit. This time the top three responses were health advice / information, advice / information about home safety and advice / information about play (table 9; appendix 2, page 107). In this case the 'other' help included aspects such as:

- Refer on to other professionals
- Talk about issues of training and education
- General medical advice
- Advice about Child behavioural issues
- Advice about domestic abuse
- Advice about debt
- General emotional support

6.4: When asked what the initial home visit provided the majority thought it provided a mixture of Practical help / support and advice (table 10; appendix 2, page 107).

6.5: All the respondents felt that the first visit to the community members in their own homes was useful / helpful or Very useful / helpful with the latter being chosen by the majority (table 11; appendix 2, page 107).

6.6: The respondents were then asked how they thought the community members felt when they were first visited them, there were a mixture of responses and it was seen to be dependant upon the families and the nature of their problems, but some things mentioned were:

- Pleased that someone is taking an interest
- Relieved
- A little anxious at first
- Pleased to see us
- Slightly wary initially
- Cautious not sure what they want
- Relaxed and receptive
- Apprehensive

6.7: The respondents were then asked how they felt on that initial visit, again responses were mixed but covered areas such as:

- Nervous as you don't know what issues will come up
- I feel positive that I'm bringing them a service they need
- I really enjoy the first visits
- I feel pleased as it's nice to be invited in and accepted
- I feel safe
- Always confident in knowledge, ability and back up of Sure Start network
- Bit cautious

6.8: Next the respondents were asked what they felt the greatest benefits were to the community members from the initial home visits. There were felt to be a host of benefits to the community members from the home visits. They were seen to:

- Provide information about services available
- Help break isolation
- Provide someone who will listen and understand
- Act as an access in to the provision of Sure Start
- They get to learn how to interact with their child
- Learn how to play with their child
- Have their anxiety reduced
- Get to talk about their concerns and help with dealing with issues
- Get help and advice about health issues
- They can gain confidence

6.9: Of those who saw them the respondents saw the biggest drawbacks of the initial home visit as being:

- Sense of exposure having someone come into your home
- There may be confusion with community members seeing us as friends
- The level of worry prior to the visit
- Child protection issues
- Apprehension of the unknown

However a lot of the respondents didn't feel there were any real drawbacks to the initial visit.

6.10: Next it was looked at whether the home visits continued after the initial visit. In the majority of cases visits were continued (table 12; appendix 2, page 107). The respondents were then asked how many visits they would normally make, the number varied depending on the project and on the families; examples were:

- Usually for about a ten week period
- Up to 30 visits
- Never less than approximately 12
- Minimum of 6
- From 10 to 30 usually 15
- From 2 to 50 normally 10
- 20 to 50
- 5 to 6 times

The majority of the respondents said they would visit people once a week, but some visited less often than that. Of those respondents who continued to visit community

members the majority felt the reasons for the visits changed over time (table 13; appendix 2, page 108).

6.11: Bearing in mind that the reasons changed over time, the respondents were asked to highlight what the reasons for the continued visits were, with them again selecting from the list the most common reasons for the continued visit; the most popular reasons were advice / information about early learning, advice / information about child development, information about local resources for children and families, to help them look after their children and 'other' (table 14; appendix 2, page 108). Some of the 'other' reasons highlighted were:

- Speech and language issues
- General emotional support
- Debt advice
- Child behavioural problems
- Relationship issues
- Helping break isolation
- Breastfeeding support

6.12: The respondents were then asked if they felt the home visits became more or less useful to the community members over time. The answers were a mix of all three options, with some feeling they became more useful / helpful, some feeling they became less useful / helpful and others feeling they became neither more nor less useful / helpful. This was because it depended on the nature of the problems the families had. Some issues were easy to deal with, so in those cases the visits lost their usefulness once the issue had been dealt with. Other issues were complex so time was needed to deal with those issues, so the visits became more useful over time. So in a sense the visits are seen as useful / helpful up to the point where all the issues of the community members are dealt with, how long that takes is variable.

6.13: On looking at how the community members would have managed if the Home Visiting Service hadn't existed. The general feeling was they may well have muddled through in general, but they would have struggled with their problems for longer and some would never have got their problems dealt with. Further there was a feeling that people would have only had their problems dealt with in a crisis format rather than a preventative format.

6.14: The home visitors are in general clear or very clear about their role as a home visitor. Further they are usually clear about their role with specific families after the first home visit, although not always. It was also felt that as long as clear boundaries are defined it is usually easy to negotiate your role with specific families.

6.15: The respondents were then asked to look at the impacts of the Home Visiting Service; the impact of the service on the community members was seen to be:

- Breaks isolation
- Gets people involved in the community
- Improves interaction between family unit
- Gives people someone to turn to
- Provides signposts to facilities and help
- Can develop self-esteem and achievement
- Opportunity for accelerated language development in child
- Community members get involved in play with their children
- Community members are often happier
- Quicker and easier access to services

- Community members are often more willing to access services after our contact

The impacts on the partner were seen as:

- Could upset family balance (i.e. make people realise they can manage without partner)
- Bring family unity (through the removal of stressors)
- They see their partner developing
- Can see their family grow and develop
- Improved life quality if problems are dealt with
- See an increased level of confidence in their partner
- They like the support
- Partners become more involved in childcare and family matters

The impacts on the child:

- Improved quality of life
- Parents have better parenting skills
- Impact on their development (i.e. improved language skills)
- Possible reduction of hostility caused by child's problems (i.e. behaviour problems)
- Chance to mix with other children
- They have fun
- Better relationship with parents
- Get equipment to aid their development
- Gain access to services

6.16: When asked most Home Visitors said they knew of community members who had become involved in Sure Start (figure 33; appendix 1, page 94) and listed things such as:

- Helping run groups
- Going on the board
- Parent reps at strategy meetings
- Joining training programme
- Becoming volunteers

6.17: All bar one felt that the home visits had led in some way to the community member getting involved in Sure Start (table 34; appendix 1, page 95), they listed a number of reasons why the visits had helped:

- Gave them confidence to get involved
- Built the link with Sure Start
- Provided opportunities
- Empowered them

6.18: When asked if community members had become involved in other community initiatives or other activities such as education or training again a majority said they had (table 35 appendix page xx), and again gave examples:

- Doing facilitators course
- One is about to go to college
- One is doing Homestart training
- Basic learning skills

- Re-sitting GCSE's
- Training as a nursery nurse

6.19: When the respondents were asked about the effectiveness of the Home Visiting service they all felt it was effective or very effective, with the majority feeling it was very effective (figure 36; appendix 1, page 96). The reasons why it is effective were seen as:

- Because it takes the service into the home
- The service can be tailored to suite each individual case
- Community Members get an input into what service they get
- It improves speech and language skills
- It's the first link with Sure Start
- Our feedback suggests we are effective
- We access those who wouldn't be accessed otherwise
- It produces result quickly
- Gain better engagement as we are face to face

6.20: The majority of the home visitors interviewed stated that they felt the services they were providing in the community were not replacing already existing services (figure 37; appendix 1, page 96). However of those who did feel that the services they provided were a replacement for already existing services went on to give the following examples of services that had been replaced:

- Some of the services of Social Services and Homestart (with their permission)
- Negotiated withdrawal of Health Visitors, Midwives, CPN

6.21: Respondents were then asked if there were any ways to improve the service, the following suggestions were made:

- More funding
- Access more people
- Provide a wider range of services
- Money for books – reference and specialised works relevant to issues we deal with
- A link with a university standard library would be useful
- More Playlink workers (this is in the process of being dealt with)
- More publicising of our work
- More staff
- Constant up dating of resources and information on offer

6.22: When the respondents were asked about in service training they went on to mention the following training aspects:

- Child protection
- Health & safety
- Portage
- Workshops on dealing with children with disabilities
- Speech and language training
- No training from Sure Start but have had it from other sources
- None
- Stress awareness
- Smoking Cessation
- Updates on detection of domestic violence

6.23: It was generally felt that the training given was effective and was in general relevant to the position. Further training needs were highlighted as:

- Help with behavioural problems
- Assertiveness training
- Counselling training
- Training on attachment issues
- Child development training
- Debt counselling
- Basic induction training on how to do Home Visits

6.24: The respondents were then asked about data collection and monitoring, firstly they highlighted the benefits of collecting data the way they currently do, these benefits were:

- Ability to share information with other people / agencies
- Keeping up with child protection issues
- It helps show progress is being made
- Highlights targets
- Aids goal setting
- Shows how many visits may be needed
- Adds to clarity of role
- Helps to see if we are reaching outcomes set earlier
- Helps monitor change
- Shows effectiveness
- Reduces chances of duplication of visits

6.25: The major drawbacks of collecting data the way they do were seen as:

- Its time consuming
- Doesn't always convey all the information we would like to
- Feel it makes it difficult to statistically and via the written word, show the effectiveness of the visits
- Doesn't provide enough information if someone has to take over someone else's visits
- Lacks uniformity
- Doesn't use all the extra information we collect, which we feel would be useful.

6.26: Respondents listed the following possible improvements to the way data collection is currently made:

- Need more feedback from the service users
- Need to record more data
- Could be computerised to cut out repetition
- Have parents monitor what they do at home with kids
- Have some joint monitoring
- Have a dedicated family progress form (now in place)
- Use all the information people collect

6.27: It was felt in general that the Home Visiting service was meeting the national and local objectives or that it was certainly making progress towards meeting them. The respondents were then asked when out in the community what aspects of Sure Start are you most proud of, they responded:

- Parent & toddler groups
- All the groups we offer
- All the facilities we have
- The range of activities
- The courses
- The accessibility of the services
- Home Visits
- Drop-ins
- All of it

Summary: Of the sixteen staff interviewed all were very positive about their roles both in terms of the community and their own professional development. The initial home visits were seen as important for the setting up of the process for further help. The main reasons for the initial visits were to give information and advice on health, offer information on local resources for children and families and to offer other advice. Also during these initial visits they would talk about a host of other things as and when necessary, with the visits been a mix of advice and support. These initial visits were seen to be useful and beneficial to the community members. It was seen that in most cases community members needed continued visits with the reasons for these visits often changing over time, more towards issues of child development. Whether these continued home visits became more or less useful was seen to be dependant upon whether the community member's problems had been dealt with and whether new issues had arisen during the course of the visits. Without the visits it was felt most community members would have just had to struggle on with their problems probably lasting longer than they should. Further there problems wouldn't have been solved until they reached crisis point. The visits were seen to impact on all members of the family in a number of life enhancing ways. The service was felt to be effective or very effective due to the format which it is currently delivered in and because it links in with all other Sure Start services. The service was seen as not replacing existing services and although a good service it was felt there was still room for improvement. Home visitors were happy enough with their training and felt it was relevant to their posts. The home visitors were clear about the benefits of monitoring and evaluation although they felt there were some drawbacks to the way it was currently done. The service was seen to be meeting national and local objectives or certainly heading towards doing so.

Tiny Tots Group

7. Home Visiting Service Users (7 interviews)

7.1: Seven face to face interviews were conducted with people who had used the Home Visiting Services provided by Sure Start Dover. These interviews took place in the interviewees own homes, in the case of three of the interviews they were conducted with a Sure Start worker present. This was for two reasons, firstly to have someone there to look after the child whilst the interview took place and also because the interviewee wouldn't have felt comfortable facing the interviewers on their own.

7.2: The interviews were carried out using a script that was similar to the script used for interviewing the workers who provided the home visiting service, in the hopes of being able to make some comparisons between certain aspects of each script.

7.3: The first part of the interview looked at issues relating to the very first visit the community members had from a Sure Start Home Visitor, they were first asked what the reasons were for that initial visit. Several reasons were highlighted by the respondents with the most frequent ones being, to give health advice / information and to give information about local resources for children and families. A couple of the respondents mentioned other as a reason for the visits, in these cases other meant help to deal with their living conditions and information and advice about debt (table 15; appendix 2, page 108).

7.4: It was then stated by the respondents how they had first come to get a Sure Start home visitor. In the majority of cases the respondents were referred to Sure Start via another professional or agency, examples that were cited were:

- Social services,
- Speech and language worker,
- Homestart and
- Health visitor

One respondent also stated that she had been offered a home visit after joining Sure Start, which had been recommended to her by a family member. In some of the cases the professional who referred the community member on to their home visitor may have been a Sure Start professional i.e. the health visitor or the speech and language worker, but when asked the respondents weren't sure if they were or not.

7.5: None of the respondents were pregnant when they were first visited by the home visitor but all had children aged 4 and under, 5 had one child four and under and 2 had 2 children 4 and under.

7.6: The respondents were then asked what other issues were talked about by the home visitor at that initial visit, the most frequently cited were 'Other', Health advice / information, Advice / information about home safety and Information about local resources for children and families (table 16; appendix 2, page 108). In this case 'other' covered the following areas:

- General support around the house,
- Helped get me moved,
- Debt advice,
- General practical advice and support and
- They covered a number of issues not listed

7.7: When the respondents were asked how useful they had felt the first visit was all felt it was at least useful / helpful, with the majority citing it as very useful / helpful.

7.8: When it came to looking at how the community members felt prior to the initial visit, all except one stated that they felt a little nervous or apprehensive about someone coming to visit them in their homes, mainly due to the thought that they didn't know this person and how they would get on with them. However this initial nervousness was balanced with a real sense of relief that someone was taking their problems seriously. Further all stated that once the home visitor arrived they soon put them at ease and made them realise that they were there to help and not to judge them, so very quickly within that initial visit the whole thing became a very positive experience.

7.9: All the respondents felt that there were positive benefits from the initial home visit and cited the following benefits they'd gained from it:

- I'd been asking for help for a long time from various agencies, so felt I was finally getting the help I needed,
- Having someone there I could talk to helped take the pressure off me,
- Knowing I was alone,
- Knowing they were there to support both my child and me and
- Relief at knowing there was someone who may be able to help me.

7.10: When it came to looking at whether there were any drawbacks to the initial home visit, none of the respondents could think of any real drawbacks, other than mentioning that initial feeling of slight nervousness which didn't last long into the visit anyway.

7.11: When it came to looking at the continuation of the home visits all the respondents interviewed had had continued visits from the Sure Start home visiting service. The respondents were then asked how many visits had taken place some couldn't remember how many visits they had had, but most made some kind of estimate, with them stating the following:

- Visits are still continuing and have been for a year so I've had about 50 visits,
- Have had approximately 10 visits, which are still ongoing,
- Had approximately 14 visits,
- Have been coming for about two months, had about 10 visits and
- Been visited for about 6 months which is about 20 visits.

Some of the respondents were still in the process of having the home visits some had ceased.

7.12: The regularity of the home visits was either fortnightly or weekly, the majority of the respondents stated that they were visited weekly; one respondent stated that she had requested a change from weekly visits to fortnightly visits as she felt the necessity for weekly visits had ceased (table 17; appendix 2, page 109).

7.13: All respondents stated that they always saw the same Sure Start worker for their home visits and further felt that this was beneficial as it allowed for the building up of a relationship of trust between them and the worker.

7.14: With one exception all the respondents felt that the reasons why the Sure Start workers were visiting them changed over the course of time when compared to the reasons for the initial visit. With a big change being towards the areas of advice /

information about child development, advice / information about play and advice / information about home safety. Further it can be seen that there was a slight dropping off of the need for health advice / information and a slight increase in the need for information about local resources for children and families, advice / information about early learning, and the provision of safety equipment. In the case of the continuing visits 'other' covered general emotional support and debt / financial advice, which was similar to what 'other' meant in the initial visits, but again there was a shift towards this being a reason for home visits subsequently rather than initially (table 18; appendix 2, page 109).

7.15: When asked whether the home visits become more or less useful to them over time, there was a difference of opinion, one felt they were more useful / helpful the other six were evenly split between seeing the visits as becoming less useful / helpful and them being neither more nor less useful / helpful (table 19; appendix 2, page 109).

7.16: In the case of the respondent who felt that the continued visits had increased in usefulness the reason was cited as that it was still aiding her develop her relationship with her child. In that it was helping her to learn to interact with her child and spend quality time with her.

7.17: With regards to those who stated that the visits were neither more or less useful / helpful over time it was seen that this was because as some problems or issues are dealt with then others come to the fore. So in a sense the need and value of the visits remains or remained at a constant level as new issues came onboard.

7.18: In the case of those who stated that the visits had become less useful / helpful over time, in the main they pointed out that this was because they had gained confidence and empowerment. This meant that they had become more able to deal with things than they had been before and so felt that they no longer needed as much support as they had before, excellent though this support had been. One of them did also go on to suggest that some of the things the Sure Start worker had suggested were things she simply didn't want to do. Further she felt that although the Sure Start worker had been extremely helpful in dealing with most of her issues, she felt that on some of the suggestions she didn't want to do she was being a little pressured to do them.

7.19: The respondents were asked to sum up in their own words how they think they would have managed without the support and help of the Sure Start home visitor. Some felt that they would have just muddled through and managed somehow, by either suffering in silence or just carrying on as best they could. But they felt that their problems would have been much greater or lasted longer if this had been the case. Others felt that they wouldn't have managed at all and that their outcomes would have been significantly worse if it hadn't been for the intervention of the Sure Start worker, citing the following:

- I may well have lost my child if Sure Start hadn't made me realise I was a good parent really,
- I feel I would probably have ended up losing my children and falling into a deep depression and
- I just wouldn't have been able to cope

Most of those who felt that they wouldn't have managed cited their lack of knowledge of where to gain help from or their inability to feel confident enough or strong enough

to seek out the help they needed. It was on these areas that Sure Start had really helped develop them as well as helping tackle their practical problems.

7.20: Firstly the respondents were asked whether their health visitor knew about their Sure Start worker, of those that gave a response all stated that their health visitor did know about their Sure Start worker. What wasn't able to be made clear was if any of their health visitors were the Sure Start health visitor, in which case you would certainly expect them to know of each other. Some of the respondents then went on to mention that not only do they know of the Sure Start worker but they liaise with them via multi agency meetings that take place to look at certain cases.

Further with one exception all the respondents felt that their health visitor should know about their Sure Start worker and what that worker is doing with them and their family, citing the following reasons:

- All people involved with a family should know what the others are doing,
- Yes it helps if information is shared so that things don't get repeated,
- Yes they should, as they need to have continuity of what's going on in the form of help within the family and
- They ought to as I thought they worked in partnership!

7.21: The respondents were then asked if they felt that other professionals who come into contact with the family should know about their Sure Start worker and what they are doing with the family. One respondent didn't feel that anyone else should know about it, some felt that maybe the school or nursery staff should know, there was also some feeling that maybe GP's should know. The general feeling however was that it might be helpful if any professionals involved with a family knew what the others were doing with that family if it impacted on their work, but beyond that then nobody should know about what the Sure Start worker is doing with the family.

7.22: The respondents were first asked to think about the impacts on their lives from the Sure Start home visits, they cited a number of things around personal development, helping them develop their relationships, improving their quality of life and helping them cope with the stresses of life, these are highlighted in the following comments:

- I'm more relaxed,
- My stress levels have reduced,
- My relationship with my partner has improved,
- There have been improvements in my child's health,
- I've moved to a better home,
- I get some quality time of my own,
- I've had my debt problems reduced,
- The quality of my life has improved,
- I'm more confident now and
- I've developed as a person, so am in better shape to deal with things life throws at me.

7.23: Next respondents were asked what the impacts had been on their partners from the home visits. Of the 5 respondents who the question was relevant to only one felt that the visits had had no impact on their partner. Of those who felt it had impacted on their partners the impacts were seen to revolve around better interaction between their partners and their children, gives them someone to talk to, has improved his quality of life and has improved our financial position to the point where

he could move in with me. These points are highlighted in the following comments that were made:

- My partner interacts better with the children and can deal with situations better,
- I'm more relaxed therefore he's more relaxed,
- When he's able to it gives him someone to talk to and interact with and
- Our lives more stable, we argue less, which leads to a better quality of life for us all.

7.24: When it came to looking at what the impacts of the home visits had been on their children all the respondents felt it had impacted in positive terms. It was seen that the visits had helped deal with issues revolving around health, such as aiding a family to move from damp conditions which was affecting the child's health, to dealing with another child's sleeping problems. Also the visits were seen to improve the quality of life of the whole family, by dealing with issues that were causing stress in the family, such as debt, so creating a much happier and stable environment for the children to develop in. It was also stated that in some cases children had developed increased social skills, such as confidence and independence, through getting to spend time with adults who were non family and with other children and adults via other Sure Start activities. These issues are outlined in the following comments the respondents made about the impact the visits had had on their children:

- The children have a much happier life than they used to, as problems within the family are being dealt with, then the environment becomes more relaxed, which is good for the kids,
- My child has developed a lot since the involvement of Sure Start,
- I feel more confident, which tends to make my child more confident,
- The children are more comfortable and relaxed in my company as I'm less stressed,
- Now we're out of the damp and have a garden for my child to play in, I've noticed improvements in his health,
- My child gets chance to interact with someone other than family, which seems to be helping their independence develop,
- As my finances are better my child has improved opportunities and can get better things and
- My child gets chance to use other Sure Start activities, which I'm now confident enough to take my child to.

7.25: The respondents were then asked if they had become involved in Sure Start in any other way, three stated that they had and cited things like attending groups and activities, helping out at activities and being willing to get involved in future development via utilising their ideas and experience. One respondent showed an interest in becoming involved in the forthcoming sensory garden. Of those who said they had become involved in Sure Start in another way all felt it was due to the home visits. They felt that the home visits from the Sure Start workers had led to them gaining the confidence and knowledge to take part in Sure Start at a greater level than they would have had they not had the visits.

7.26: On looking at whether any of the respondents had become involved in any other community initiatives or education and training only one respondent said they had, that respondent stated she was a community carer and had also gained a first aid qualification as part of this. However it wasn't clear whether this had happened prior to Sure Start's involvement with the respondent or not.

7.27: When asked about how satisfied they were with the Sure Start home visiting service all the respondents rated their levels of satisfaction at satisfied or very satisfied, in fact 6 out of the group of 7 placed their rating levels at very satisfied (figure 38; appendix 1, page 97).

7.28: As well as being highly satisfied with the service they got the respondents felt that there was little that could be improved in it. The only real improvements suggested were that maybe they could do more to get men involved as it was felt that they weren't getting involved and maybe the service could be expanded so that it included older children or so more time was allocated at a visit.

7.29: Finally the respondents were asked if there was anything else they wished to say about the Sure Start home visiting service, all except one made further comments about the service. It was highlighted that the Sure Start home visitors do or did a lot more than people expected giving multiple support from the one individual worker. They were seen as friendly, non judgemental and always willing to listen and respond to peoples needs. It was felt that they provided quality information on a whole raft of issues and subjects and also acted as a conduit for bringing the respondents into contact with all the other Sure Start activities. This was seen by many of the respondents as useful in that it created opportunities for socialising and helped break isolation. A further positive view that was expressed was that in many cases the Sure Start home visitors brought with them not only their professional knowledge, but also their own personal experiences, this was seen as very valuable by some of the respondents. The service was seen to have changed the quality of life of those spoken to and it was expressed by one respondent in the form of wishing it had been there when her other children had been younger. One respondent made the final comment 'They've empowered me so I'm now more able to cope'.

Summary: The main reasons for the initial visit were to give advice and information about both health issues and what was available in the local area for parents and children. A number of other issues were also discussed at the initial visit stage. In the main the home visits were instigated via referrals from other agencies or other professionals. Without exception the home visits were useful or very useful. There were seen to be a number of benefits from the initial home visits. All respondents had continued visits with all of them having at least ten visits or more. Most respondents had weekly visits; all had at least fortnightly visits. They always saw the same worker and felt that this was beneficial. The reasons for the home visits changed over time, with a move towards the visits being aimed more towards safety and child play and development issues. The level of usefulness of the visits varied over time, but even where they became less useful this was because of the positive effect the home visitor had on them and their lives in the shape empowerment and building up confidence. Without the intervention of the Sure Start worker all felt that their lives would have been tougher, some felt their lives would have been significantly harder. In general the respondents health visitors knew about their Sure Start worker and the respondents feel that it's right that they should. As to whether other professionals should know about their Sure Start worker, it was felt in the main that this should be only if it impacts on what they are doing with the family. It was felt that the Sure Start home visits not only impacted on them and their partners but also impacted on their children as well. These impacts revolved around building up levels of confidence and independence in not only adults but in the children as well, reducing levels of stress within the families, around a host of issues. The home visits had also impacted on the families in the shape of encouraging some of those visited to

become further involved in Sure Start, at least at the level of attending groups and activities. Respondents were very satisfied with the services provided by the Sure Start home visiting service. With the exception of gaining the involvement of men, they see little need for improvement other than expanding the service so more people can use it. They seem to like the format of the service and can't speak highly enough of the qualities of the staff that deliver it. Further they clearly feel it is making a difference to their lives and the lives of their families.

Andrea

Elaine Sutton

Jackie Butcher

Mandy

Sarah

Sharon

Tina Huntley

Viv

Some of the Sure Start Team

Pamper Day

8: Cost Effectiveness

8.1: At this stage of the evaluation process it was decided to conduct a cost effectiveness analysis on just the Home Visiting aspect of the Sure Start services, as this had been the main aspect of Sure Start looked at in this phase. All figures in this section are based upon information provided to the evaluators by the finance facilitator, who provided a very informative and detailed financial breakdown.

