

Rotherham District Sure Start Rawmarsh

Annual Evaluation Report 2004 - 5 (Year 4 - 5)

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Executive Summary

As external evaluators to the Rawmarsh Sure Start Local Programme, Cordis Bright were commissioned to undertake the evaluation of the programme in 2004/5