8.2: The first thing that needed to be done was to look at which professionals were involved in home visiting for Sure Start Dover. To do this the evaluators compiled a list of professionals, based on those that were interviewed during the evaluation process with the Home Visiting script. This gave us the following list:

- Health visitor,
- Health promotion community worker,
- Speech & Language therapist,
- Speech & Language assistant,
- Midwife,
- Midwife assistant,
- Mental health nurse,
- Community support leader,
- Community support workers (6)and
- Playlink worker

8.3: The hourly cost was for each of these professionals was then calculated, based upon annual salary and hours worked annually (table 20; appendix 2, page 110).

8.4: It then became necessary to find a cost per home visit for each professional; to do this estimation was made that each visit would require one and a half hours of each professional's time. This would be one hour for the visit itself and half an hour for preparation and getting to and from the visit. So to calculate the cost per visit of each professional, their hourly cost were multiplied by 1 ½ (table 21; appendix 2, page 110).

8.5: Having gained the unit cost per professional it was then necessary to ascertain the overall cost per month of each professional's visits, for the purposes of this aspect November 2004 was selected as a typical month for the numbers of visits per professional. To calculate the monthly cost per professional, unit cost per visit were multiplied by the number of visits each professional did during that month (table 22; appendix 2, page 110).

8.6: Finally to gain a generic cost of home visiting the total cost of all professionals' home visits were divided by the overall number of visits in the given month (table 22; appendix 2, page 110), this produced a generic home visiting cost of **£18.02** per visit. Obviously the generic cost of home visiting will fluctuate according to which professionals are conducting the most visits in a particular month, as there are differentials between the different professional's costs. But unless November 2004 was a particularly unusual month then it's fair to say that the generic cost of home visiting will not fluctuate by more than a couple of pounds either way.

Summary: Looking at the generic cost, which comes in around the £18 per visit mark, one has to say that from our experience it shows a high level of value for money in that it compares favourably with other Sure Start areas and with other professional interventions in the form of home visits.

Fun With Paint

9: Exit Surveys

9.1: From the 'away-day' with the Sure Start staff team, certain issues of evaluation were discussed. From these discussions it was decided that an exit survey be developed and tested across one or two different activities. The activities that it was tested upon were the Christmas Party, Breastfeeding Support Group (Training) and the exercise course. To enhance the quality of the evaluation, the project leader for the Breastfeeding Support Group (Training) also supplied the evaluator with the group internal monitoring returns. Together, these give us a picture of the views of some service users.

9.2: Christmas Party (13 respondents)

9.2.1: From those attending the Christmas Party thirteen people responded by filing in the exit survey. The respondents were first asked how useful they felt the activity / service / support had been to them. Without exception all respondents felt that the activity had been at least quite useful, with the majority (84.62%) feeling that it had been very useful (figure 39; appendix 1, page 97). Further the respondents made some comments about the activity.

- It was very good, the food was good and Father Christmas was great,
- It was better than we thought it would be and
- Was very entertaining, it will be more fun when my child is older (only 6 months at moment).

9.2.2: The respondents were then asked as to whether they felt the activity / service / support was better than what was available previously. Again on this point the majority felt that the provision was better than that which had been there before, however there were a number of respondents who felt they weren't sure or it was about the same. The key though was that nobody felt that the activity / service / support had led to worse provision than existed before (figure 40; appendix 1, page 98). The respondents commented

- Haven't been before,
- The venue is much larger,
- The event is much better organised and
- Santa's grotto was excellent.

9.2.3: There was a mixed response from the service users when it came to how they had heard about the activity, 5 stated that they heard of it through a leaflet or newsletter, 3 via attending another Sure Start activity, 2 by word of mouth or from a friend and three stated that they had heard via another source. The other sources were listed as; Events committee, Sure Start Worker and a Floating Support Worker. When asked why they had decided to use the activity, respondents made the following comments:

- My son had been using the Speech Therapy service, so I decided that we would go along to some of the other events as well, they are really good,
- I always enjoy a good Christmas party,
- I always use their services,
- It sounded like it would be fun,
- My floating support worker thought it would be a good idea for me to attend,
- To get out of the house and
- My health Visitor suggested it to me.

9.2.4: In the main those who completed the exit survey felt that there was little that could be done to improve the activity as it was great as it was, however they did make the following suggestions:

- Could have more baby food i.e. yoghurt,
- Maybe it could be less noisy or a quiet area could be provided and
- Take the activity to other areas.

9.2.5: Next the exit form asked about the rating of certain aspects of the activity such as Staffing, Venue, Facilities and the times. With the exception of one person, none of the respondents rated any of the aspects as anything less than good. Even in the case of this dissenter the only aspect rated as less than good was the timing, which was rated as neither good nor poor. The majority of respondents rated all the aspects they were asked about as very good (figure 41; appendix 1, page 98). The following two comments were made in respect of the timing of the event

- Bit long for younger ones and
- 10 o'clock was a bit early.

9.2.6: Of those respondents that stated a view, they all said that the activity was value for money, with one stating that it was excellent value. However it has to be taken on board that nearly a third of the respondents didn't answer this question.

9.2.7: Three quarters of the respondents to the Christmas party exit survey stated that they did attend other Sure Start Dover service / activities and projects (figure 42; appendix 1, page 99). The other activities / services and projects mentioned were as follows:

- Big talkers,
- Exercise class,
- Bumps and Babies,
- Drop-ins
- Community Support Worker and
- Playlink

9.2.8: Some didn't state specific services / activities and projects, just stating that they used everything that was available through the Sure Start Dover programme. The respondents were then asked about whether they used any non Sure Start services / activities and projects. Two thirds stated that they didn't use non Sure Start services, whilst of the third that did they mentioned the following services:

- Crosslinks,
- Home Start and
- Breastfeeding Group

Summary: Looking at the responses to the exit survey for the Christmas Party it can be seen that it provided an activity that was perceived as being both very useful and better than what had been there previously. The most common ways of hearing about the activity were via word of mouth, through another Sure Start activity or via a leaflet / newsletter. The main reasons for using the activity were that it would be fun, that Sure Start services were known to be good or to break isolation. All aspects of the activity were rated as good or better and there was seen to be little room for improvement, further the activity was seen to be good value for money. It was also clear that attendance at one Sure Start activity was often followed by attendance at others.

Christmas Party

9.3: Breastfeeding Support Training

9.3.1: This section is in two parts, starting firstly with the internal evaluation forms for the course which were handed out and completed on 30/09/04 and 02/12/04, followed by the exit survey which was handed out and completed at the end of the course.

9.4: Completed Internal Evaluation Forms 30/09/04 (6 responses)

9.4.1: This first evaluation form was handed out after three sessions of the training programme and was completed by 6 students. The evaluation form first asked the trainees to list what topics they had covered during that section of the training programme, a number of topics were listed:

- All about La Leche (who, what, where),
- Benefits of breastfeeding for both mother & baby,
- How to listen & approach other people,
- Curriculum overview,
- Breastfeeding quiz and
- Wise old owl.

9.4.2: All the students found the course syllabus very informative and helpful as well as being clear and easy to understand. When asked about any potential questions they had about the information they had been given, the general consensus was that all questions were either answered during the course of each session or time was allowed at the end of each session to deal with answering any questions.

9.4.3: When the students were asked if there were any topics they wished to discuss in more depth, the consensus was that they couldn't think of any at this stage of the training programme. Finally the students were asked if there were any other comments they wished to make about the training programme at this stage, of those that commented the main feeling was that the sessions were well constructed, informative and enjoyable. However there was a request to have the same person leading the course each week.

9.5: Completed Internal Evaluation Forms 02/12/04 (5 responses)

9.5.1: This evaluation form was handed out on completion of the training programme and was completed by 5 students. When the students were asked what topics were covered during the course all those that answered stated all aspects of breastfeeding support.

9.5.2: All the students found the course very helpful and also found the information provided during the course very clear and easy to understand. When they were asked about what questions they had about the information provided during the course, none felt they had any questions. The consensus was that things had been explained clearly during the course, so answering any potential questions they may have had.

9.5.3: When the students were asked to comment about any topics they would have liked to discuss in more depth, again they couldn't think of any at this current time.

9.5.4: When asked what other comments they would like to make or any suggestions they had about the training programme, the students made the following remarks:

- Can we do it again,
- There is always so much to learn and the information is in abundance so I could talk about breastfeeding for months!
- Really good course very friendly and informative and
- Valuable and enjoyable.

Summary: The students found the course informative and stimulating, with the information processed in a way that was interesting and easy to understand. They felt that the programme layout was just about right in all aspects, with the slight exception of the changing of facilitators during the programme. The course was informative, enjoyable and useful.

9.6: Exit Survey of Breastfeeding Support Training (6 responses)

9.6.1: The exit survey was completed at the end of the breastfeeding training course and was completed by 6 students. The students were first asked to rate the level of usefulness of the training programme, the unanimous opinion was that the training had been very useful. With the students seeing the main benefits of attending the course as:

- Gaining information,
- Gaining knowledge,
- Meeting like minded people,
- Gaining the confidence to use the knowledge we have,
- Learning of the benefits of breastfeeding and
- Learning from others within the group.

9.6.2: All the students felt that the training programme was leading to better provision for the people of Dover, with a number of reasons why the provision would be better highlighted:

- Provides support network for breastfeeding mums,
- It provides free help from mothers with experience,
- Provides more help than just the one group a week,
- It will lead to increased knowledge of the benefits of breastfeeding,
- Will increase the levels of breastfeeding and the length of time mothers breastfeed and
- Will increase promotion of the group and the services offered.

9.6.3: When asked how they first heard of the training programme most had heard through a professional such as a health visitor or midwife, one did however say that they heard via a friend who'd done the course before.

9.6.4: The students were then asked why they had decided to use the breastfeeding training programme, giving the following responses:

- Because I wanted to help others,
- I wanted to support others in the way I would have liked to be supported when I was breastfeeding,
- To gain more knowledge,
- To get out and meet people and do something for the community,

- I needed help when I was breastfeeding so I wanted to help others and
- Because I had experienced how useful the breastfeeding support group had been.

9.6.5: When asked what the main drawbacks were or how the course could be improved a number of the students mentioned the changing of facilitator, stating that it would probably have been better to have the same one each week. Although it was pointed out that there were recaps at the start of each session to try and overcome any problems of continuity. Apart from this slight criticism on this one issue, no drawbacks could be found nor could any improvements be suggested.

9.6.6: All the students rated all aspects of the training programme such as staff, venue, facilities and times, as either good or very good, with the majority rating them as very good (figure 43; appendix 1, page 99).

9.6.7: When it came to whether the students felt that the training programme was value for money, they were unanimous in their view that it was. The majority of the students attending the breastfeeding support training said they attended other Sure Start services citing the following services:

- Groups,
- Drop-ins,
- Bumps & Babies,
- Happy Tots Toddler group,
- Breastfeeding group and
- Many other activities.

9.6.8: Further when asked if they would use other Sure Start Dover services, they all said that they would. When asked for further comments the students that responded offered the following:-

- If I knew what other services existed I might attend,
- I have enjoyed every week I am sad to be finished and
- Valuable course, well organised and enjoyable.

Summary: All the students found the course very useful, not only for finding out information about breastfeeding support, but for also building confidence and for the opportunities to socialise. They felt that the course led to better provision for the people of the area, by giving them extra support from people with experience of breastfeeding, by encouraging more mothers to breastfeed and by providing quality information. Most of the students found out about the training from health professionals in the area. They started the course as they wanted to help others, they wanted to gain knowledge and they wanted to pass on their experience of breastfeeding. The only slight drawback to the course was not having the same person each week. All aspects of the course were rated as good or better, with everyone rating the staff as very good. All thought that the course provided value for money. It was also clear that the students were either using or willing to use other Sure Start services.

Breast Feeding Support Group

9.7: Exit Survey Community Support Worker (3 responses)

9.7.1: All three respondents had found the community support worker service very useful, further they went on to highlight a number of areas of support they had received from their community worker, these areas covered:

- Help in getting re-housed,
- Helping support their child, who has Autism,
- Giving general support so creating time when the community member could get things done around the house,
- Helping with debt problems,
- Providing safety equipment and
- Helped enrol community member on a college course

The respondents also went on to mention the general help and support they felt they got from the community support worker, stating that they found the workers were kind, caring and thoughtful.

9.7.2: When asked if the community support worker service had led to better provision for the people of Dover, all three respondents felt that it had. It was felt that the service provided vital support at the most needed time, the service was seen to be exceptional, with the workers always being on time, polite and friendly.

9.7.3: The respondents then stated how they first heard of the community support worker service; all had been referred to the service via other professionals that they had come into contact with. One of the respondents was referred by the Homestart service after contacting them, another respondent was referred by the speech therapist who worked with her child, the other respondent was referred by her health visitor.

9.7.4: When asked why they started using the service, they highlighted a number of reasons:

- Homestart were unable to provide a volunteer at the time I needed it, so they suggested contacting Sure Start, I needed the help as I had a newborn baby and a disabled husband
- Things with my house were really bad as the damp was affecting my child and I needed the support and help to deal with this and
- Because it was free and I felt it would be helpful

9.7.5: Asked if there were any drawbacks to the service, two of the respondents felt that it was great as it is and that there weren't any drawbacks. The other respondents felt that the only drawback was that the visits only lasted for one hour.

9.7.6: When it came to rating aspects of the service provided, such as staff, venue, facilities and time, of those who gave a rating all rated all aspects as either good or very good, with most of the responses falling in the very good category. Further the two who responded to the question of whether the service was value for money, both felt that it was.

9.7.7: The respondents were then asked if they attended any other Sure Start services, activities or projects, two stated that they did and cited them as:

- Bumps & Babies,
- Lunch club,
- Exercise classes and
- Parties & Events

9.7.8: All stated that they would be willing; having now had the community support worker service; to use other Sure Start Dover services.

9.7.9: Finally the respondents were given the opportunity to make further comments about the community support worker service, in all cases they were very positive about the effect it had had on their lives and also their children's lives. They made the following points:

- The community support worker has been an invaluable help giving me support and helping me tackle daily life, this has helped my child as well,
- The support worker turned what seemed like a wish list into reality, the new house has improved my child's life as well as mine, I can't speak highly enough of the help and dedication of the Sure Start worker and
- I think Sure Start is good, it helps people gain knowledge and information, it helps create a sense of community.

Summary: The community support worker service is found to be very useful by those who use it; they find the multiplicity of help and support very beneficial. The service is leading to better provision for Dover as it provides help when it's most needed. The respondents came into contact with the service via other professionals via the referral system. They used the service as they needed the support and it wasn't available elsewhere. The only slight perceived drawback was that the service was only for one hour at a time. The ratings of the aspects of the service were consistently high and the service was seen to be value for money. Respondents who used the service were willing if not already using other Sure Start services to start using them.

Bumps & Babies

Baby Massage

10: Service Users Discussion Group

10.1: As part of the evaluation process it was decided that a service user focus group would be formulated, with the purpose of looking at some of the issues found in the Community Survey. The evaluators sent out an invitation to a selected group¹⁸ of those people who responded to the Community Survey, the selected group was chosen by the evaluators and attempted to select people from all the areas of Sure Start Dover. The invitation was sent out three weeks prior to the chosen date of 25th January. It was decided that the focus group would take place on 25th January, the day of the Children's Centre open day. This date was chosen as it offered the possibility of securing people for the focus group if nobody responded to the invitation put out by the evaluators. This did not turn out to be the case, so on the day of the open day a group of 6 parents present at the open day, who lived in the Sure Start area were invited to join the evaluators in a focus group.

10.2: The group were first asked what Sure Start services or activities they had used, there were a number of different responses to this question, with some stating that they had used all the services / activities at some point, but the consensus was that they had used all those that were relevant to them. They did further point out that they had heard of all the services on offer at Sure Start Dover. Further the group were unanimous in their opinion that the services provided within the Sure Start Dover area had proved very useful to them and the consensus was that without them life would have been considerably more difficult. This was especially so in the case of one of the group who pointed out that without the help and support she gained from Sure Start in dealing with the multiplicity of issues her child had she felt she would have gone on a downward spiral of despair. That particular group member pointed out that even when the issues that had to be dealt with fell outside Sure Start's actual remit, they still strived to help and support her. The group then went on to point out some other benefits that had been gained from using Sure Start services, which were

- Opportunities to socialise for both children and adults,
- Has brought services into the local area that weren't there before and
- Gives the different areas within the Sure Start area a chance to mix with each other as there are events specifically designed to bring the different communities together.

10.3: Everyone in the group felt that Sure Start had led to better provision in the area, with most of the group feeling that this was because previously there weren't any services in the area, or if there were they were very badly advertised. They further outlined a number of other reasons why Sure Start had provided better provision for the people in the area, which were that

- Sure Start is proactive at bringing people in, so when you go to activities / services you already know someone as the workers have already visited you,
- Communication is better, people in Sure start are approachable and can pass you on to the professionals you need if they can't deal with your issues themselves,
- They give one to one help,
- Their services are well publicised which encourages people to use them,
- By being local they make accessing the services easier and
- They never fob you off and you always get to see who you need to see.

¹⁸ The selected group consisted of 30 people

10.4: When asked to think about whether there were any drawbacks to Sure Start and the services and activities they provided, it was felt in the main there weren't any major drawbacks. The group did however mention the issue of reaching fathers, they felt that maybe a little more work should be done on gaining the involvement of dads; the suggestion was maybe to get a male outreach worker. The group did however point out that Sure Start Dover were already making good progress on trying to get Dad's more included. The only other drawback about Sure Start revolved around the sustainability issue, the group felt that the excellent services set up under Sure Start would have grave difficulty continuing without the professional input of Sure Start. It was felt with out this professional back up, local people would find it increasingly difficult to run the services on their own, so some professional involvement in service provision was vital for the services to continue. The entire group felt there were no real drawbacks to the service whilst it was here in its current format.

10.5: They first heard about Sure Start in the main by word of mouth from a friend, they did also mention that they had heard via leaflet and via a visit from their health visitor. In some senses it was seen that hearing about Sure Start had been a mix of all three.

10.6: Next it was discussed what had made them decide to start using Sure Start, the group came up with a number of reasons, which were

- It broke the isolation of being stuck at home,
- It was a chance to meet people,
- It was a chance for the children to interact with other children and adults,
- Felt it would aid the development of my child, so preparing them for Nursery / school,
- Thought that it would be enjoyable for my child and
- Thought it would be enjoyable for me after all 'a happy mum makes a happy child'.

10.7: The group then discussed whether there were any problems in accessing the Sure Start services; the group felt that from their experience there hadn't really been any. The only issue they raised was that of lack of confidence to initially attend the services; however they felt this issue was offset by the fact that Sure Start workers visited them first in their own homes. This therefore created a relationship prior to attending services and activities, so there would be at least one friendly face there on the initial visit. Taking this further the group felt that the way the staff work on gaining people's confidence and getting to know them would overcome any potential barriers they could envisage to accessing the services.

10.8: It was then looked a little further at the various aspects of Sure Start's provision of activities, services and support; these were aspects such as Staffing, Venue, Facilities and Times. Again within the whole group the feeling was that all these aspects were rated as very good. The group were particularly high in their praise of the staff at Sure Start Dover, whom they described as brilliant! They did raise one or two minor issues; that the building could do with air conditioning and a garden, also that the timings may not be suitable for all i.e. working parents, but felt that there was little scope for much flexibility in this area as they would want it to fit in with children's school times.

10.9: All those who took part in the group felt that the services and support provided by Sure Start were value for money, not only for those who use the services but also for the government and society as a whole. They cited that they felt its real value will be shown in the long term outcomes of improved child health issues, raising of

community spirit, breaking of isolation, improvements of general health. Further they also saw its value in its ability to develop individuals and communities abilities to help themselves. It was seen to generally improve the quality of life of the whole area and everyone in it.

10.10: When it came to looking at how they wanted to see Sure Start Dover develop in the future, the main feeling was that it should be available to all, so the programme should be rolled out to the other areas of Dover that are not getting it now. It was also felt that the government should make Sure Start and the Children's Centres the standard way of delivering services for children and their families. They reiterated the need for professional involvement in the provision of services in the future, as they felt that communities couldn't do it on their own. They cited potential hazards to communities being solely responsible as being who would be responsible should anything go wrong?

10.11: The group were then asked what their feelings were about the move to the Children's Centre's, they all had very positive feelings on the move and really saw it as a step forward in children's provision in the area. They felt the move to the Children's Centre would:

- Give a main focus for the activities,
- Give scope for older siblings to be catered for,
- Maybe open up more flexibility in the provision of the services in that time constraints may be more flexible and
- It creates a communal focal point, giving the community a sense of community with the centre at the hub.

10.12: Finally the group were asked if they had any further comments to make about Sure Start Dover and the concept of Sure Start as a whole. They made the point that they felt Sure Start was good as it was needs driven, with local people getting the services they want, as they are consulted. They also felt that the services provided by Sure Start would eventually take pressure off other service providers, such as health, in that as Sure Start makes progress so the health issues in the community will diminish as Sure Start are about prevention. Finally they made the comment that what makes Sure Start so good is that they always deliver what they say they will, they never break promises, even when something is outside their remit they will endeavour to aid people or pass them on to those who can help. It works because the staff are open minded, non judgemental and are willing to go that extra mile to help those in need.

Summary: The services and support are very useful as they break isolation, aid parental and child development and create a sense of community. The services are way better than what was there before and are value for money not only for those who use them but for the community as a whole and for the government and society. The only drawback to the services is if they cease being provided in their current format. Maybe more could be done to get dads involved; having a male outreach worker might help this. People tend to hear of Sure Start via word of mouth, from leaflets or via health professionals. People tend to attend Sure Start as a way of breaking isolation, so children can learn and develop and because it's enjoyable. There were seen to be no real barriers to accessing Sure Start that the way staff work wouldn't be able to overcome. All aspects of Sure Start are very good especially the staff. The move into the Children's Centre has given Sure Start further opportunities to become the hub of the community and to make further progress, which should be towards Sure Start becoming Dover wide.

Art work by local children

Art work by local children

11: Mainstream Health Visitors & Health Visiting Assistants (3 respondents)

11.1: For this section of the evaluation the evaluators wanted to look at what impact Sure Start Dover had had on the mainstream health visiting team in the area. To do this a questionnaire was devised between the evaluators, the Programme Manager and the Sure Start Health Visitor, which was then distributed to the mainstream Health Visiting Team by the Sure Start Health Visitor. Unfortunately despite the best efforts of the Sure Start Health Visitor only three people responded to the Questionnaire all of whom were from the same team, further they filled it in as a group. The respondents consisted of two part time health visitors and one health visiting assistant.

11.2: When the respondents were asked what the typical number of visits was in a week prior to Sure Start, they didn't state a number but made the comment that the numbers of home visits is the same now as it was prior to Sure Start coming on line. Further, although not stating what the reasons for visits were prior to Sure Start, they again stated that they were the same now as they were prior to Sure Start.

11.3: Respondents were then asked to list any non home visiting activities they undertook prior to Sure Start and the amount of time they spent on them. There was no time element to the answer given by the respondents, but they listed the activities as:

- Clinics,
- Groups,
- CP work,
- Hearing tests,
- Development checks,
- IMMS,
- Portage,
- Hospital Liaison,
- RIV (MIV) clinics and
- Behaviour / Sleep clinics

11.4: Looking at when Sure Start came on stream the respondents felt that it had no effect on the number of visits, as they stayed at the same level as they were prior to Sure Start. Further it was felt that not only did the numbers remain the same but also the reasons for those visits remained constant.

11.5: The respondents were then asked whether Sure Start coming online had affected the amount of non home visiting activities / clinics they put on, again the three respondents felt that there had been no change; that things were remaining the same as before. They further added that neither the reason for nor the type of activity / clinic had changed. All three also went on to point out that during the life span of Sure Start there had been no changes in their workload patterns.

11.6: When asked if the move of Sure Start into the Children's Centres would or did have an impact on their practice, their response was that although Sure Start is a good service, they felt it would or had little impact on their services. The only impact they felt had occurred at all was they stated that on occasions there was more administration for them to do.

11.7: All three respondents felt that there were no drawbacks to the community from the development of Sure Start Dover, but that there were many benefits in that levels of support and greater opportunities were being opened up to the local community. When it came to looking at the benefits or drawbacks to themselves and other professionals of the development of Sure Start, they again felt that there would be only benefits. These benefits were seen to be that potentially the development of Sure Start offered up extra support for them if they needed it.

11.8: Finally when asked if there was anything else they would like to add about Sure Start Dover and its impact on health visiting, all three respondents stated that they felt Sure Start was an excellent service.

Summary: The development of Sure Start has not affected either the type of service provided by the mainstream health visiting nor the quantity they provide. Further there is seen to be no change in the reasons for home visits as far as mainstream health visiting goes. The only slight perceived change in workload for the mainstream health visiting was seen to be occasional increases in administration. It was felt that the move of Sure Start to the Children's Centre had not impacted at all on mainstream health visiting. The health visitors felt that the development of Sure Start could only be seen to be beneficial for both the community and for them as health visitors, as it offered up the potential for more support and better opportunities for those who wanted to utilise them. Sure Start was seen by the health visitors to be an excellent service.

Clearly the lack of responses makes it difficult to draw any concrete conclusions from this section of the evaluation. However one can make certain assumptions due to the lack of responses, which is that Sure Start hasn't had a negative effect on the mainstream health visiting services. As if this had been the case then it is fairly certain that more health visitors would have responded. A further assumption that can be maybe made is that the three respondents reflect the consensus view, in that again if Sure Start had made really positive changes to mainstream health visiting then it is felt more responses would have been forthcoming. So a lack of responses is felt to suggest a level of homeostasis within mainstream health visiting when looked at in conjunction with the development of Sure Start Dover.

12: Summary

12.1: From the work carried out on the local evaluation of the programme for 2004 / 2005 certain issues have become clear:

12.2: The community

- The response to the community survey highlights one of the perennial problems for Sure Start programmes – the involvement of ‘hard to reach’ groups; in this case, men in general and asylum seekers and other people from ethnic minorities,
- People generally were satisfied with existing services although there were some demographic variations and some specific issues that they were less happy with,
- People were generally satisfied with the levels and distribution methods of information, although there were one or two criticisms (but not at Sure Start),
- In general people, felt the area was adequate to good for bringing up young children, although a significant minority were genuinely unhappy with it,
- Levels of awareness of Sure Start in general were very high and awareness of most specific services was higher than one would have normally expected,
- There may be issues of relatively low usage rates of some services and activities, but satisfaction rates were routinely high,
- It appears that the principal ways people found out about Sure Start were from Sure Start itself (midwives, health visitors and Sure Start visits) and from friends and family members,
- People felt a number of factors concerned with children’s development, self development and cost and times were important factors in encouraging them to use Sure Start services or activities,
- The only reason given of any significance for not using Sure Start services was the problem of time of day / day of week (very few responses),
- Both overall and in terms of specific aspects of service delivery (especially the quality of the staff) the respondents to the community survey routinely rated them good or excellent and
- People appear to be relatively unaware of the developments in service delivery regarding the move into Children’s Centres.

12.3: The Management Board & Providers

- The programme is performing well and is developing over time, although issues of mainstreaming were raised,
- The programme was seen to be meeting most national and local objectives, although there were strong feelings of issues of local relevance of some national objectives,
- Provision was seen as better than before; more coordinated, better quality, more overall and easier to access,
- The benefits to the local community were seen as the development of an integrated and easily accessible service with an enhanced sense of community and community ownership, including a breakdown in social isolation,
- The drawbacks for individuals and the community were seen as those issues of territory, stigma and the overarching question of what happens when the funding stops,
- The training of staff and volunteers was seen as from adequate to good (by those who actually had an opinion),

- The management processes, structures and flow of information were seen as heading towards good in general, but with room for improvement,
- Marketing was seen to be good to very good overall; however individual marketing of projects was not seen as quite as good and it was felt that a review of marketing would probably be useful (one notes that many respondents felt unable to fully comment on marketing),
- Most services were seen as value for money; especially neonatal and speech therapy services,
- There were mixed views over the move to Children's Centres and its effect on service provision, with several respondents being genuinely unsure of the possible outcomes,
- The programme was seen to have been very influential in improving levels of interagency partnership working and
- In a general sense, the programme was seen to be working very well.

12.4: Home Visiting Service

- The Home visitors were very positive about their roles in terms of community and professional development,
- The initial visits were seen as important and very useful, especially in terms of setting up an ongoing process,
- As the process develops the reasons for the visits change over time becoming more or less useful dependent upon the families' needs,
- The principal benefits of Home visits were seen as breaking social isolation, providing high quality support and advice and as a central access point into the whole range of Sure Start services and activities,
- Without Home visiting most people would have coped but it would have taken longer to deal with issues; for some people Home Visits could be seen as preventative in that they avoided the development of crises,
- Home Visits could be seen to impact upon all members of the family,
- One of the benefits to Home Visits was that they were seen to empower individuals and therefore the community,
- The Home Visitors felt that the service was meeting its specific objectives but there were seen to be some issues around monitoring and evaluation and
- The service was seen to be effective.

12.5: Exit Surveys

12.5.1: The Christmas party was seen as a great improvement on what had been available previously and was seen by the users as very useful. They tended to find out about it by word of mouth, through their other Sure Start participation, or from advertising material. They attended because they felt they would enjoy it, as they knew that Sure Start services would be good or they needed to get out of the house. They felt it was good value for money and rated all aspects as either good or excellent, with little room for improvement.

12.5.2: The students found the breastfeeding support training:

- Useful,
- Informative,
- Interesting,
- Easy to understand,
- Stimulating,
- Enjoyable,
- Confidence building,

- An opportunity to socialise,
- Supportive

12.5.3: The general view was that the layout and organisation of the programme was just about right; with the one (slight) drawback for some of them was the change of facilitators during the programme. They all rated the programme at least as good, many as excellent and they all felt it provided value for money. Most of them found out about the course from local health professionals and they tended to start the course to enable them to 'put something back' into the community. They were all using or appeared willing to use other Sure Start services.

12.5.4: The results of the exit surveys seem to suggest that attendance at one Sure Start activity leads on to further usage of the programmes services and activities.

12.6: Focus Group

12.6.1: The service user focus group reinforced the findings of the community survey and the exit surveys in that people pointed to first hearing about Sure Start by word of mouth, from Sure Start advertising material or from local health professionals. It also tended to support the very positive responses gained from the community survey:

- The various services, facilities and support tend to relieve social isolation, aid both child and parental development and create or enhance a sense of community,
- The Sure Start services, facilities and support are a great improvement on previous provision with tangible benefits for individual families and the community as a whole,
- The services, facilities and support are value for money,
- The Sure Start staff are particularly well thought of and
- The move into the Children's Centre should improve things even more.

12.6.2: They saw very few drawbacks to the programme with the possible exception of a shortage of activities for dads

12.7: Home Visiting Service Users

12.7.1: Generally home visits were instigated via referrals from other agencies / professionals, and they tended to be about advice and information and health issues, although other issues such as debt and home safety were also involved in the visit. The service users felt many benefits (such as relief, help and a sense of support) and no real drawbacks (apart from an initial nervousness) to the initial home visits.

12.7.2: The service users all had continued visits (at least ten) usually weekly, but at least fortnightly and they always saw the same worker, which they felt was very beneficial. They saw the reasons for the visits changing over time, tending to move towards safety and child development. Although their perceptions of the ongoing usefulness varied over time, they were keen to stress the positive impact the visits had on their lives.

12.7.3: In general the respondents' health visitors know about their Sure Start worker. This was felt to be appropriate by the service users as it avoided repetition of intervention; they were less sure if other professionals ought to know unless it was necessary.

12.7.4: The service users felt that the benefits they derived from the visits were also enjoyed by their partners and children, through the reduction of stress, dealing with issues of debt and housing and the general improvement of quality of life.

12.7.5: The service users were very happy with the home visits, particularly in the current format and could see little that needed improvement, except perhaps to involve more men.

12.7.6: The general conclusions that can be drawn at this stage are that the programme is successful and at least one of the core services (Home Visiting) is performing well. It would also appear that there may be issues of marketing at the project level to be confronted and the resolution of an apparent high penetration of the Sure Start name into the community being translated into higher usage of a wider variety of services and activities.

13: Conclusion

13.1: It can be seen from all the stakeholders interviewed in this phase of the evaluation process that in general the Sure Start Dover programme is not only functioning well at this given point in time, but has shown throughout it's life span an ability to progress and change as and when it needs too.

13.2: The services are both well heard of and well liked by those who use them; however there is a major issue revolving around the disparity of the levels of awareness and the levels of usage of many of the activities. Some of which may revolve around the individual marketing of projects; knowledge of which was lacking amongst the board and providers and which may therefore be problematical at service user level too.

13.3: The staff working on the programme are highly thought of by those who use it and regard themselves as being well trained for their roles. They are providing services that are felt by the community to be needed directly into the areas where they are needed. Although there is still work to be done on the issue of some of the hard to reach groups, especially men.

13.4: There are many aspects of the programme that do not need to change. Whilst changes to service delivery patterns are inevitable as the programme develops and changes due to external factors, it is important to note those elements of service delivery that are particularly successful. Indeed, in general terms, the evaluator would argue for maintaining the current service delivery pattern in entirety whilst looking to develop new services and activities in response to perceived need. In the case of the home visiting service, Sure Start Dover is providing a service which is both value for money and which is perceived by the users as making a real difference to their lives. The same can be said of the other services looked at via the exit surveys and their group work, although the value for money aspect has yet to be looked at from anything other than a service users view point for these services.

13.5: Despite the overall penetration of the programme, there remains a question of 'reach'. The programme needs to examine ways in which it could enhance the level of participation in the programme of men generally and people from specific ethnic minority backgrounds. One is aware that the engagement of people from certain ethnic backgrounds (e.g. South Asian backgrounds) can be achieved relatively easily through the use of bilingual workers etc. the real difficulties may well be in trying to find ways to engage a very diverse transient population (refugee families and asylum seekers). Other aspects of 'hard to reach' are the engagement of working people; there may be an issue of timing of group sessions, for example, that mean some working parents cannot attend. This is not meant as a criticism of the programme (as evaluators we are aware of the efforts being made in this area already); rather it is highlighting a series of national issues that local programmes are faced with and the necessity to continue trying to improve levels of engagement.

13.6: The management processes, structure and flow of information are seen to be in the main good and going in the right direction, but there is still room for improvement in this area. However there was a view that if it hadn't been for the strong management of the programme through some turbulent times then the programme may have floundered some time ago.

Art work by local children

14: Recommendations

14.1: Recommendations for no change:

- Groups
- Home Visiting Service
- Current service delivery pattern
- Maintain process of adapting to changing needs of the local community

14.2: Recommendations for Possible action:

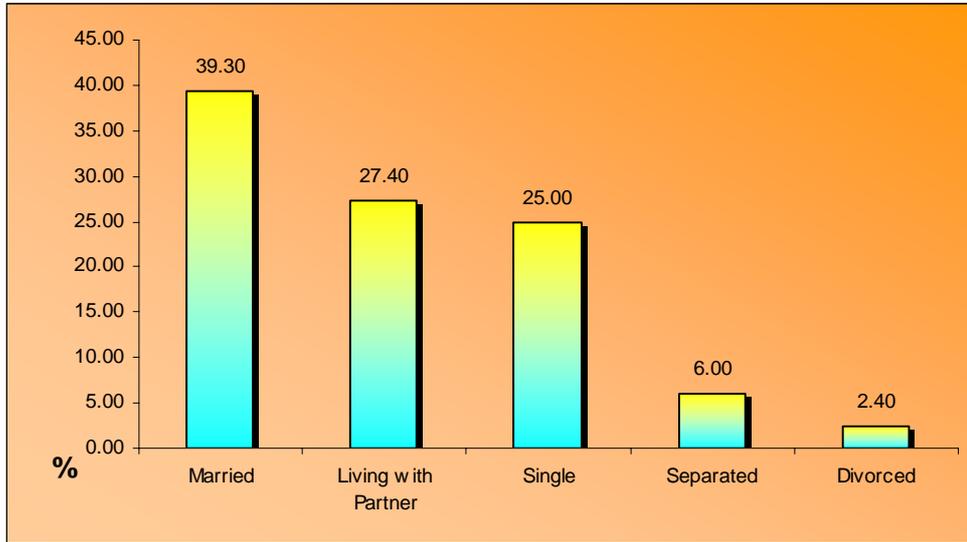
- Keep developing management structures and process
- On future courses retain a single course facilitator for life of course where possible
- Continue improving community input into the programme

14.3: Recommendations for definite action:

- Examine ways in which reach can be enhanced for all hard to reach groups especially men, ethnic minorities and working people
- Investigate ways to turn the high awareness levels into higher usage rates,
- Make sure all stakeholders are fully aware of all aspects of the programme
- Carry out a review of marketing procedures especially in respect of the individual projects
- Examine the impact of the move to the Children's Centres on both staff / providers and the community

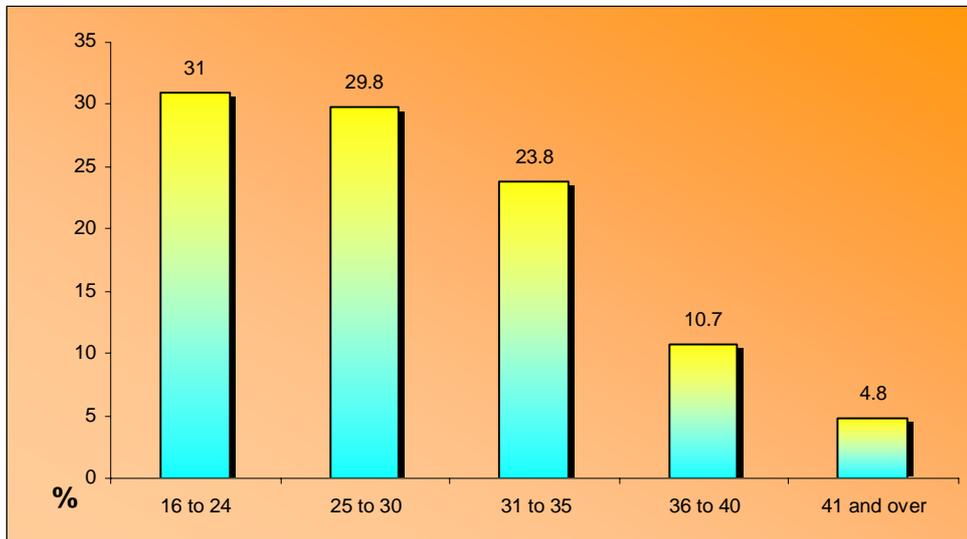
Appendix 1: Figures

Figure 1: The Marital Status of the Respondents



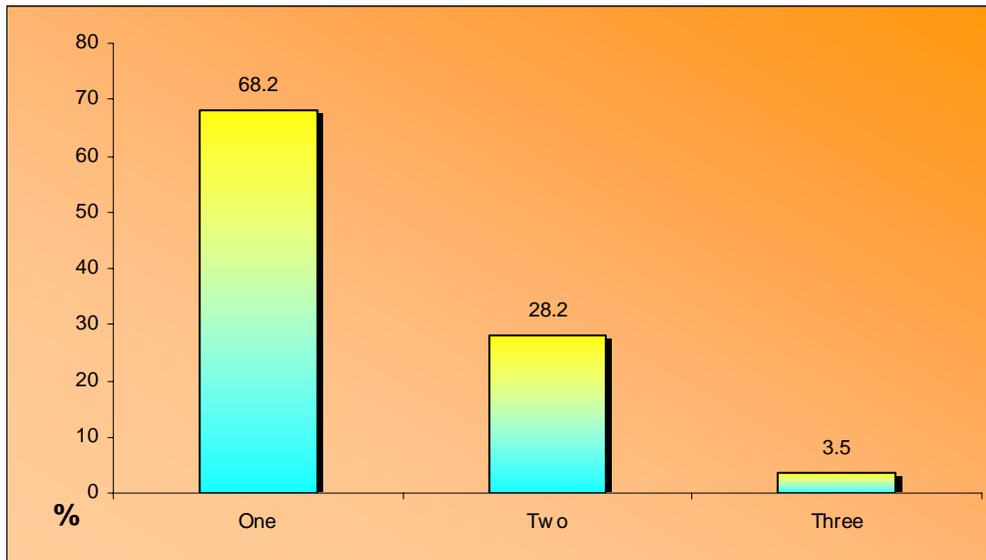
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Figure 2: The Ages of the Respondents



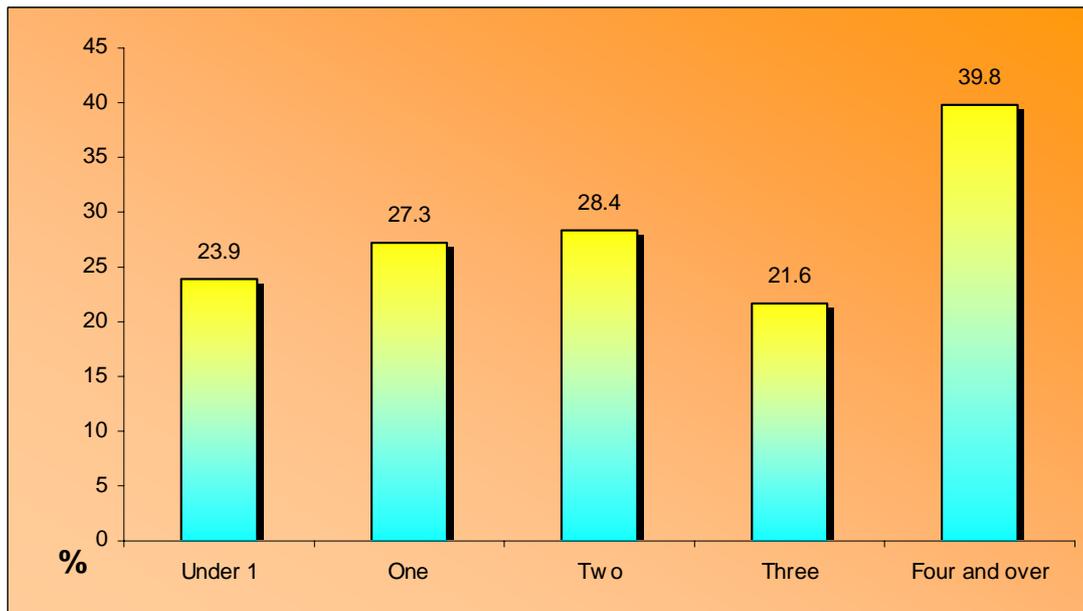
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Figure 3: The Number of Respondents' Children under the age of 5



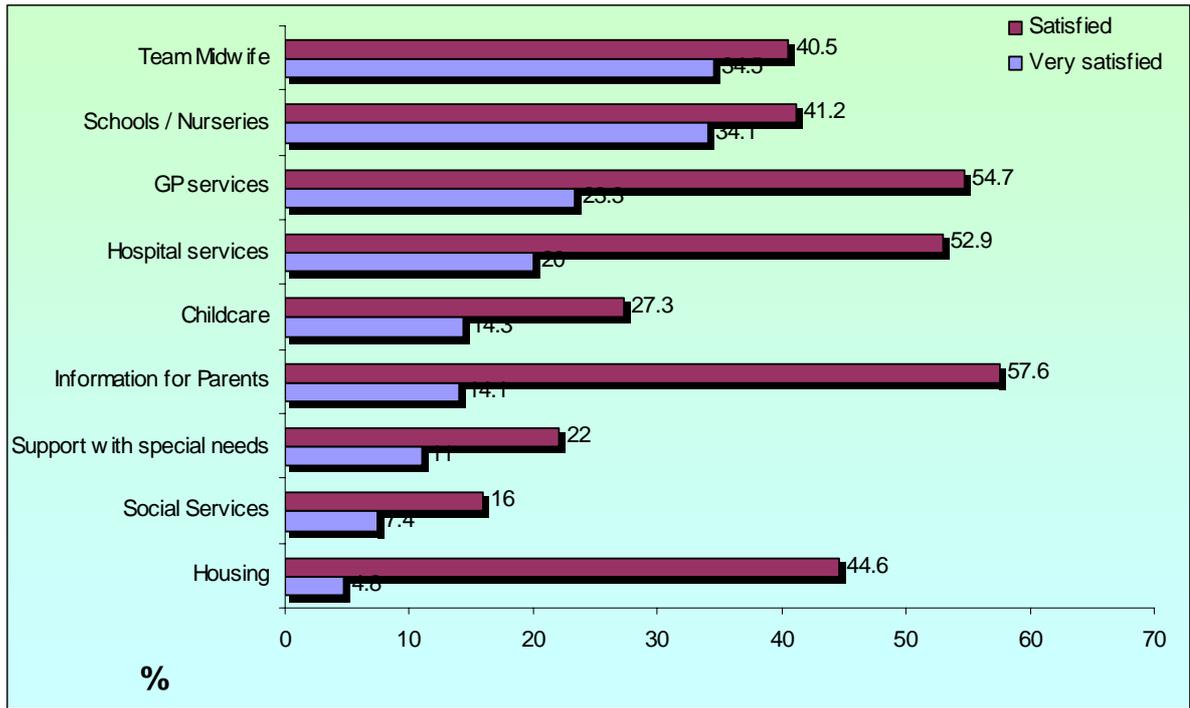
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Figure 4: The Ages of Respondents' Children



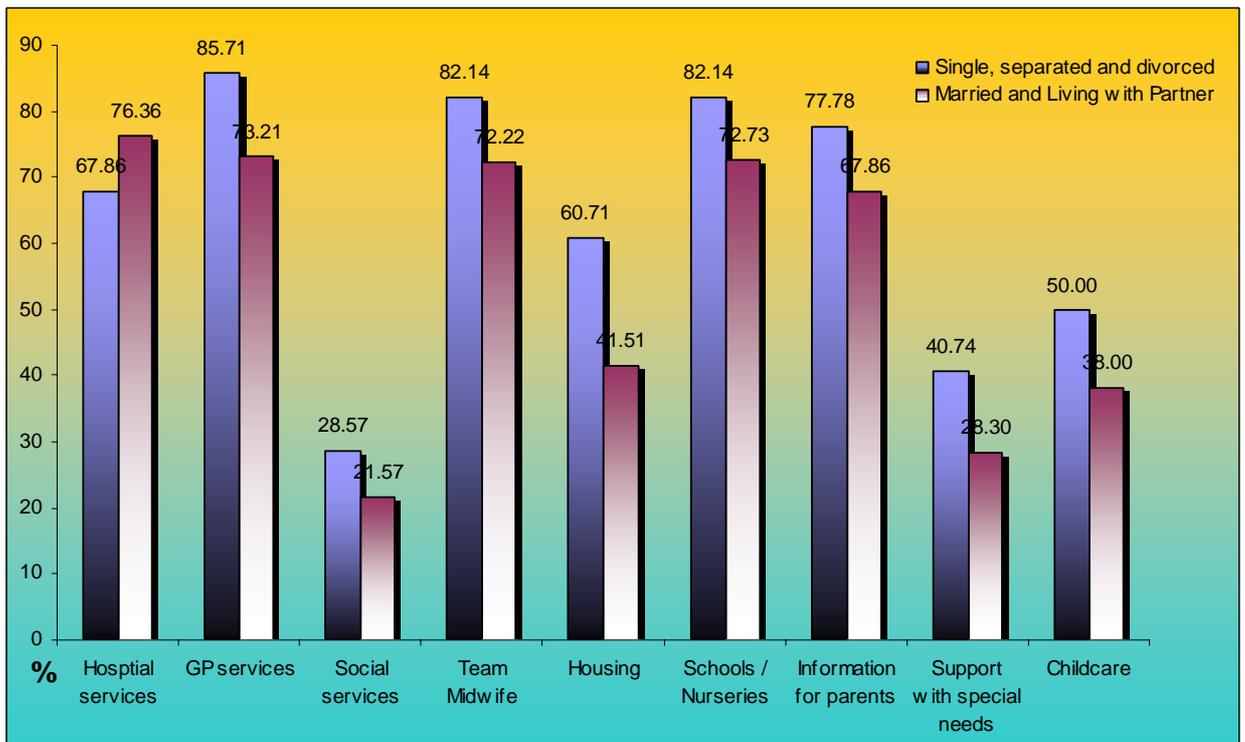
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Figure 5: Satisfied or very satisfied with existing services



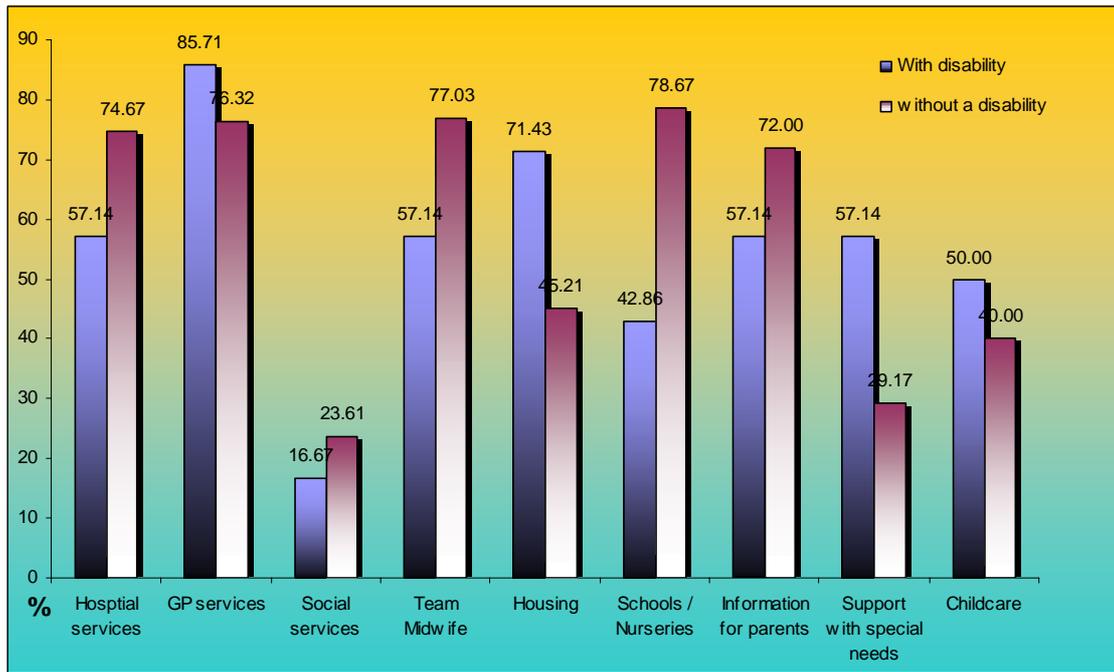
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Figure 6: Satisfied or very satisfied with existing services by marital status



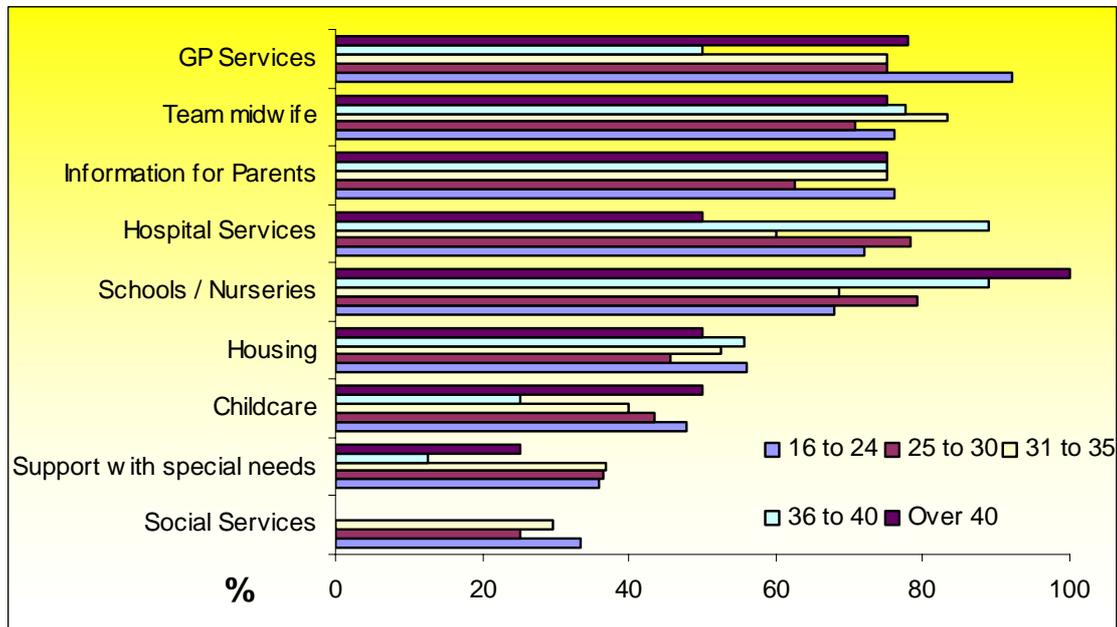
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Figure 7: Satisfied or very satisfied with existing services by disability



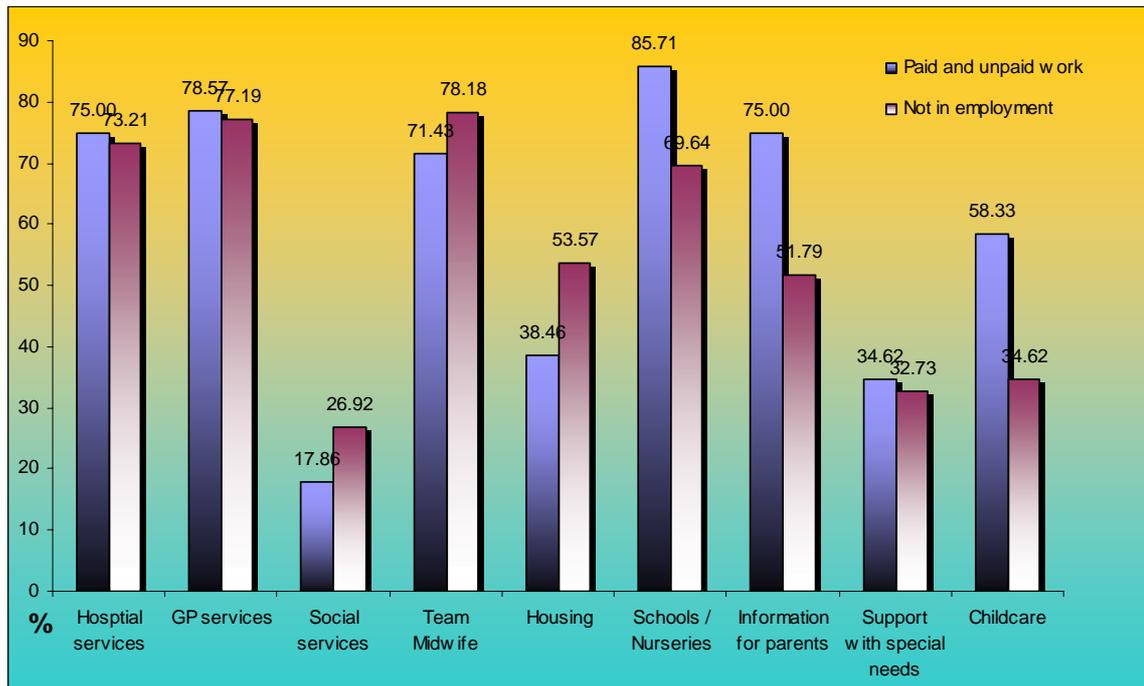
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Figure 8: Satisfied or very satisfied with existing services by Age Group



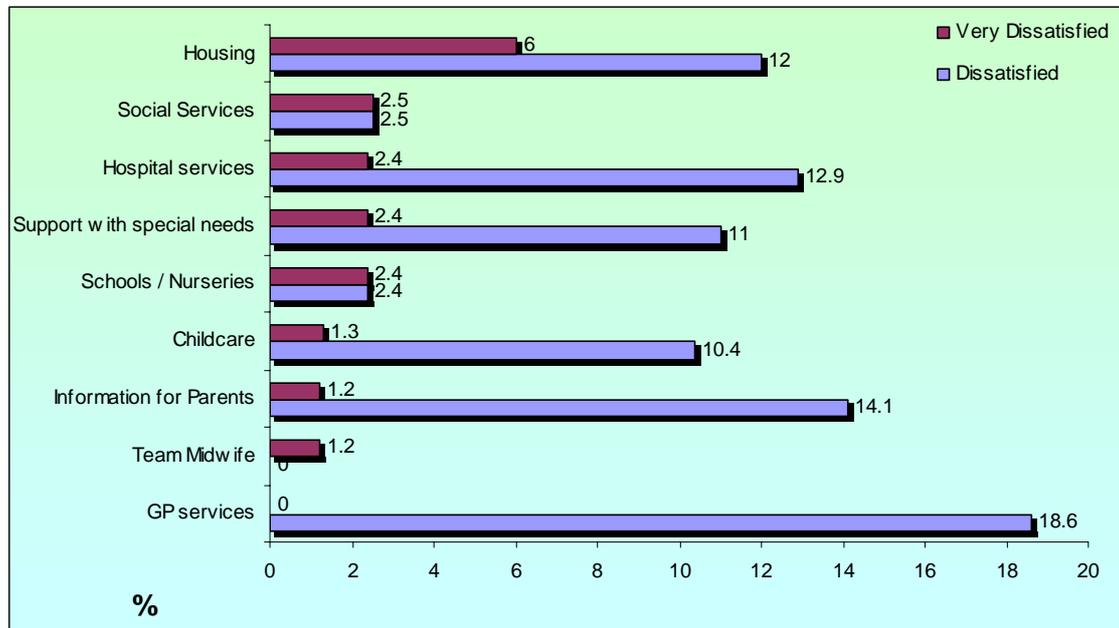
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Figure 9: Satisfied or very satisfied with existing services by employment status



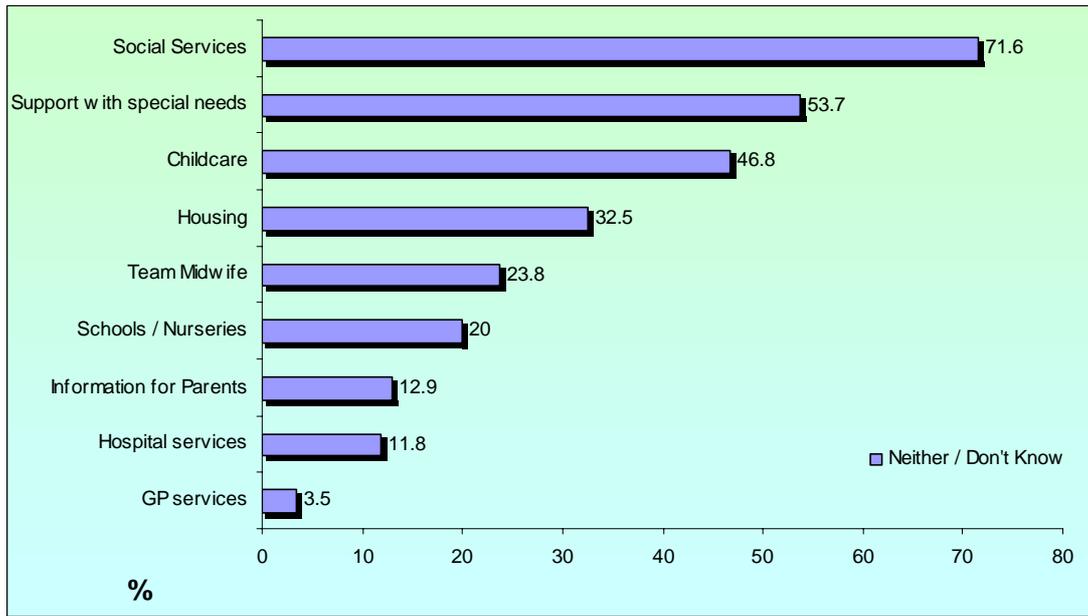
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Figure 10: Dissatisfied or very dissatisfied with existing services



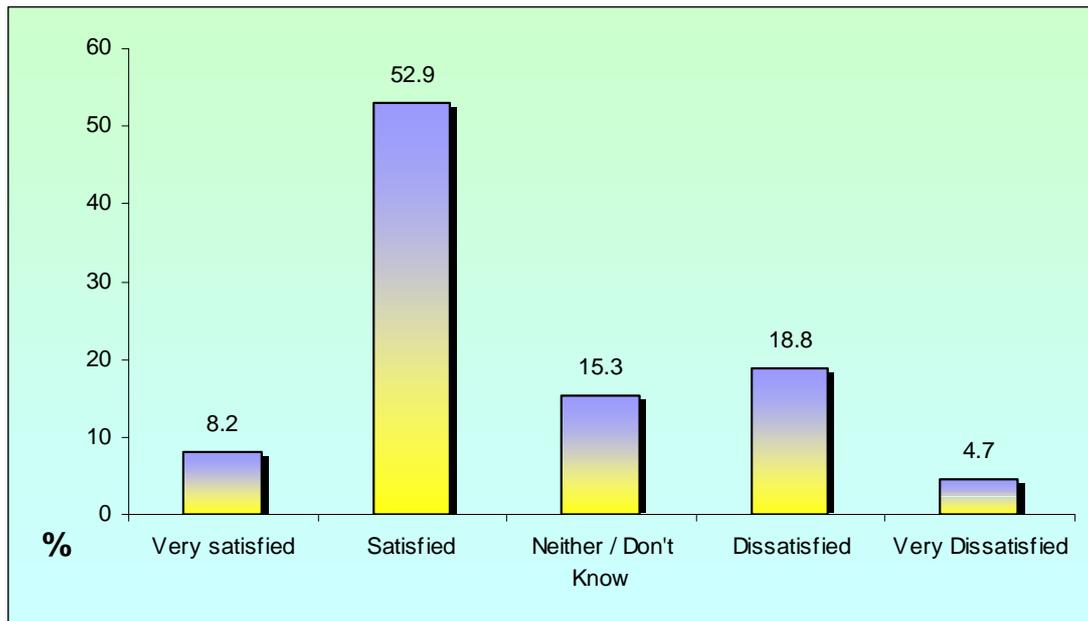
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Figure 11: Neither satisfied nor dissatisfied with existing services



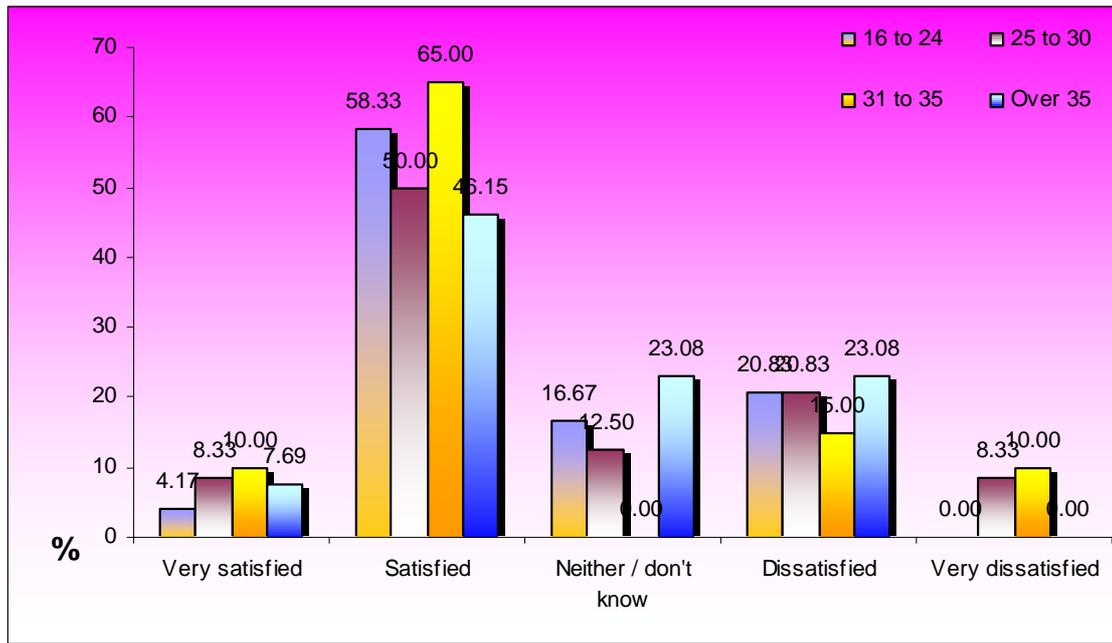
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Figure 12: Satisfaction in general with existing services



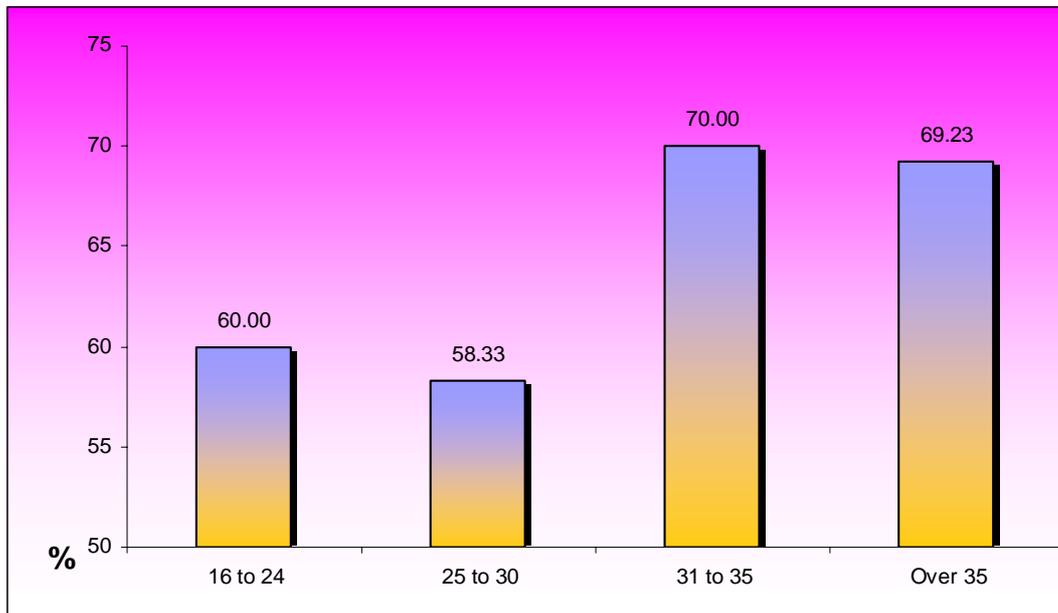
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Figure 13: Satisfaction in general with existing services by age group



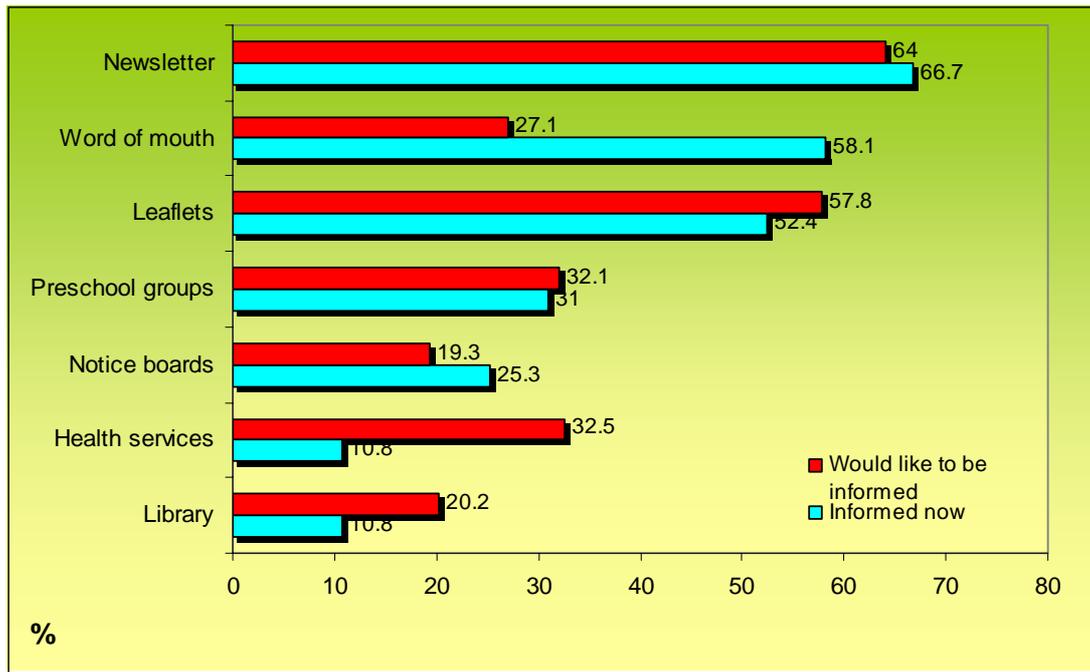
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Figure 14: Well informed about area by age group



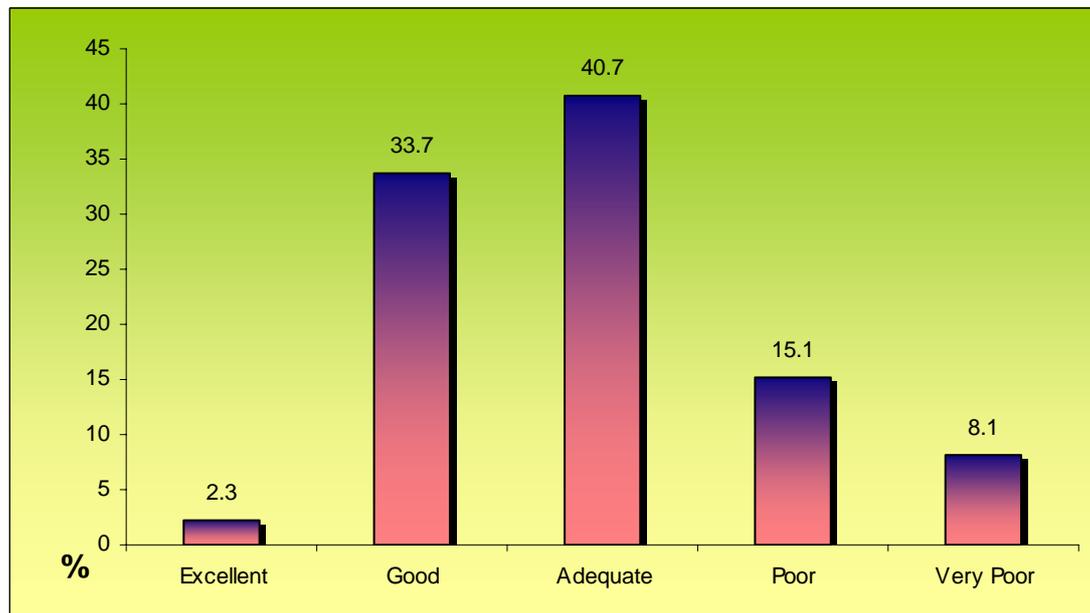
Base 88

Figure 15: How information received



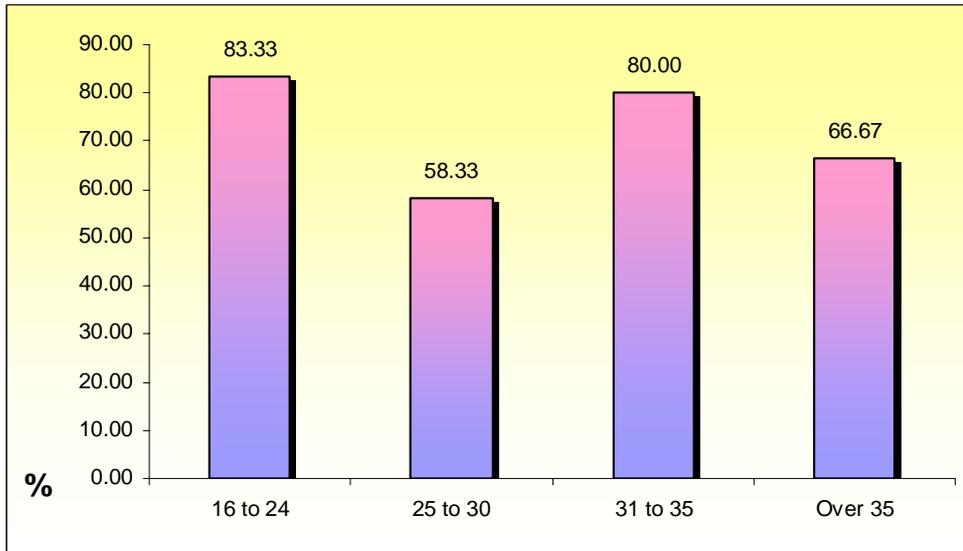
Base 88

Figure 16: What the area is like for bringing up young children



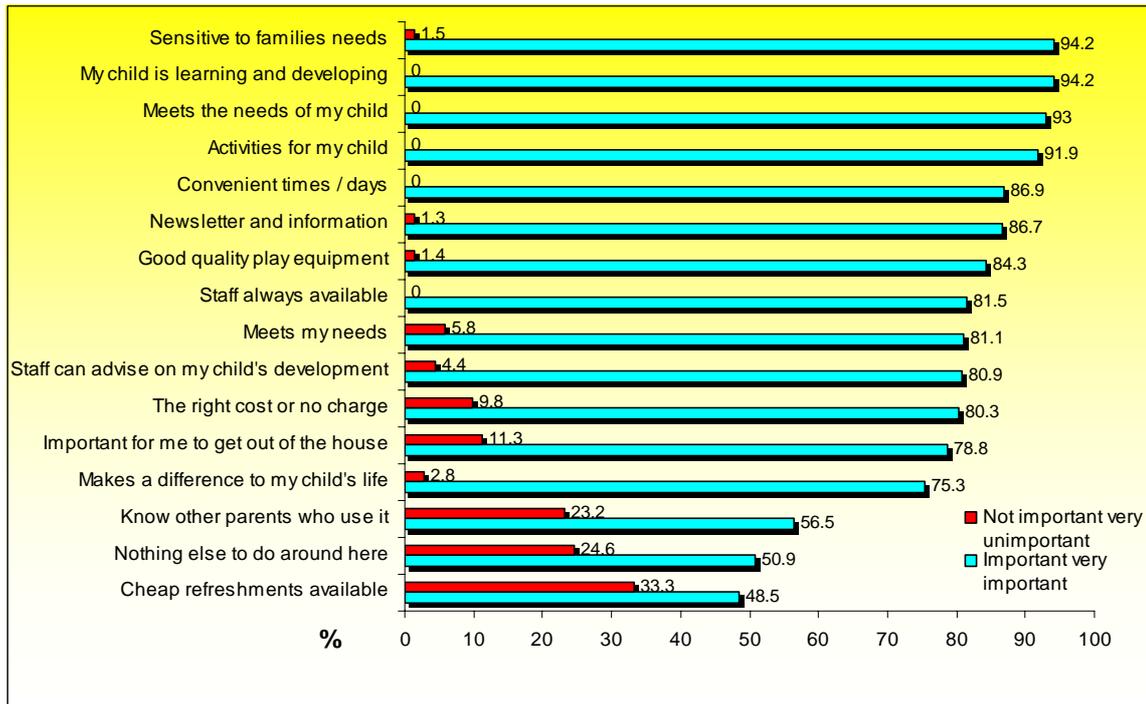
Base 88

Figure 17: Awareness of Sure Start by Age Group



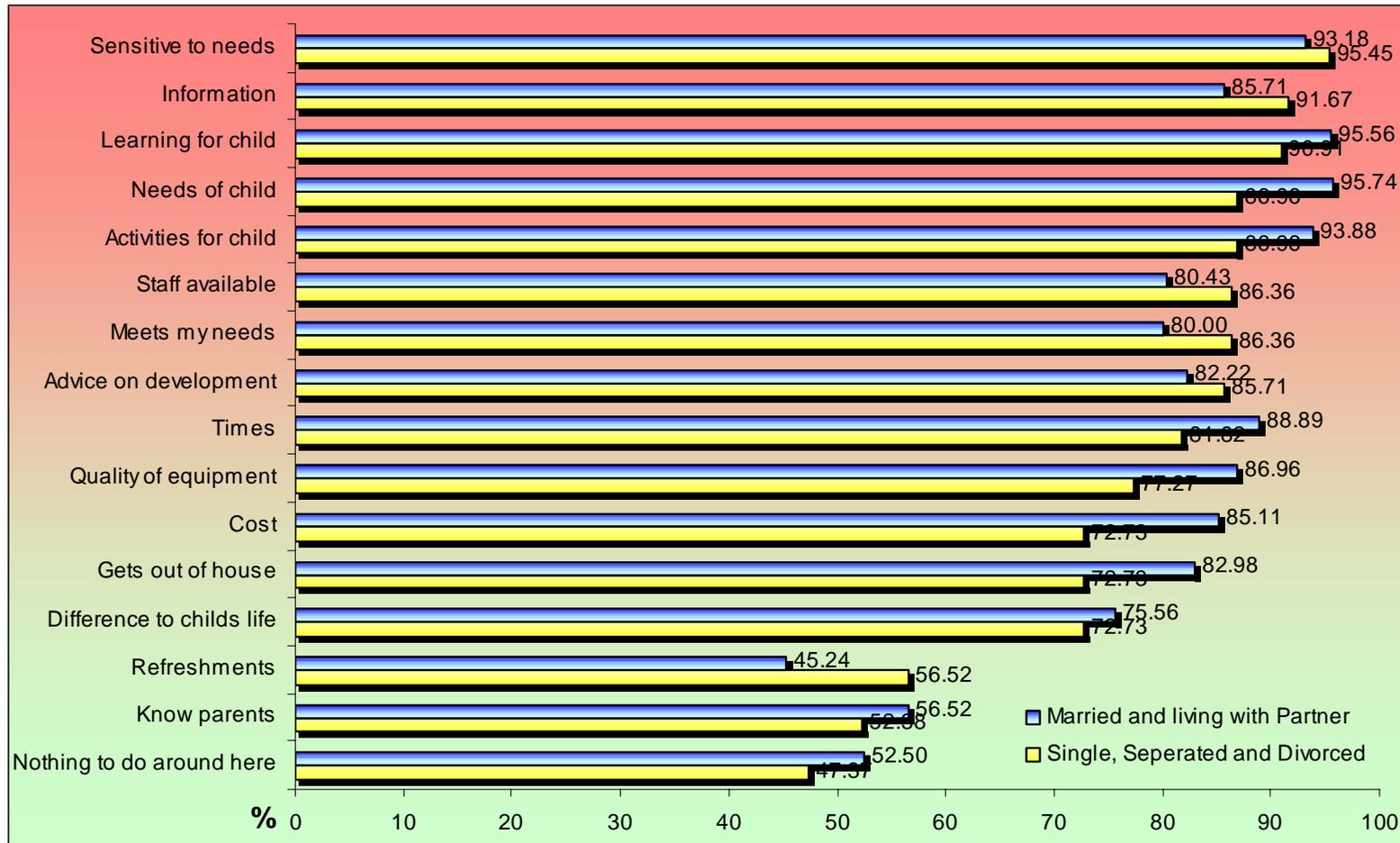
Base 88

Figure 18: Why do you use Sure Start Dover



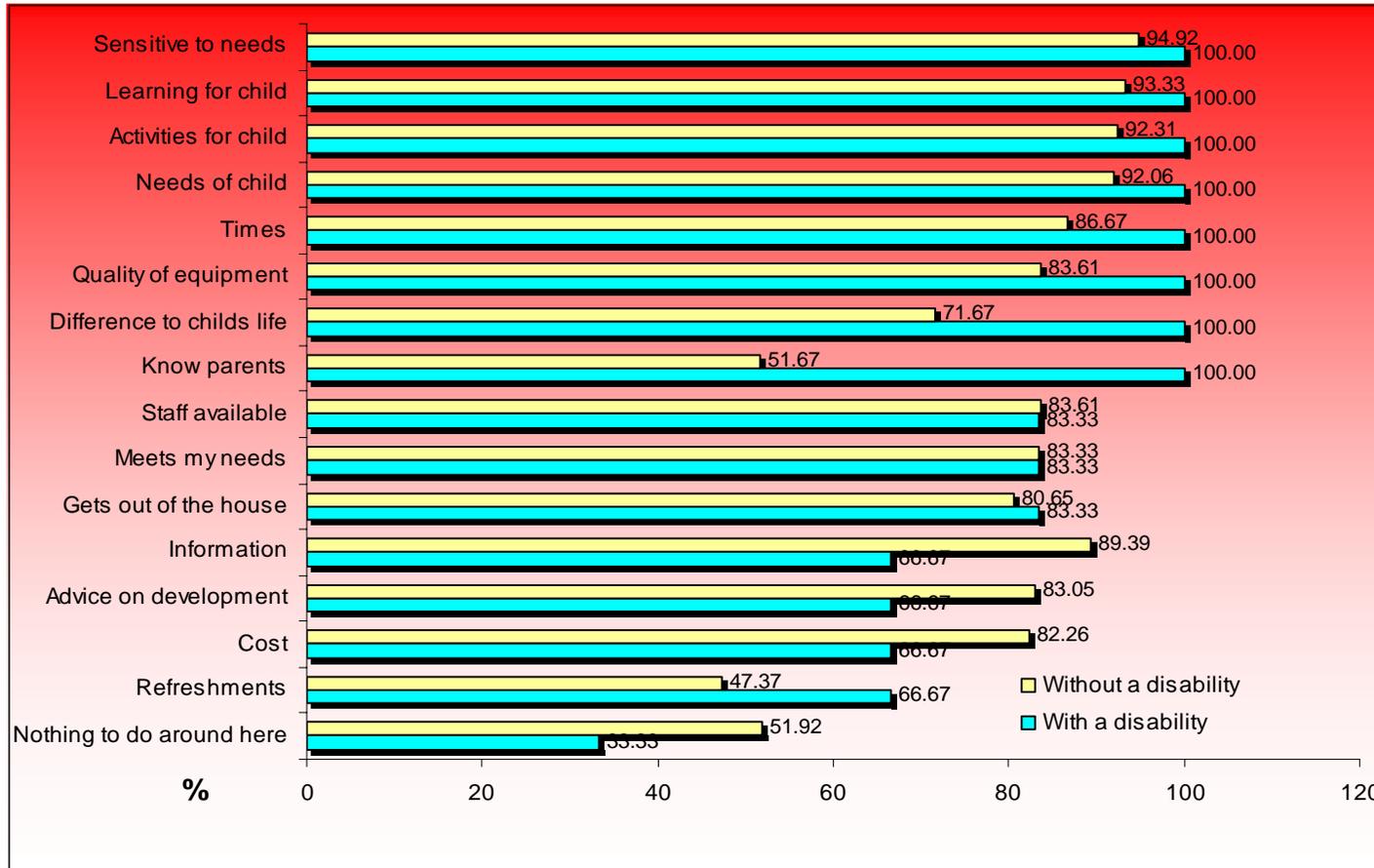
Base 88

Figure 19: Important or very important reasons to use Sure Start Dover by marital status



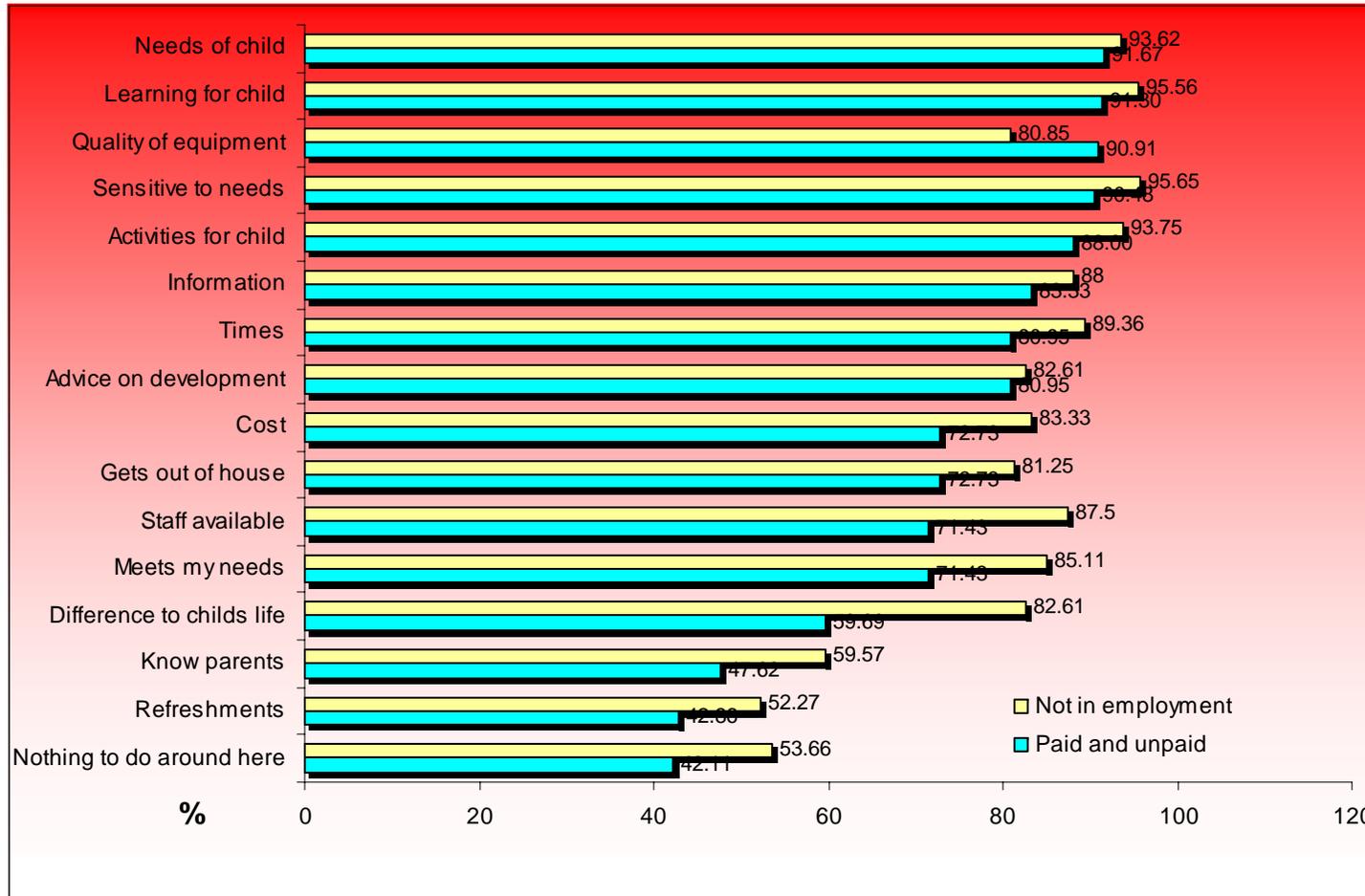
Base 88

Figure 20: Important or very important reasons to use Sure Start Dover by disability



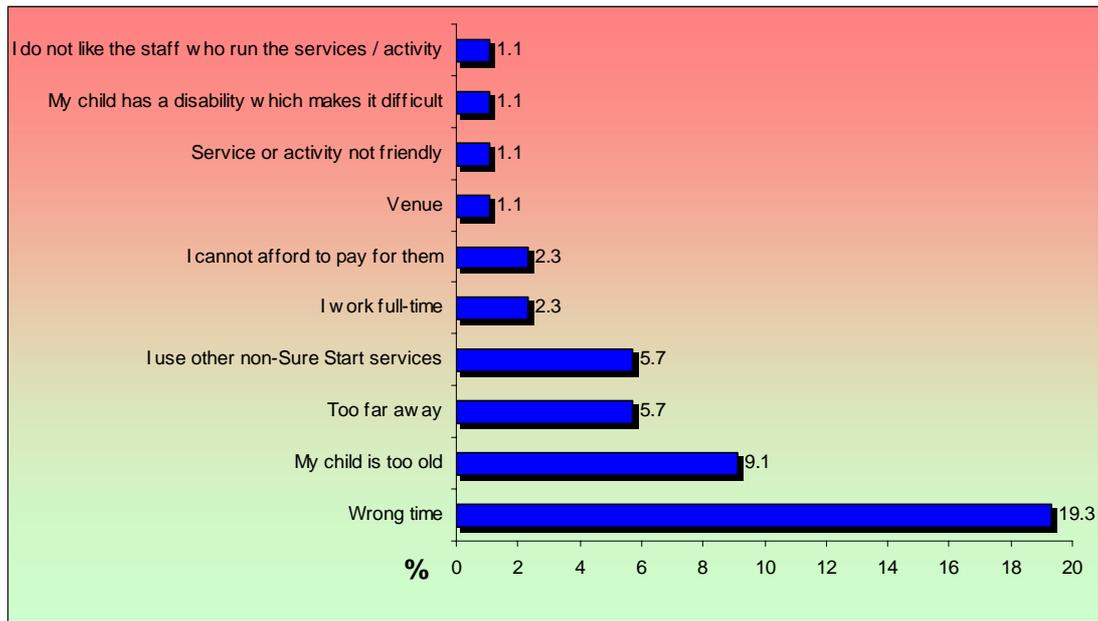
Base 88

Figure 21: Important or very important reasons to use Sure Start Dover by employment status



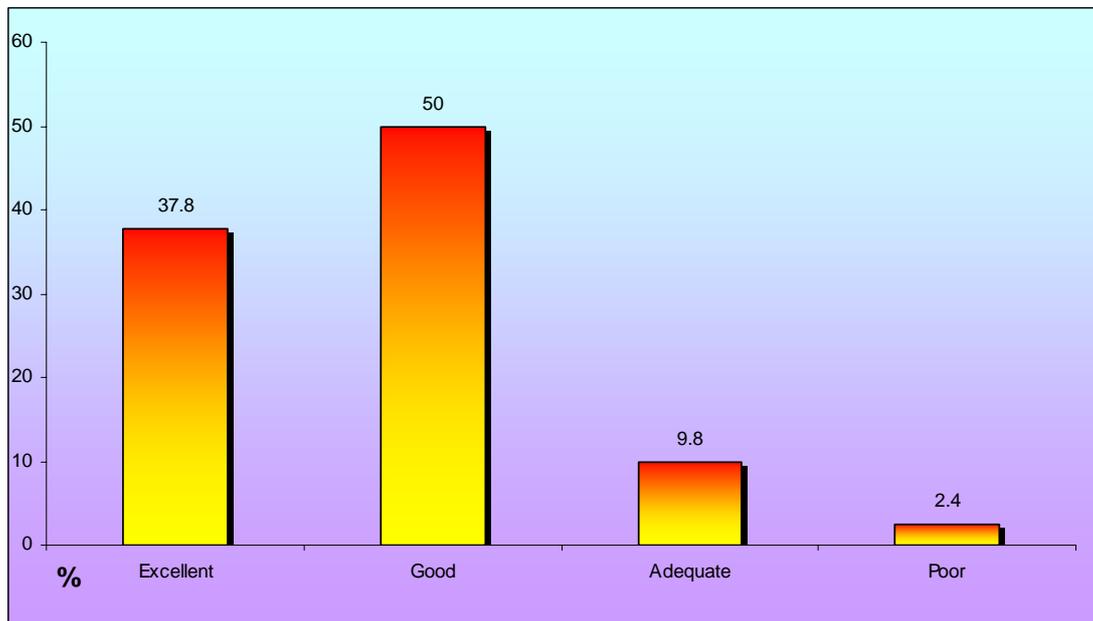
Base 88

Figure 22: Why respondents do not use Sure Start services



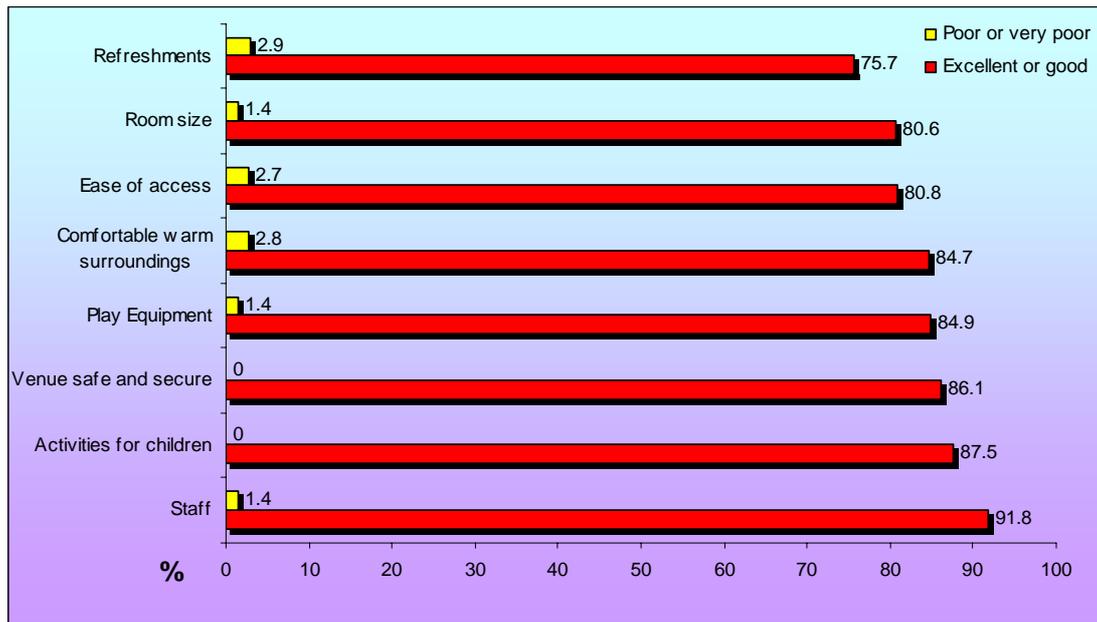
Base 88

Figure 23: Overall rating of Sure Start services



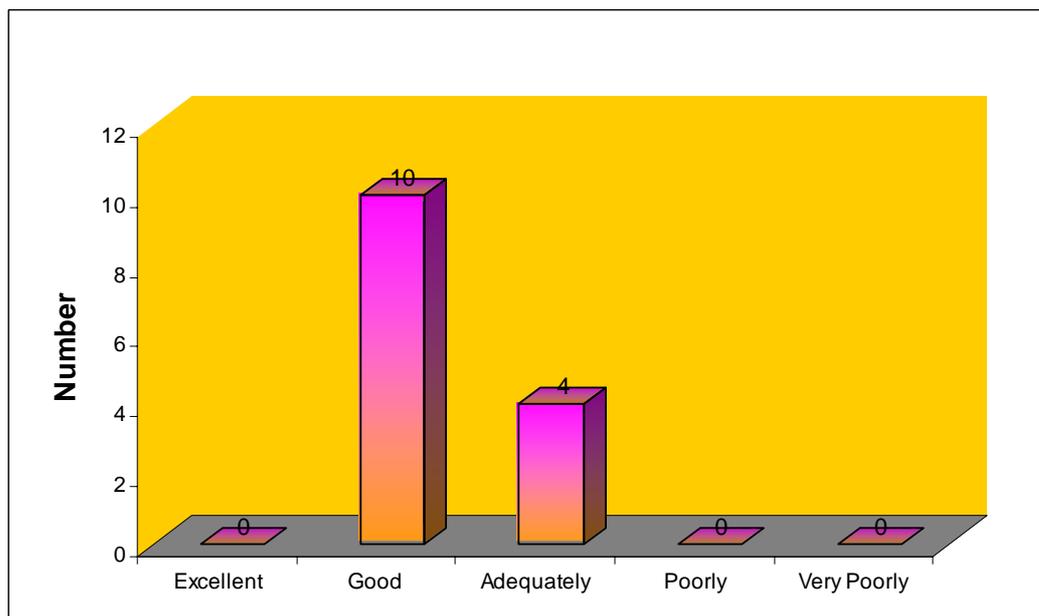
Base 88

Figure 24: Rating of specific aspects Sure Start service delivery



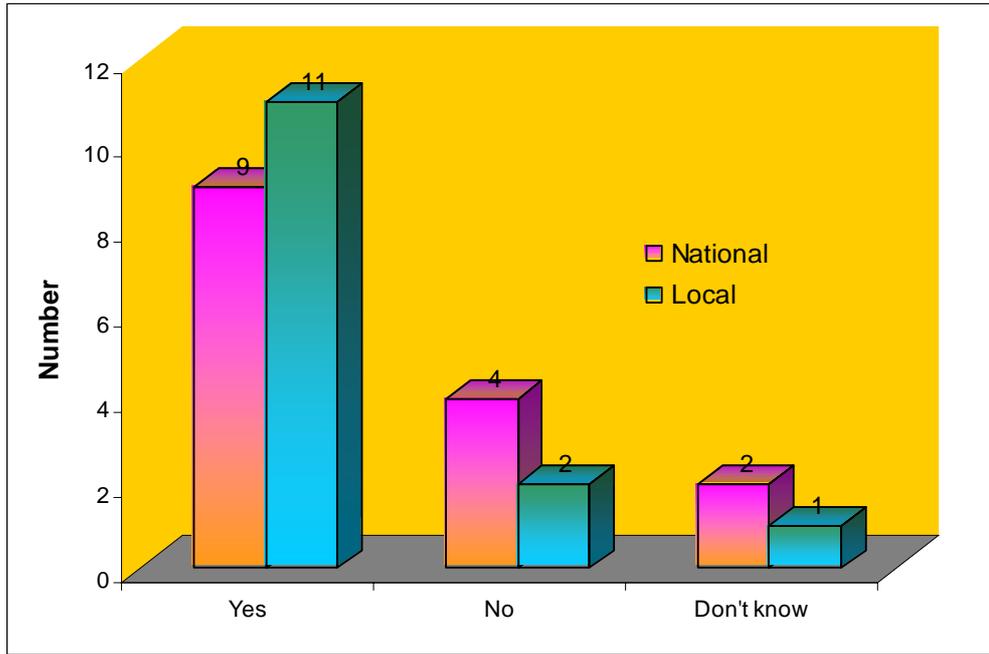
Base 88

Figure 25: Overall Performance



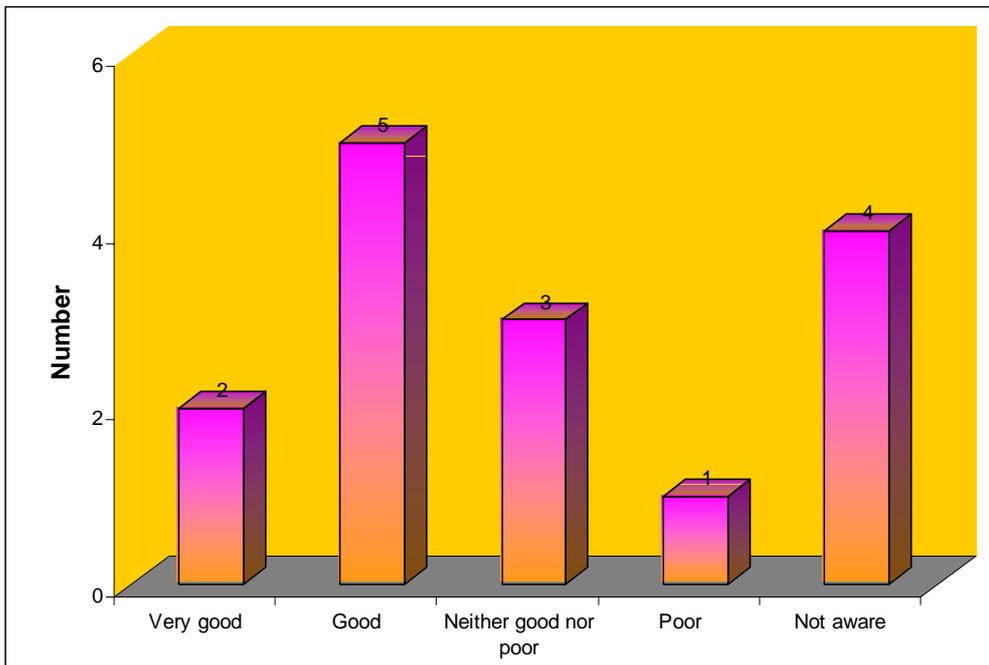
Base 15

Figure 26: Objectives



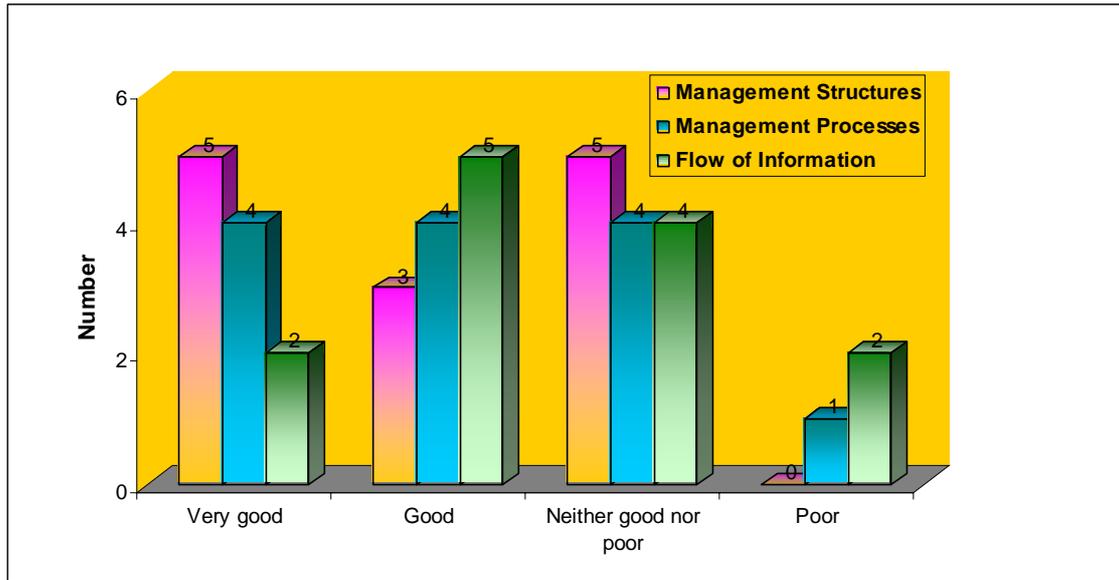
Base 15

Figure 27: Training of Volunteers and Staff



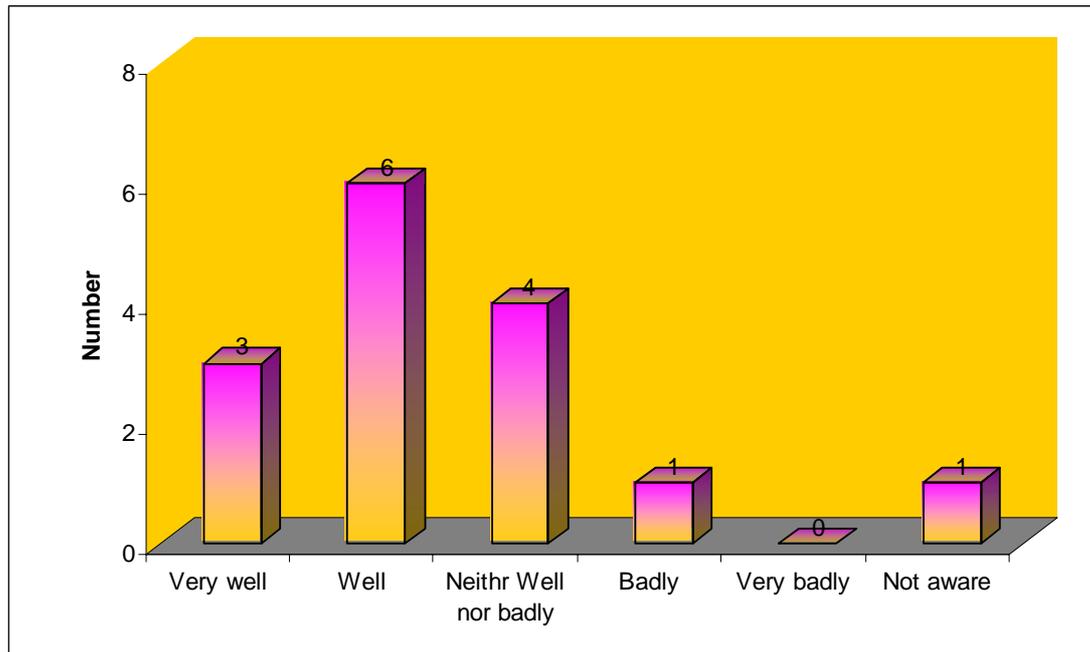
Base 15

Figure 28: Management Structures, Processes and Flow of Information



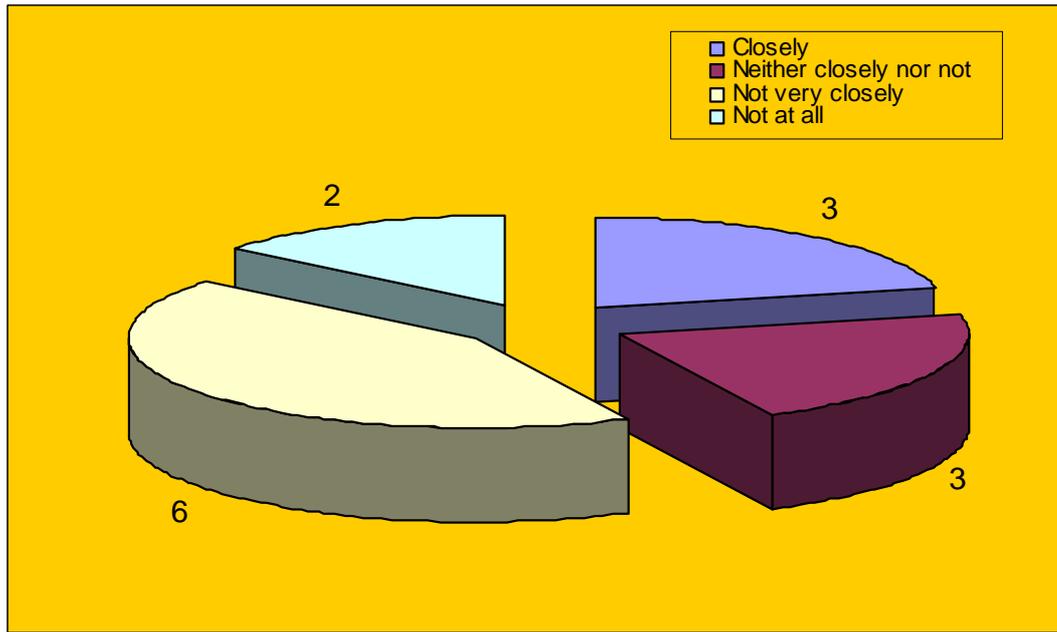
Base 15

Figure 29: General Marketing



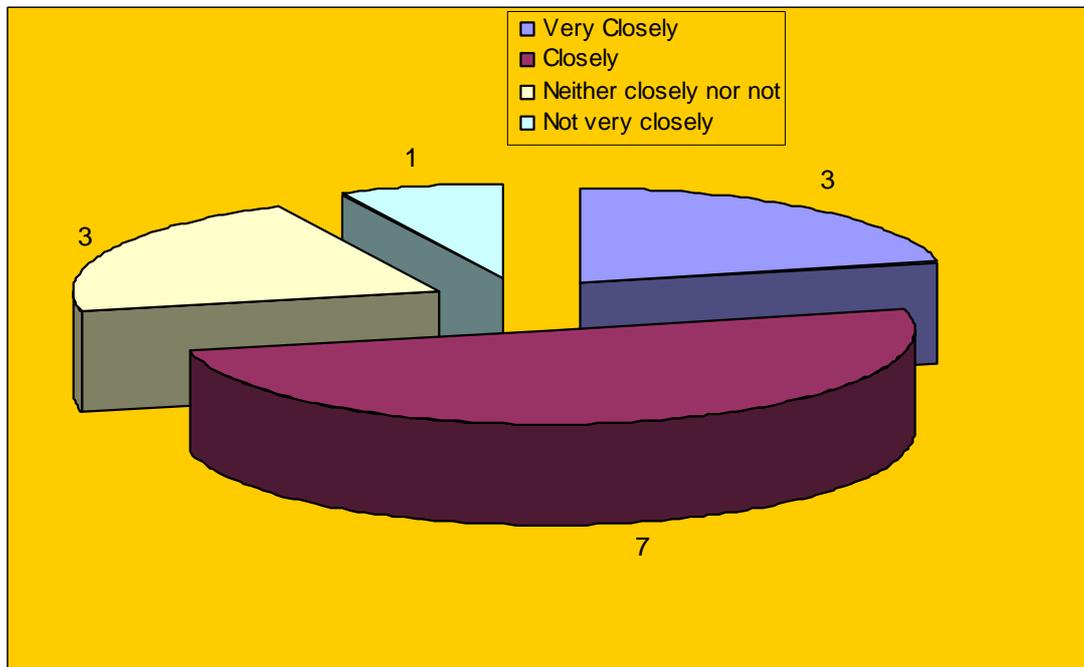
Base 15

Figure 30: How Agencies worked together before Sure Start



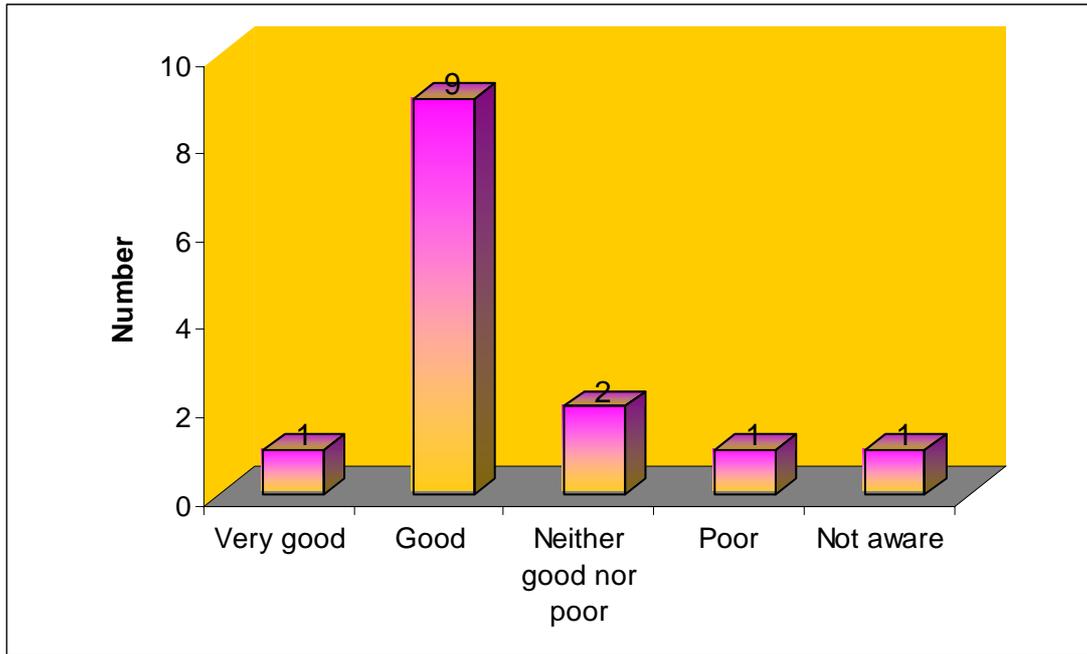
Base 15

Figure 31: How agencies work together now



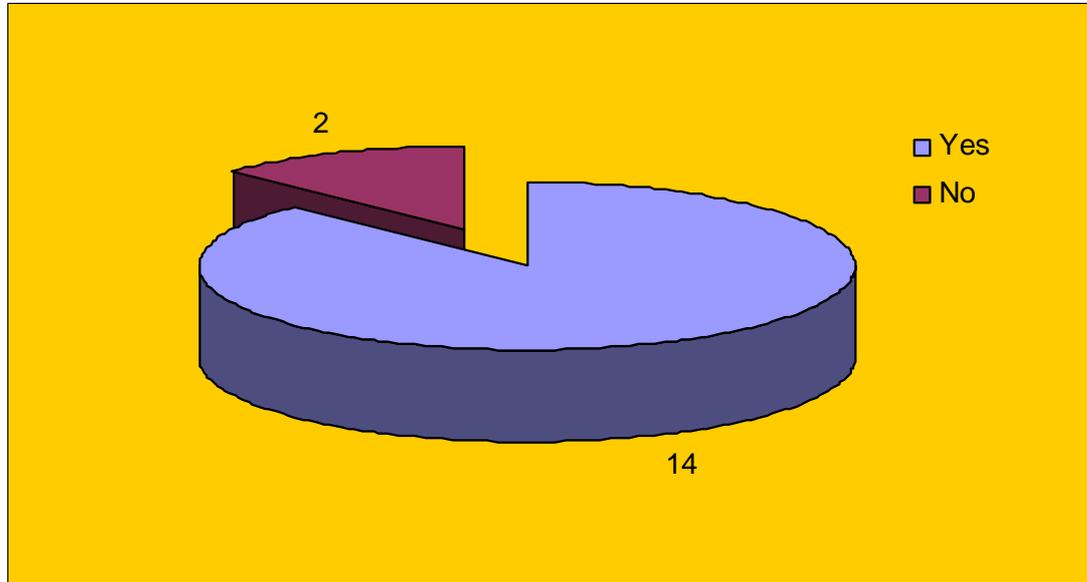
Base 15

Figure 32: How Sure Start Dover services are performing



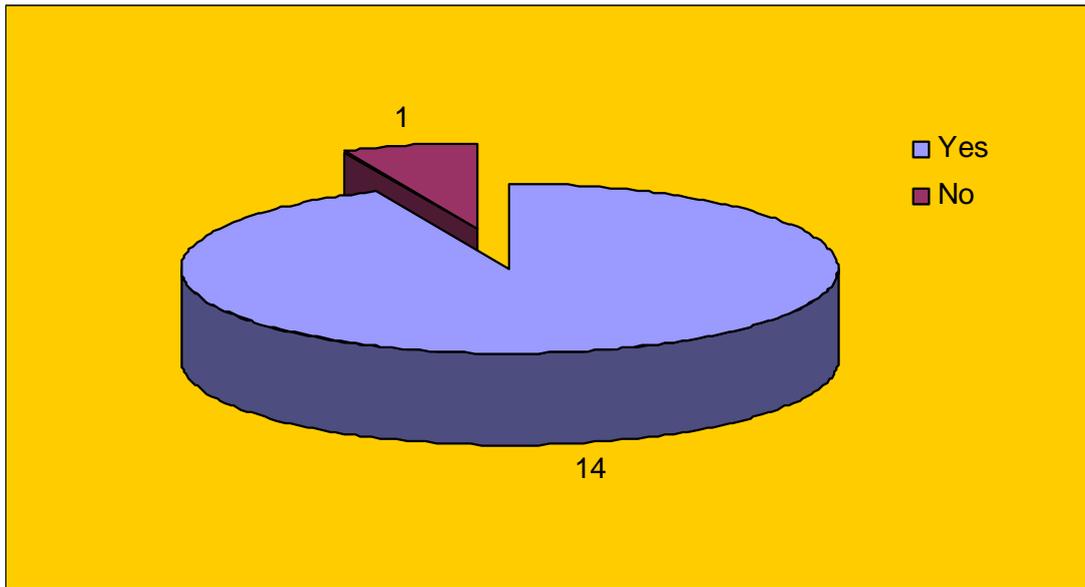
Base 15

Figure 33: Have Community Members Become Involved in Sure Start



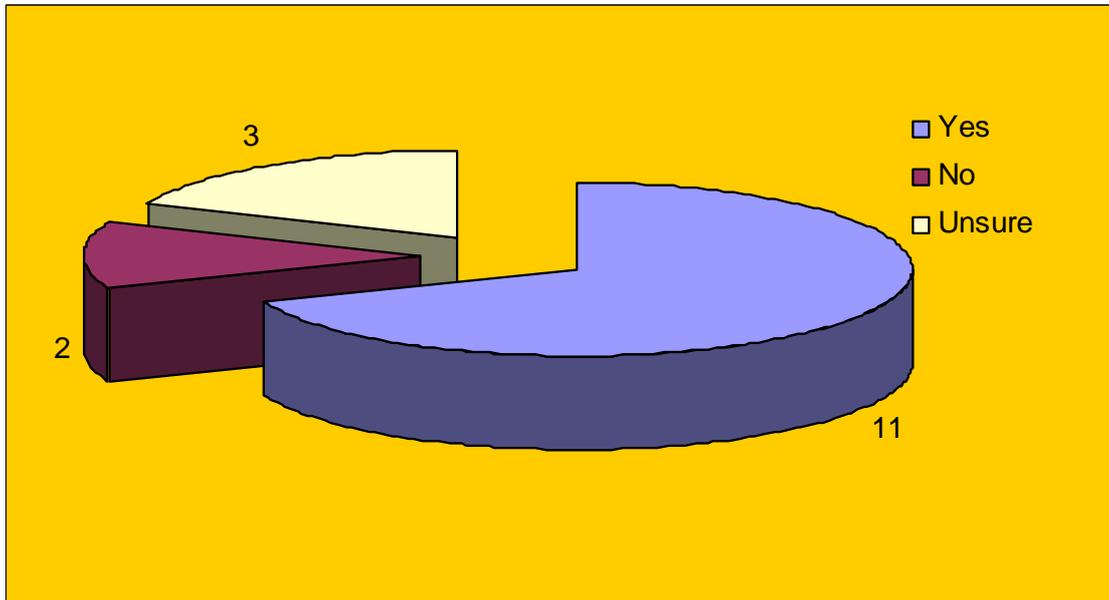
Base 16

Figure 34: Did Home Visits Lead to Community Member Involvement



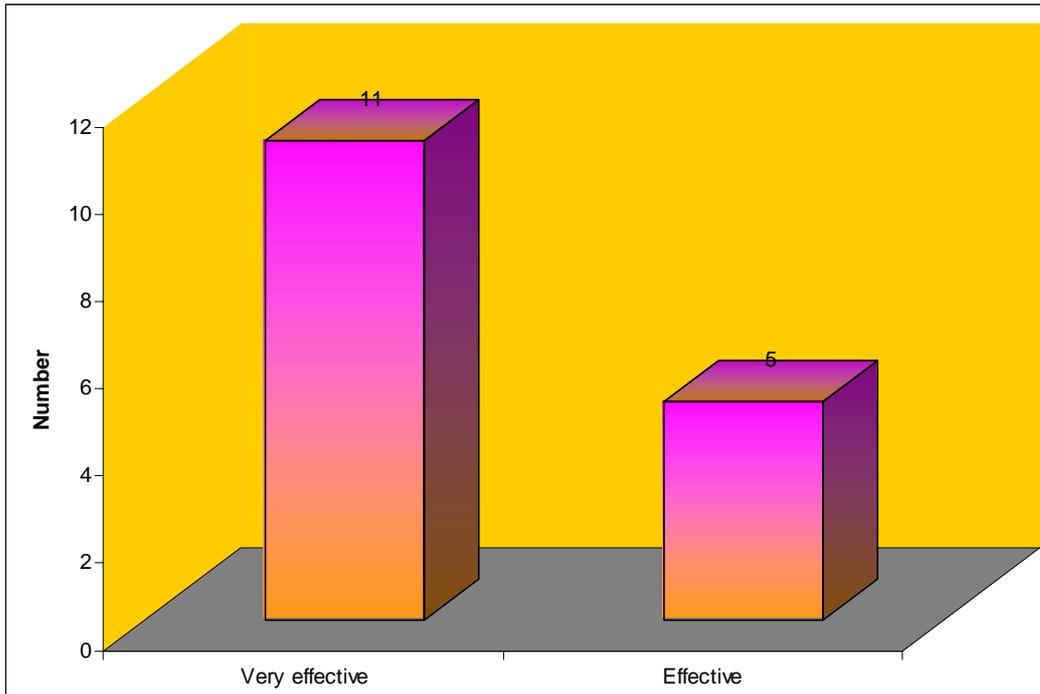
Base 16

Figure 35: Community Members Involvement in Community Initiatives, Education or Training



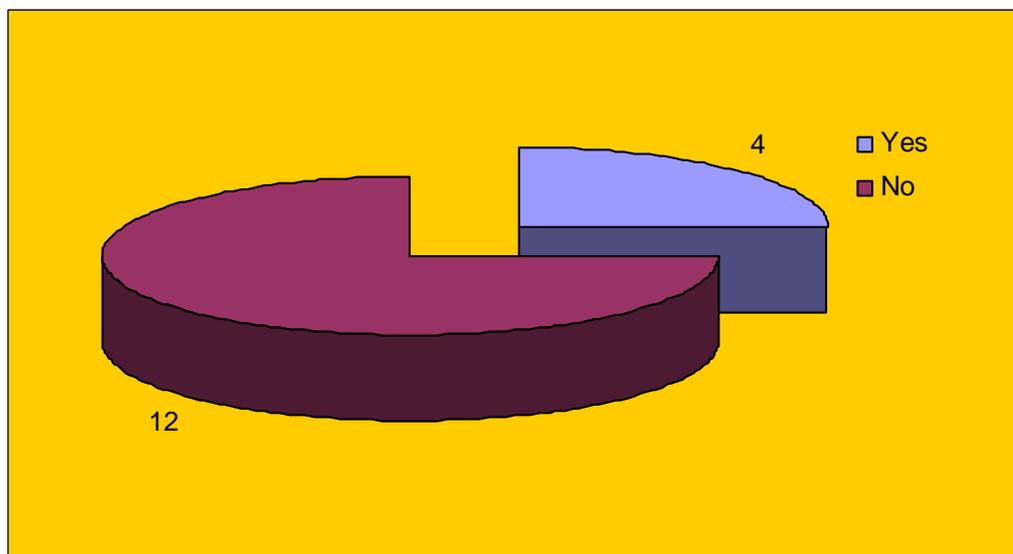
Base 16

Figure 36: How effective has the Home Visiting Service been



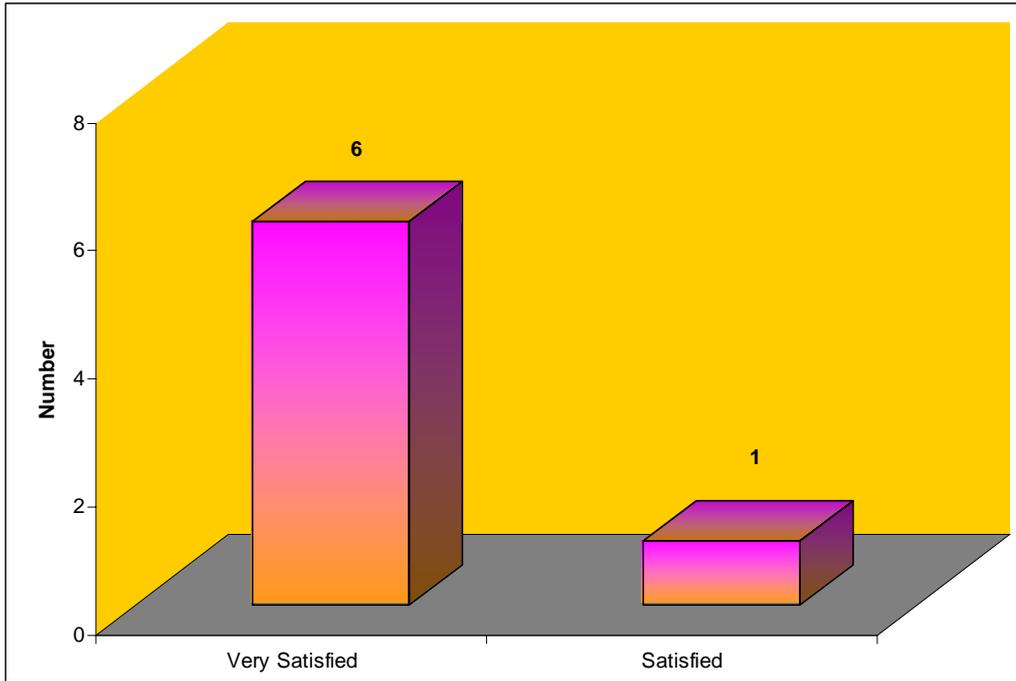
Base 16

Figure 37: Are Home Visits Replacing Existing Services



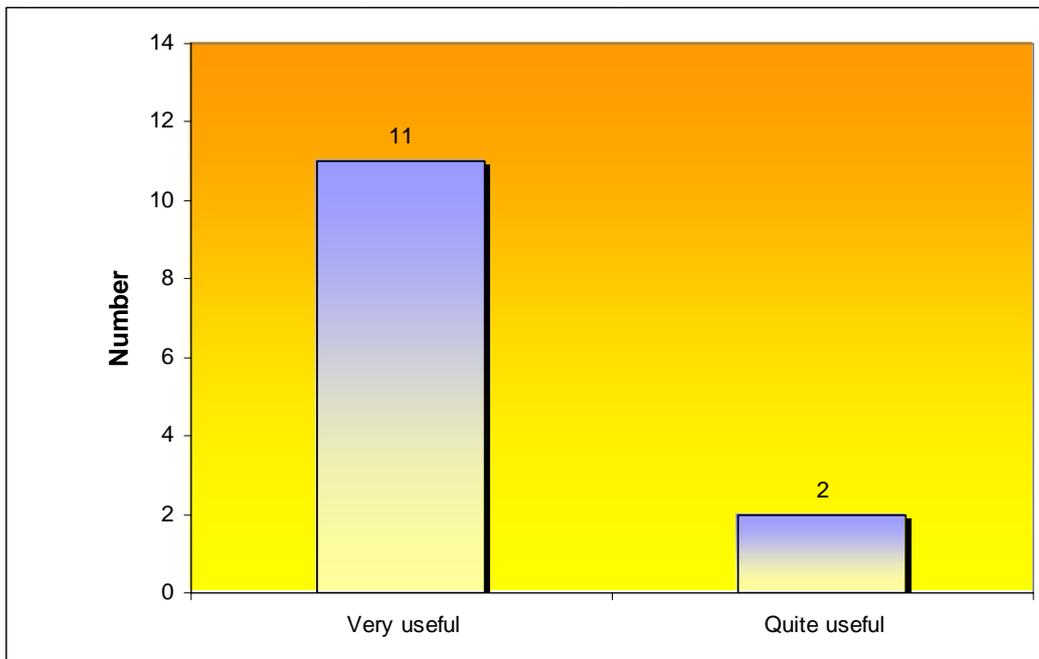
Base 16

Figure 38: Satisfaction with home visiting service



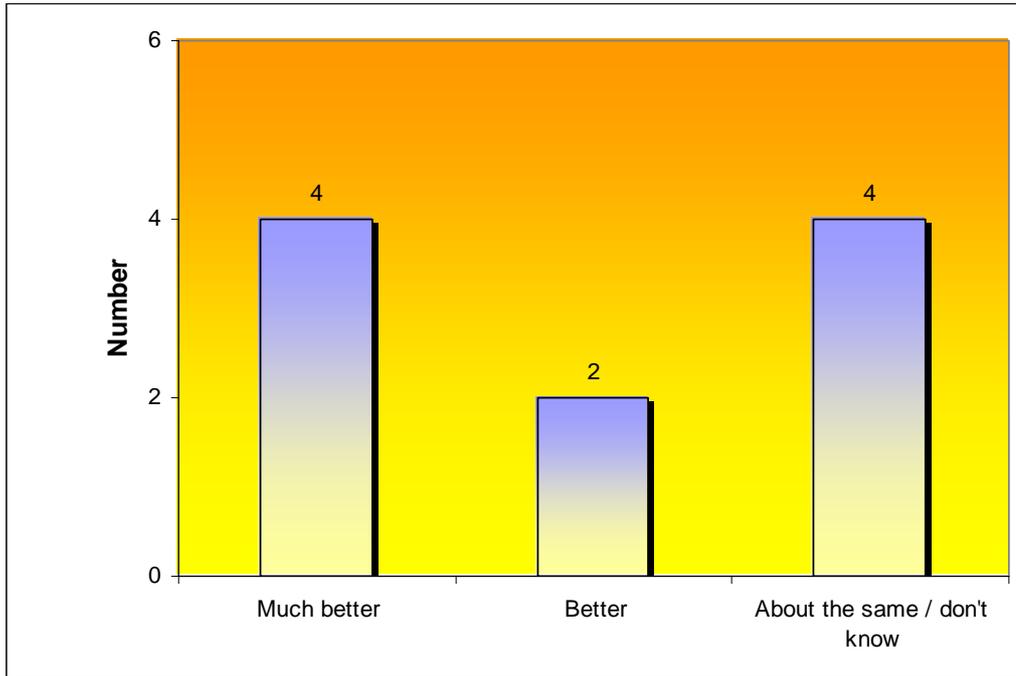
Base 7

Figure 39: How useful do you feel the activity / service / support was



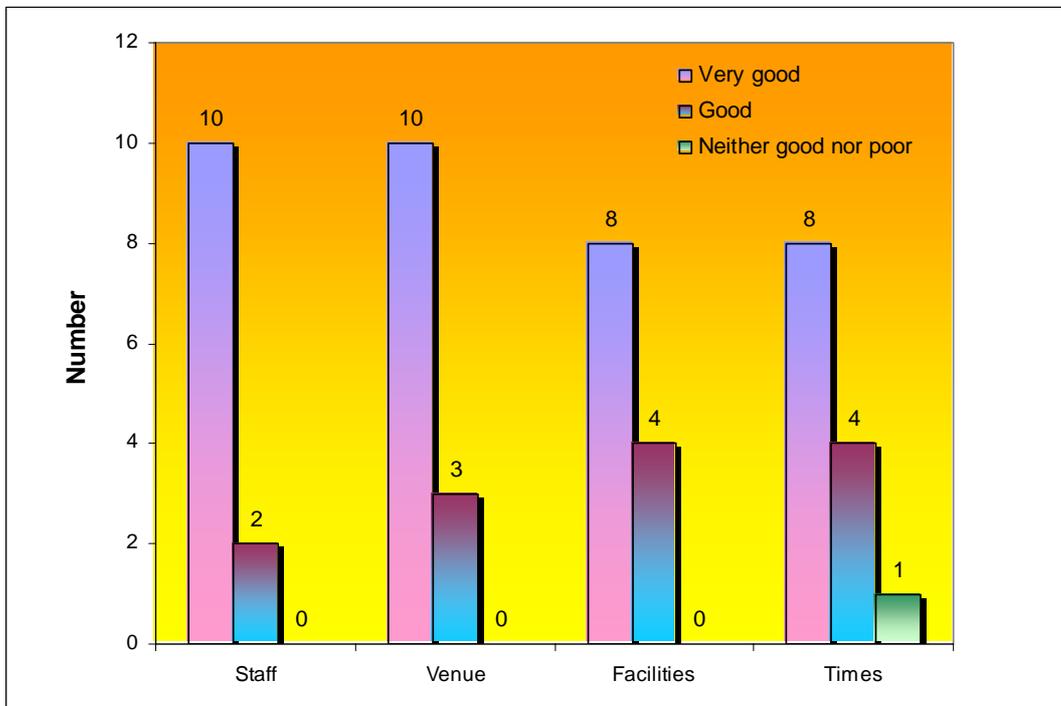
Base 13

Figure 40: Is activity better than what was available previously



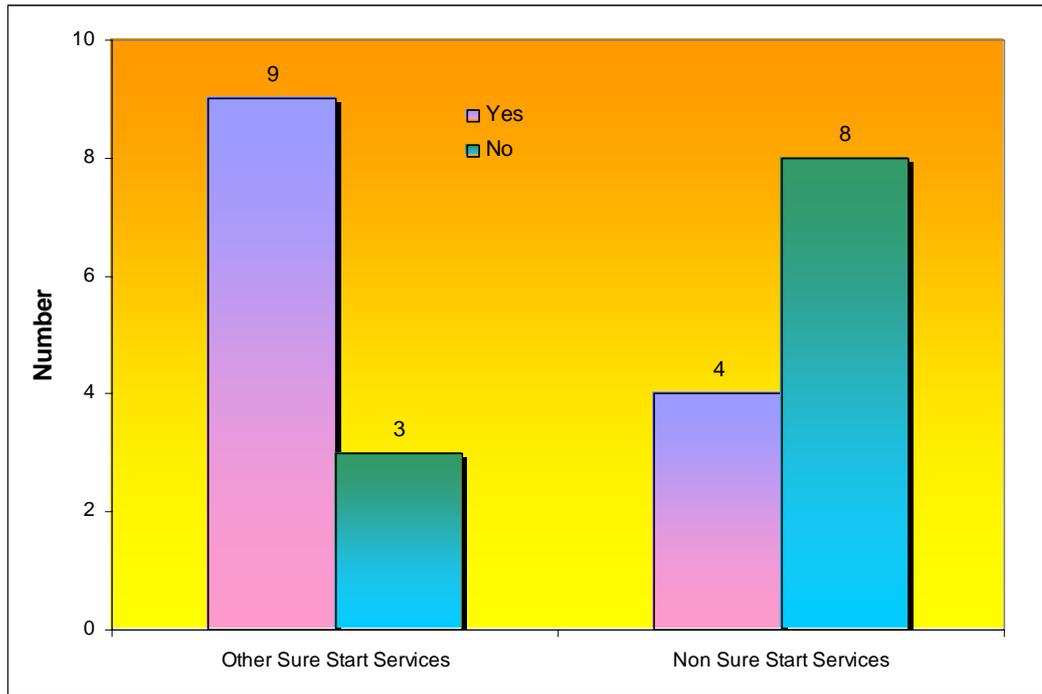
Base 13

Figure 41: Rating of aspects of the activity



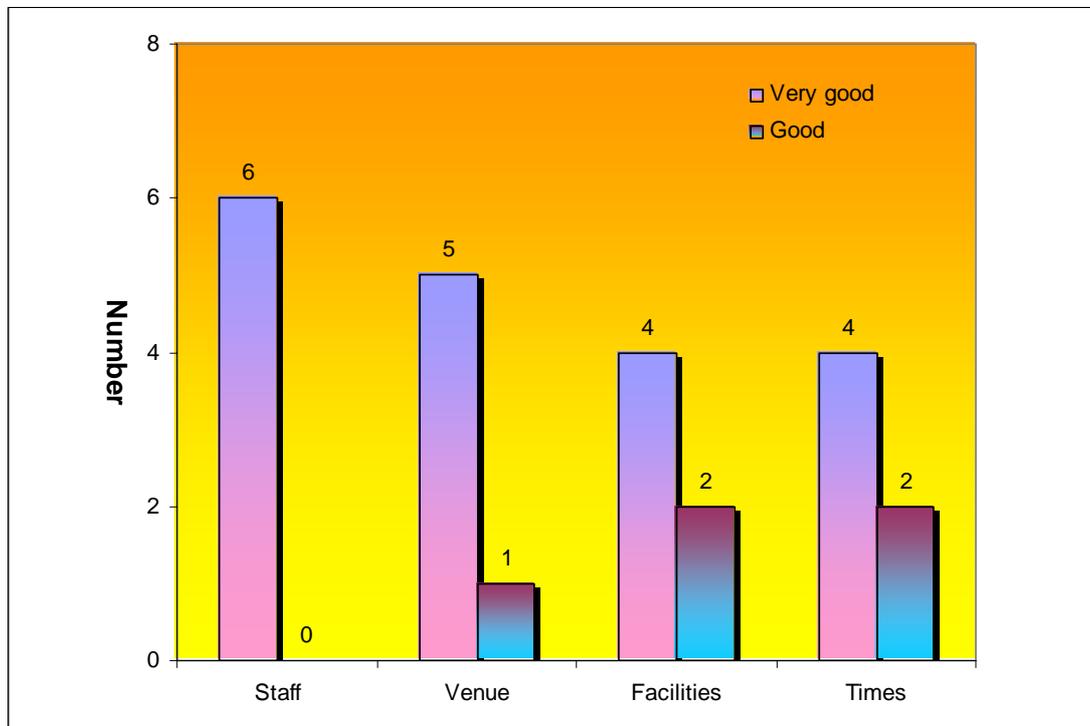
Base 13

Figure 42: What other services do you use



Base 13

Figure 43: Rating of aspects of the training



Base 6

Appendix 2: Tables

Table 1: Awareness and use of specific Sure Start services and activities

Improving social and emotional development					
	Heard of	Use now	Have used	Never used	Might Use
Parenting Skills	61*	1.3	10.4	15.6	11.7*
Mental Health Services	36.9	0	15.4	41.5*	6.2
Social Worker Services	43.1	0	10.8	38.5	7.7
Outreach Team Home Visiting Services	42	2.9	24.6	24.6	5.8
Drop-Ins	37.5	21.3*	30*	10	1.3
Transport	43.4	3.9	28.9	21.1	2.6
Improving Health					
	Heard of	Use now	Have used	Never used	Might Use
Postnatal Depression Support Group	53.7	0	4.5	38.8*	3
Breastfeeding Peer Support Group	58.1*	4.1	10.8	24.3	2.7
Big Talkers	46.7	1.3	12	22.7	17.3*
Little Listeners	43.5	0	1.6	38.7	16.1
Bumps 'n' Babies	53.4	11*	12.3	20.5	2.7
Smoking Cessation	55.7	1.6	4.9	36.1	1.6
Play on Prescription	36.6	8.5	25.4	18.3	11.3
Baby Massage	47.3	6.8	27	10.8	8.1
Brushing for Life	17.2	6.9	32.8	34.5	8.6
Midwifery Services	28.1	1.6	43.8*	18.8	7.8
Health Visitor Services	37.1	4.3	42.9	11.4	4.3
Health Promotion Services	41.7	1.7	16.7	33.3	6.7
Improving Children's Ability to learn					
	Heard of	Use now	Have used	Never used	Might Use
Speech Therapy Services	46.2*	7.7	20	20	6.2
Bookstart Services	41	4.9	18	23	13.1*
Playlink Services	37.7	9.8*	11.5	27.9	13.1*
Portage	23.5	5.9	11.8	54.9*	3.9
Preschool Learning Alliance Services	27.1	0	8.3	52.1	12.5
Crèches	33.3	4.8	25.4*	23.8	12.7
Strengthening Families and Communities					
	Heard of	Use now	Have used	Never used	Might Use
Monthly Events	37.9*	9.1	33.3	13.6	6.1
Newsletter	25	32.9*	35.5*	5.3	1.3
Parent and Community involvement Group	37.9*	5.2	6.9	41.4	8.6
Personal Performance Review for Community Members	25.5	0	0	68.1*	6.4
Parent Representation on the Sure Start Dover Management Board	34.7	2	2	51	10.2
Establish Children's Centres within Dover District	36.7	2	10.2	40.8	10.2
Establish Links with Jobcentre Plus	34.8	0	8.7	45.7	10.9*
Rolling Programme of Community Courses including					
	Heard of	Use now	Have used	Never used	Might Use
Paediatric First Aid	35.3	1.5	16.2*	19.1	27.9*
Basic Food Hygiene	46.4	2.9*	7.2	20.3	23.2
Basic Skills	47.5*	0	5.1	28.8*	18.6

Confidence Building	41.3	0	4.8	28.6	25.4
Fun with Food	45.9	0	14.9	13.5	25.7
Surviving Christmas	40	0	6.2	27.7	26.2

*Highest score for each section in each subsection

Table 2: Satisfaction with specific Sure Start services and activities

Improving social and emotional development					
	Excellent	Good	Average / unsure	Poor	Very poor
Parenting Skills	44.4	38.9	16.7	0	0
Mental Health Services	37.5	37.5	25	0	0
Social Worker Services	29.4	35.3	29.4*	0	5.9*
Outreach Team Home Visiting Services	54.5*	36.4	9.1	0	0
Drop-Ins	34.1	56.8*	9.1	0	0
Transport	45.2	35.5	19.4	0	0
Improving Health					
	Excellent	Good	Average / unsure	Poor	Very poor
Postnatal Depression Support Group	30.8	38.5	30.8	0	0
Breastfeeding Peer Support Group	35	30	25	5*	5*
Big Talkers	37.5	37.5	25	0	0
Little Listeners	20	50	30	0	0
Bumps 'n' Babies	59.1	27.3	13.6	0	0
Smoking Cessation	36.4	18.2	45.5*	0	0
Play on Prescription	30	53.3*	16.7	0	0
Baby Massage	56.3	28.1	12.5	0	3.1
Brushing for Life	52.2	34.8	13	0	0
Midwifery Services	70*	20	6.7	3.3	0
Health Visitor Services	41.2	44.1	11.8	0	2.9
Health Promotion Services	40	35	25	0	0
Improving Children's Ability to learn					
	Excellent	Good	Average / unsure	Poor	Very poor
Speech Therapy Services	58.3	16.7	20.8	4.2	0
Bookstart Services	57.1	23.8	19	0	0
Playlink Services	63.2*	21.1	15.8	0	0
Portage	33.3	25	33.3*	8.3*	0
Preschool Learning Alliance Services	44.4	22.2	33.3*	0	0
Crèches	43.5	34.8*	21.7	0	0
Strengthening Families and Communities					
	Excellent	Good	Average / unsure	Poor	Very poor
Monthly Events	58.6*	34.5	6.9	0	0
Newsletter	43.9	51.2	4.9	0	0
Parent and Community Involvement Group	33.3	41.7	25	0	0
Personal Performance Review for Community Members	16.7	33.3	50*	0	0
Parent Representation on the Sure Start Dover Management Board	28.6	42.9	28.6	0	0
Establish Children's Centres within Dover District	27.3	54.5*	18.2	0	0
Establish Links with Jobcentre Plus	10	40	50	0	0
Rolling Programme of Community Courses including					
	Excellent	Good	Average / unsure	Poor	Very poor

Paediatric First Aid	40	33.3	26.7	0	0
Basic Food Hygiene	35.7	35.7	28.6*	0	0
Basic Skills	45.5*	27.3	27.3	0	0
Confidence Building	40	30	30	0	0
Fun with Food	44.4	38.9*	16.7	0	0
Surviving Christmas	45.5	27.3	27.3	0	0

*Highest score for each section in each subsection

Table 3: Important or very important reasons to use Sure Start Dover by age

%	16 to 24	25 to 30	31 to 35	Over 35
Cost	66.67	84.21	82.35	90.91
Times	90.00	90.00	86.67	72.73
Needs of child	90.48*	95.24	93.75*	90.91
Activities for child	81.82	100.00*	93.75*	100.00*
Learning for child	89.47	100.00*	93.33	100.00*
Staff available	85.71	85.00	66.67	90.91
Information	86.36	95.24	76.47	81.82
Know parents	65.00	47.37	68.75	36.36
Refreshments	55.00	44.44	42.86	45.45
Quality of equipment	78.95	80.00	93.75*	90.91
Sensitive to needs	90.00	100.00*	85.71	100.00*
Difference to child's life	78.95	85.00	68.75	63.64
Advice on development	78.95	95.00	80.00	63.64
Meets my needs	78.95	85.00	75.00	90.91
Gets out of house	70.00	90.48	75.00	81.82
Nothing to do around here	44.44	52.63	66.67	33.33

*Highest score for each category

Table 4: How the individual projects market themselves

	Very well	Well	Neither well nor badly	Badly	Very badly	Not aware
Improving Social and Emotional Development						
Parenting Skills		6			1	7
Mental Health Services		4	1	2	1	7
Social Worker Services#		2	1	2		8
Outreach Team Home Visiting Services	3	4	1	1		6
Drop-Ins*	5	5	1			4
Transport*	5	3	1	1	1	4
Improving Health						
Post-Natal Depressions Support Group#		2	1		1	10
Breastfeeding Peer Support Group	3	3	1			7
Big Talkers	1	6	2		1	5
Little Listeners#		3	3		1	8

Sure Start Dover Local Evaluation: Final Report

Bumps & Babies	2	5	2		1	4
Smoking Cessation	1	4	1	1	1	7
Play on Prescription#	1		4	1	1	8
Baby Massage	3	3	2	1		6
Brushing for Life	5	1	1		1	7
Midwifery Services	3	2	3	1		6
Health Visitor Services	2	3	3	1		5
Health Promotion Services	2	2	3	1		6
Improving children's ability to learn	.					
Speech Therapy Services*	5	3		1		7
Bookstart Services	1	5		1	1	7
Playlink Services*	2	7	1	1		4
Portage	2	3	1		4	4
Pre-School Learning Alliance Services	2	1	2	1	1	7
Crèches	3	4	1	1		6
Strengthening families and communities						
Monthly Events	3	3		2	1	6
Newsletter*	2	6		1	1	5
Parent and Community Involvement Group		6	1	1	1	6
Personal Performance Review for Community Members#			3	2	1	9
Parent Representation on the Sure Start Dover Management Board	3	4	2	1		5
Establish Children's Centres within Dover District	2	5	4			4
Establish Links with Jobcentre Plus	1	5	2	1		5
Rolling Programme of Community Courses including						
- Paediatric First Aid	1	5	2			7
- Basic Food Hygiene	1	5	2			7
- Basic Skills	1	4	2	1		7
- Confidence Building	1	3	1	1		8
- Fun with Food	1	7	1			6
- Surviving Christmas	1	4	1	1		8

Key: *Yellow rows show high scores for well and / or very well, #Blue rows show low scores for well and / or very well.

Table 5: Which services are value for money

	Value for Money	Poor value for money	Unsure / don't know
Improving Social and Emotional Development			
Parenting Skills	8		7
Mental Health Services	8	1	6
Social Worker Services	6	1	7
Outreach Team Home Visiting Services	8		7
Drop-Ins*	9	1	5
Transport	5	5	5
Improving Health			
Post-Natal Depressions Support Group	6	2	7
Breastfeeding Peer Support Group	7	1	7
Big Talkers*	9		6

Little Listeners	7		8
Bumps & Babies*	9		6
Smoking Cessation	7	1	7
Play on Prescription	5	2	8
Baby Massage*	9		6
Brushing for Life	7	1	7
Midwifery Services*	9		6
Health Visitor Services*	9	2	4
Health Promotion Services	4	4	7
Improving children's ability to learn			
Speech Therapy Services*	10		5
Bookstart Services	5	3	7
Playlink Services*	9		6
Portage	8	1	6
Pre-School Learning Alliance Services	7		8
Crèches	6	2	7
Strengthening families and communities			
Monthly Events	2	5	8
Newsletter	6	2	7
Parent and Community Involvement Group	6	2	7
Personal Performance Review for Community Members	3	1	11
Parent Representation on the Sure Start Dover Management Board	6	2	7
Establish Children's Centres within Dover District	6	2	7
Establish Links with Jobcentre Plus	4	3	8
Rolling Programme of Community Courses including			
- Paediatric First Aid	6	2	7
- Basic Food Hygiene	7		7
- Basic Skills	6	1	8
- Confidence Building	5	2	8
- Fun with Food	7		8
- Surviving Christmas	7		8

Key: *Yellow rows show high scores for value for money.

Table 6: Which services will carry on after the move into the Children's Centre

	Yes	No	Unsure / don't know
Improving Social and Emotional Development			
Parenting Skills	8	1	6
Mental Health Services	4	2	9
Social Worker Services	5	2	8
Outreach Team Home Visiting Services	4	2	9
Drop-Ins	4	4	7
Transport	3	5	7
Improving Health			
Post-Natal Depressions Support Group	6	2	7
Breastfeeding Peer Support Group	7	1	7
Big Talkers	4	3	8

Little Listeners	4	3	8
Bumps & Babies	4	3	8
Smoking Cessation	4	3	8
Play on Prescription	4	2	9
Baby Massage	5	2	8
Brushing for Life	5	3	7
Midwifery Services	6	2	7
Health Visitor Services	7	1	7
Health Promotion Services	4	4	7
Improving children's ability to learn	.		
Speech Therapy Services	7		8
Bookstart Services	3	4	8
Playlink Services	7		8
Portage	4	4	7
Pre-School Learning Alliance Services	2	4	9
Crèches	3	3	9
Strengthening families and communities			
Monthly Events		7	8
Newsletter	2	5	8
Parent and Community Involvement Group	6	2	7
Personal Performance Review for Community Members	2	3	10
Parent Representation on the Sure Start Dover Management Board	3	4	8
Establish Children's Centres within Dover District	8		7
Establish Links with Jobcentre Plus	8		7
Rolling Programme of Community Courses including			
- Paediatric First Aid	3	5	7
- Basic Food Hygiene	4	4	7
- Basic Skills	5	3	7
- Confidence Building	4	4	7
- Fun with Food	4	4	7
- Surviving Christmas	3	4	8

Table 7: Degree of influence of Sure Start on partnership working

1	2	3	4	5
A very great influence				No influence at all
	8	5		1

Table 8: Reasons for initial Home Visit

Health advice / information*	10
Post natal depression	5
Advice / information about home safety	7
Advice / information about early learning	6
Advice / information about child development	8
Advice / information about play	7
To hand out a dental pack (toothbrush etc.)	2
Advice / information about dental care	3
Information about local resources for children and families*	12
Advice and information about smoking in pregnancy	4
Advice on how to give up smoking	4

To help them to look after their children	7
To go through childcare issues with father / expectant father	4
To talk to expectant father about ante-natal classes	1
To talk to expectant mother about ante-natal classes	4
To provide Community Member with safety equipment	4
An emergency – Community Member or partner became ill	
An emergency – Community Member or partner had an accident	
An emergency – child became ill	
An emergency – child had an accident	
An emergency – to collect a prescription or medical equipment for Community Member	
An emergency – to collect other purchases for Community Member	
Other practical help – please specify below	9
Other*	10

* three top responses

Table 9: Other things talked about at initial Home Visit

Health advice / information*	14
Post natal depression	12
Advice / information about home safety*	14
Advice / information about early learning	13
Advice / information about child development	13
Advice / information about play*	14
To hand out a dental pack (toothbrush etc.)	
Advice / information about dental care	6
Information about local resources for children and families	13
Advice and information about smoking in pregnancy	9
Advice on how to give up smoking	11
To help them look after their children	10
To go through childcare issues with father / expectant father	9
To talk to expectant father about ante-natal classes	7
To talk to expectant mother about ante-natal classes	8
To provide Community Member with safety equipment	9
An emergency – Community Member or partner became ill	
An emergency – Community Member or partner had an accident	
An emergency – child became ill	1
An emergency – child had an accident	
An emergency – to collect a prescription or medical equipment for Community Member	
An emergency – to collect other purchases for Community Member	
Other practical help – please specify below	9
Other – please specify below	10

*three top responses

Table 10: What was provided at first visit

Advice	7
Practical help / support	
Both	9

Table 11: How useful was the first visit

Very useful / helpful	10
Useful / helpful	6
Neither useful / helpful nor not useful / helpful	
Not very useful / helpful	
Not useful / helpful at all	

Table 12: Were Home Visits Continued

Yes	10
No	1
Sometimes	3

Table 13: Did the reasons for the visits change over time

Yes	7
No	3
Sometimes	3

Table 14: Reasons for continued Home Visits

Health advice / information	4
Post natal depression	5
Advice / information about home safety	2
Advice / information about early learning*	6
Advice / information about child development*	6
Advice / information about play	5
To hand out a dental pack (toothbrush etc.)	
Advice / information about dental care	
Information about local resources for children and families*	6
Advice and information about smoking in pregnancy	2
Advice on how to give up smoking	3
To help them look after their children*	7
To go through childcare issues with father / expectant father	5
To talk to expectant father about ante-natal classes	2
To talk to expectant mother about ante-natal classes	2
To provide Community Member with safety equipment	1
An emergency – Community Member or partner became ill	
An emergency – Community Member or partner had an accident	
An emergency – child became ill	
An emergency – child had an accident	
An emergency – to collect a prescription or medical equipment for Community Member	
An emergency – to collect other purchases for Community Member	
Other*	10

*Three top scoring responses

Table 15: Reasons for initial visit

Health advice / information*	3
Depressed after having a baby	1
Advice / information about home safety	
Advice / information about early learning	
Advice / information about child development	
Advice / information about play	
To get a free gift	
Advice / information about dental care	1
Information about local resources for children and families*	3
Advice and information about smoking in pregnancy	
Advice on how to give up smoking	
To help you look after your children	2
To talk to you on how fathers can help with children	
To provide you with safety equipment	
An emergency – you or your partner were ill	
An emergency – you or your partner had an accident	
An emergency – your child became ill	
An emergency – your child had an accident	
An emergency – to collect a prescription or medical equipment for you	
An emergency – to collect other purchases for you	
Other	2

*Highest scoring responses

Table 16: At the first visit what did the home visitor talk to you about

Health advice / information*	4
Depressed after having a baby	2
Advice / information about home safety*	4
Advice / information about early learning	2

Advice / information about child development	3
Advice / information about play	
To get a free gift	
Advice / information about dental care	1
Information about local resources for children and families*	4
Advice and information about smoking in pregnancy	
Advice on how to give up smoking	3
To help you look after your children	2
To talk to you on how fathers can help with children	
To provide you with safety equipment	1
An emergency – you or your partner were ill	
An emergency – you or your partner had an accident	
An emergency – your child became ill	
An emergency – your child had an accident	
An emergency – to collect a prescription or medical equipment for you	
An emergency – to collect other purchases for you	
Other*	6

*Highest scoring responses

Table 17: regularity of home visits

Once a week	5
Once a fortnight	2
Once a month	
Other	

Table 18: Comparison between reasons for initial and subsequent home visits

Reason for Visit	Initial visit	Continued visits
Health advice / information	3	2
Depressed after having a baby	1	2
Advice / information about home safety*		3
Advice / information about early learning		1
Advice / information about child development*		6
Advice / information about play*		3
To get a free gift		
Advice / information about dental care	1	
Information about local resources for children and families	3	4
Advice and information about smoking in pregnancy		
Advice on how to give up smoking		1
To help you look after your children	2	2
To talk to you on how fathers can help with children		
To provide you with safety equipment		1
An emergency – you or your partner were ill		
An emergency – you or your partner had an accident		
An emergency – your child became ill		
An emergency – your child had an accident		
An emergency – to collect a prescription or medical equipment for you		
An emergency – to collect other purchases for you		
Other*	2	5

*Areas of biggest change

Table 19: How useful were the continued home visits

More useful / helpful	1
Neither nor less useful / helpful	3
Less useful / helpful	3

Table 20: Breakdown of hourly cost per professional

Post	Yearly cost	Hours work per year	Hourly cost
Health Visitor	£34,659	1924	£18.01
Health Promotion Community Worker	£26,630.35	1924	£13.84
Speech & Language Therapist	£17,000	910	£18.68
Speech & Language Assistant	£16,000	1820	£8.79
Midwife	£17,000	1170	£14.52
Midwife Assistant	£16,000	1560	£10.26
Mental Health Nurse	£5,300	260	£20.38
Community Support Leader	£27,654.70	1924	£14.37
Community Support worker	£11,217	1092	£10.27
Community Support worker	£13,564	1274	£10.64
Community Support worker	£8,384	780	£10.75
Community Support worker	£9,974	962	£10.37
Community Support worker	£12,444	1170	£10.64
Community Support worker	£10,122	962	£10.52
Playlink Worker	£9,400	1014	£9.27

Table 21: Unit cost per visit per professional

Post	Hourly cost	Hours allocated per visit	Visit unit cost per visit
Health Visitor	£18.01	1.5	£27.02
Health Promotion Community Worker	£13.84	1.5	£20.76
Speech & Language Therapist	£18.68	1.5	£28.02
Speech & Language Assistant	£8.79	1.5	£13.19
Midwife	£14.52	1.5	£21.78
Midwife Assistant	£10.26	1.5	£15.39
Mental Health Nurse	£20.38	1.5	£30.57
Community Support Leader	£14.37	1.5	£21.56
Community Support worker	£10.27	1.5	£15.41
Community Support worker	£10.64	1.5	£15.96
Community Support worker	£10.75	1.5	£16.13
Community Support worker	£10.37	1.5	£15.56
Community Support worker	£10.64	1.5	£15.96
Community Support worker	£10.52	1.5	£15.78
Playlink Worker	£9.27	1.5	£13.91

Table 22: Total Costs per month of visits per professionals

Post	Visits per month	Unit cost per visit	Total costs per month
Health Visitor	47	£27.02	£1,269.94
Health Promotion Community Worker	11	£20.76	£228.36
Speech & Language Therapist	9	£28.02	£252.18
Speech & Language Assistant	52	£13.19	£685.88
Midwife	2	£21.78	£43.56
Midwife Assistant	15	£15.39	£230.85
Mental Health Nurse	9	£30.57	£275.13
Community Support Leader	5	£21.56	£107.80
Community Support worker	32	£15.41	£493.12
Community Support worker	34	£15.96	£542.64
Community Support worker	12	£16.13	£193.56
Community Support worker	26	£15.56	£404.56
Community Support worker	30	£15.96	£487.80
Community Support worker	44	£15.78	£694.32
Playlink Worker	0	£13.91	£0
Total	328		£5,909.70

Appendix Three: Specific Comments Made

Comments 1: Comments made about satisfaction with services and facilities in general in the Dover area for under 5's

Respondents made the following comments:

Positive

- Several facilities in Dover area for under 5s and playgroups
- Sure Start provide a lot of help for parents and children
- Since Sure Start began the services and opportunities have been great - more to do, more available
- Plenty of good parent toddler groups, breast feeding support group which I attended with both my children. Good parks. A number of good nursery / play schools
- Great support from Sure Start, Health Visitors & Public Library
- Every time I have used a service it has been efficient and of good quality
- Most of the services are satisfactory for my needs
- There are quite a number of facilities located in different places in Dover allowing everyone to take part and the prices, if payable, are very reasonable
- Satisfied with services Sure Start offers
- Plenty going on but I don't take advantage of it due to other children
- Plenty going on but I don't take advantage of it due to other children - repeat
- Now with Sure Start there's plenty and my kids are now too old. My youngest child will be 5 in November
- I am very satisfied as I find there are many services with you.
- Mother and toddler groups
- You can meet new people. Children can meet others. Myself and my children like coming to these groups the people there are kind, friendly and very welcome. Which we both get a great deal out of.
- Sure Start have many activities and I have attended a few, all have been enjoyable and informative.
- Sure Start offers lots of different activities.
- For what services I have used I am satisfied.
- I am happy with facilities that my family requires.
- My daughter is only 4 months old so I am still discovering what is available and what is best for her and me.
- That I am very pleased since Sure Start started more parents have many things to do with their children - and don't feel alone because you make friends.
- Plenty of groups to join if you so wish. Support at Sure Start very good.
- Very good play area for under 5's within 2 minutes walk. New community centre with lots on offer every day 15 minutes walk away. Plenty of large parks and a leisure centre. Excellent children's library. Mini link bus service.
- I am very satisfied with the services that Dover provides for under 5's because there are lots of activities and help for them.
- There are getting more things to do in the area for young children.
- I think there are some lovely groups around for children under 5. My daughter enjoys herself at group we go to. I get to meet some nice new people.
- Because the shop, park and field are near to me which helps me out with me being a single mum of two under 5.
- There are more things to do with them and there is help out there if you need it.

- My child attends a lovely playgroup.
- Because they have lots of things for kids in Dover.
- Quite a lot on offer. Toddler groups have been of great benefit.

Neutral (positive)

- There are several playgroups, the library do things, there is also a Kid's Safari play park and good parks i.e. Kearsney etc. There could be another place like Kid's Safari closer to town!
- Sure Start make more activities for children. If we didn't have them there's not much else in Dover.
- Satisfied because there is a lot on offer. Dover library and museum lots of 'do' days and give information out on oncoming events. Sure start also offers lots of fun and opportunities. Health services are good the only down side is not having a proper hospital.
- I feel there are a range of activities that the under 5's can do, although they do all come with a price.
- I'm pleased with St Andrews playgroup where my son goes, however I don't really know about any other schemes. I have attended Play on Prescription, but I only found out about it as I work at Dover Leisure Centre. The few toddler groups I found I couldn't attend as my eldest son was too old to attend.
- Good indoor play areas such as kids safari etc but more outdoor play area's / activities would be appreciated
- What is actually available is quite good, but there's not too much choice. i.e. most groups etc. seem to be in the afternoon / lunch time, not much available in the mornings
- I don't think there is much for children under 5 but Sure Start trips etc. are very good
- Until Sure Start came to Dover unless you have a car or money there's not a lot for kids to do.
- I don't think there is much for children under 5 but Sure Start trips etc. are very good
- What is actually available is quite good, but there's not too much choice. i.e. most groups etc. seem to be in the afternoon / lunch time, not much available in the mornings - repeat

Neutral (Negative)

- There is the swimming pool and jungle world up Whitfield but both needs car to travel there and I think that we need more closer and not too expensive with 2 children a day out is too much to spend
- There is enough to do but days are difficult because of other commitments and I am shy so feel uncomfortable and unwelcome meeting new people.
- There are a few things to do.
- Apart from the parks or Kid's Safari, there is nowhere you can take under 5's.
- There are a lot of places for children to go and things to do for them without it costing. I've found or tried to find something to do for one of mine who has a lot of energy but can't find a lot about Dover
- Because there's not a lot for them. They've got parks but all the older kids go in them and wreck them so there's not a lot left for them to play on.
- I'm in between satisfied and dissatisfied I tend to take my children to Folkestone or Deal more than Dover for activities.

- More morning activities (especially) indoors because my preschool is only term time Mon, Wed, Fri, and kids need stimulation all the time
- Don't know of any football clubs for boys in Dover. I know of one gymnastics club and one dance club for girls which my daughter would love, but am told she is too young

Negative

- Indoor play area (Kids Safari) is too expensive and play areas outdoors need improvements:-litter, dog mess are problems
- I'm dissatisfied with mother and toddler groups around this area as it has not got any structure to it. Its very laid back
- Not enough activities for younger children due to lack of staff to look after them
- My son started school last year at just turned four and there are no after school clubs for him to start until he is five or six and none are listed either so I didn't know of any he can go to
- There are no places to take them for a day out.
- There isn't enough reasonably priced childcare available.
- Not much to do especially in the summer holidays.
- There is little to do and time and money are a big issue.
- There aren't any decent parks or areas for them to play.
- There is hardly anything for younger children that doesn't cost any money.
- It was very difficult getting information and addresses of all toddler groups in Dover. Also one Sure Start group was not catered to the standard of which they said (Churchill's).
- There isn't much to do as a single parent with 2 children it gets very expensive to go places.
- The parks in the Dover area do not cater for my son's age group. Pencester has drunks in the park so that it's unsafe. Ball park Whitfield is too far to go so there is nothing in Dover.
- Trying to find out about clubs for the kids, no information around Dover.
- There needs to be more baby related services and facilities.
- If you are not living in the right area you cannot access any Sure Start activities. Parks are unsafe and dirty. Playschools are over crowded and too expensive.

Comments 2: Comments made about what the area is like to bring children up in.

Good

- My area is nice and quiet
- It is good for facilities
- The area is OK
- I've always lived in this area and have always been very happy here.
- I like the fact that Sure Start are making it more fun for children under 5.
- Local to all services.
- Dover is fairly quiet and trouble free although community spirit is lacking.
- St Radigunds has only just started getting on their feet, with the new community centre many other people will enjoy it. I am very lucky I have a car and I can get to other venues.
- We moved from London 5 years ago we feel Dover is a much nicer place to bring up our children.
- Good community services, good transport system.

- Generally a good area accessible to play areas safe walking schools and friendly people.
- Its in walking distance of things.
- Quite quiet
- It's a nice enough area with plenty of facilities but not enough freedom.
- I live in a lovely quiet area and my child can play with her little friends without too much cause for concern. All the neighbours look out for each other.
- We are lucky that we are near the seaside and near the country with several parks close by.
- It's not bad for the area I live in we all want better for our children.
- I am satisfied that I live nearby a good school i.e. Whitfield, and a good playgroup.
- The area is kept quite clean and tidy.
- Sometimes it's safe, it has nice people.
- Fairly safe most places are within walking distances.
- Have always lived in this area so feel it is a good place to bring up children

Bad

- It is full of drunks and people using drugs and have lots of speeding cars
- There is not enough for people to do with children without paying the earth
- Close to town but has a rural feel road is a bit dangerous no crossing to get to play area
- There is not enough activities for children to do
- Too many youngsters hanging about as they have nowhere to go
- Not many open spaces to play within easy walking distance
- I love where I live I just wish people wouldn't use it as a party zone and race track
- Don't like it, nothing for children to do
- Dirty. Can't park our car outside with people taking things off it.
- There is good and bad everywhere, sometimes you have to be choosy as to where you go that's all.
- Dover is like anywhere else in the south east; there is always room for improvement.
- Its all focused on children aged 10+
- I think that there's nothing here for kids of any age and I am hoping to move out of Dover soon.
- I feel it is run down and neglected, as there are no local parks etc.
- Not bad, local parks could do with some work, other than that, not bad!
- A quiet area but not enough open spaces.
- Dover does not have as much to offer as other towns
- There is nowhere for the children to play safely apart from their gardens.
- Although close to local amenities and local schools it can be very isolating.
- The two parks in the area are very dirty.
- Dover has gone downhill, too much crime and drugs, there needs more to do be done to help people with drugs.
- Very run down area, drugs, and badly behaved children - horrible.
- There are not enough places to take them to have fun in a safe environment. I feel that although 'kid's safari' is a lovely place for children it is expensive. The few parks in the area are not well suited for under 5's. In many cases are unsafe or unwelcoming. Transport can be another problem, buses are awkward if you need to use a buggy and have to take more than one child. I have often felt unwelcome and intimidated by drivers and passengers

- because I can't quickly get on and off the bus with a buggy. Taxis are out of the question as I don't like to travel in a car without seats for the children.
- We have a park on the Buckland estate, but wouldn't take my children there after the school's finished due to language and generally nasty behaviour by the older children.
 - There is no garden where I live for my son to play in.
 - Dislike very much (want to move) parties, police, drugs, noise all the time. Elder children swearing etc.
 - Difficult because being so high up without a car lots of hills and steps, unable to get a pram on mini link buses. Lots of disadvantaged families and therefore local school not suitable as the children have so many problems.
 - You feel a bit uneasy.
 - Dover should be cleaner.
 - It's a confined space with no main area to make a large social group.
 - A lot of teenagers in my area, rubbish all over the streets, drug dealing in my neighbourhood. A lot of anti social behaviour. Nowhere safe to play. Not having my own garden.
 - Marjan close, Dalmatia court is full of drug dealers and alcoholics who swear at the kids out of the windows of their home.
 - Good for young children under 5 but not much to do for children to do 5 to 16 year olds.
 - Too many 'funny' people around.
 - This area is unsafe, and no one should have to bring up a child. Our estate is the worst in Dover, and the council put us here.
 - Good school nearby but no park facilities.
 - It is over crowded. Parks are vandalised and dirty. People have no respect for anybody or anything.
 - For my children things are fine. But for other children in our area I think children and family care workers and social workers could take a greater role and support families for longer periods not just when families are at crisis point.
 - Not happy with the state of the area due to older kids behaviour

Comments 3: Comments as to reasons why they use Sure Start

- I have not used Sure Start very much because of having two children but when I went on an outing they were very helpful and found a spare space for my mum to go and help me, but I was offered a walk around the park with the leaders of Sure Start so they could help as both of my children are young I found that excellent
- Gives me and my children a chance to do other things and meet new people
- I'm not using any services at the moment but if they had first aid etc. I would like to know and study it
- I have never used Sure Start apart from Big Smiles visit at home which I really enjoyed.
- Gives me chance to expand my social network as not from Dover.
- I could have used Sure Start a lot more but I found it 'cliquey'. Being shy and introverted found it easier to stay away. But on a one to one basis I have found the majority of the staff extremely helpful.
- My friends and family have school age children so I need my child to mix with younger children and need to meet other mothers and share experiences.
- It is nice to go to a place that has so much available under one roof. But some things are confusing as to how different they are, when they can all entail the same facilities.

- Very helpful and full of advice.

Comments 4: Reasons given for not using Sure Start

- I have two different age children and some of the services don't suit both ages, but now my 3 year old has started playgroup I may start going to toddler group with my 1 year old, if it is the right times to find new friends for both of us
- One time I missed the bus for a trip but I didn't get my money back
- My husband and I both work full time
- Previously have moved and when needed help for travel was no good. Also at home I have all the facility for my child just like playschool. I amuse my child with activities like my mother did me. Also my child suffers from fits
- Morning events always interrupt baby's sleep routine and lunch events seem to coincide with school half days at the moment
- Spend a lot of time with family members and their young children
- Both of my children now go to school. If I had known of the services when they were younger I would have used them as they would have enjoyed the activities. If there are any outings when they are on holiday from school I would like to know and would go along to them
- Trips etc. did not return on time for me to collect other children
- Work part-time but always very busy just never got round to using service as much as I would like to.
- I would like to do more but time is against me. I have a 3 year old who attends nursery and finishes at 11.30, so I cannot attend lunch club like I would like to, could things not be on other days or times.
- Haven't had time.
- I think Sure Start shouldn't use 4 as an age cut off. What about other ages!
- I haven't heard of many of the services they provide, plus two of the courses I was due to go on were cancelled.
- Shame Sure Start will end soon as they help new mothers ease the stress of bringing up children etc.
- I do not use the services as much now as my 4 year old is now at full time school.
- I don't really know what's available and where.
- My daughter is 4 and 'too old' for Sure Start it would be better if the age was raised to 5 or until they started primary school. Sure Start do allow you to use their services but I feel guilty as I know she has gone past the 'cut off' point.
- I cannot really comment as I haven't really been to see you lot.
- The courses I'm interested in are on when I work.
- Bumps and babies 6 months ago didn't like staff.
- Not aware of forthcoming events so unable to attend.
- More suitable times or varied times.
- Feel an idiot going on my own and not knowing anyone else there.
- I've not needed them, if I need to use them I will.
- None of the above.
- My daughter loves going on trips.
- I would like to do more, I turned down a few things because at the time my son was not very old, but he's at a good age now.
- I would like more information sent out to me about courses please.
- If you have one child at school it is difficult to get to the activities as you have to leave to pick other child up.
- Work part time.

- Did work part time so did not fit in with life. Have found other activities with friends but still enjoy looking through newsletter to see if there is something I might be interested in

Comments 5: Further comment in terms of their 'rating' of Sure Start Dover

- We went to Triangles open day and looked around and if I had the money I would love to send my children to the playgroup. Staff great, building amazing, overall brilliant
- Times most things seem to be on in the afternoon when I work
- Don't attend any Sure Start places
- I have only used the drop-in at Powell School, which was really good, so cannot comment on the above - sorry
- I've spoken to my sister Tina who took her younger children there and found it quite good and staff were very friendly
- My child goes to pre-school nursery every day whether it be a morning or afternoon, so some of the activities would be on days we could not attend. But I can't wait to come and see you all.
- Parent and toddler / Playlink / big talkers / play and stay / drop-ins. could all be combined together until the groups become bigger.
- Am not good with lots of people.
- I've not been to Sure Start new building.
- What I've seen has been very little but I've heard a lot of good from Sure Start.

Comments 6: Comments about move to Children's Centres

Reasons why things will improve when move to Children's Centre:

- No I think they have thought of it all transport is great for winter and people who find it hard to get around
- As long as Sure Start are aware of people's lack of transport (which they are)
- Install lifts at triangles for mothers with prams
- More information of transport facilities
- Wider publicity
- Continue with transport facilities
- Advertise in local free papers - raise awareness to other parents
- Send more information not just once every couple of months.
- More for 5 - 10's to do - small after school clubs and affordable prices.
- Walking bus (depending on weather)
- Unsure what children's centres are.
- Keep transport so people do not get isolated.

Reasons why things might be worse when move to Children's Centre:

- Community centres are good for local community easy to get to. Not sure how far away a children's centre would be.
- Quite far away for families without transport.

Comments 7: What services they would like to see in the future

- My son is 4 1/2 now and commenced school. It would be good if another group could be set up for say under 7s for holiday weekends
- More day care and after school clubs
- Potty training course

- Dads more involved perhaps some sponsored events to involve community
- Groups for the older first time parent
- More special needs help. EG physiotherapy and occupational therapy
- After school clubs or a list of them to come out with the newsletter
- Exercise based where parents get involved in P.O.P
- My partner often feels left out as not many other Dads attend things. He would do more if more men attended
- More day trips for children, as not everyone can afford to treat their kids. Other Sure Start trips have been excellent
- Extension of the children's age from 4 to 6. As I said there is not a lot to do with kids in Dover unless you have money. E.g. trip to the castle 2 adults and 5 kids £26 2 years ago without food drink or gifts. Sure Start was great for my youngest child. We have enjoyed Teddy Bears picnics and other days out. It was great to be able to join in, it's a shame the Sure Start is only for kids aged 0 to 4. We've had hours of fun and will miss some of the Dover staff. thank you for everything
- More day trips out to places that 0 - 4 year olds would enjoy e.g. zoo's, farms etc.
- After school clubs for older children between 5 - 8 year olds.
- I think that Sure Start offer great deal of services to this area and do make a difference especially with health related issues.
- More things for under 5's, more things for Dad's and young Dad's.
- Crèches for working Mums, at flexible times.
- Things for older children.
- More trips to places of interest.
- Walk in doctors / nurse - for simple problems such as bumps to head etc.
- More courses to improve ourselves.
- Any children's sporting activities / fun days including trampolining, football, dancing, gymnastics etc.
- Activities for 4 year olds Triangles Children's Centre has a rainbow for 5 year olds, crafts for 6 year olds but there doesn't seem to be anything after school for 4 year olds to join into.
- A decent swimming pool for children under 5, we have to travel to Canterbury. Dover is rubbish - nothing there. More activity centres for children 5 and under i.e. like huff and puff's, kids safari is too small.
- Swimming lessons at local leisure centre could be cheaper through Sure Start.
- A list of all mother and toddler parent groups to parents. A list of all nurseries to parents. Leaflets at the hospital and with midwives for mothers to be with information on breastfeeding / lunch and bumps and babies.
- More activities for dads and babies and toddlers.
- Am due to have a second baby, I think there should be groups which could combine having a toddler and a new born. I recently went to bumps and babies, although staff were very lovely and welcoming to me and my daughter I felt as though she shouldn't have been there as she is active and I had to be extra vigilant that she didn't knock a younger baby. I was asked to leave my daughter next time. So a group that could combine the two would be better for me and more convenient than trying to find baby sitters for different groups.
- Some sort of 'tumble - tots' with gym type equipment to encourage older babies and toddlers to be active / sporty.
- More facilities / activities for the older child / children i.e. teenagers.
- Maybe some thing after school for the ones who just started school 5 years old.
- A service which can cut children's hair at a discounted cost.
- More activities for young children. Maybe start a local football team?

- To learn 9 - 12 months right from wrong.
- More pick up points as walking to Buckland and St Radigunds is very difficult as I suffer from back problems and have to push a pushchair. Other than this one problem Sure Start workers have been excellent, well done and keep up the good work.
- A safari park (Kids Safari) type place in central Dover.
- More parenting skills groups. But advertised as behavioural management. So people will see it as building on existing skills and not a criticism of their parenting skills. Maybe groups with 20 minutes parenting skills and 20 minutes first aid.
- Activities for families with older children as well as 0 to 4
- A place like 'Huff & puff' in Folkestone as it caters for all ages 0+. The only similar service we have does not cater for the smaller children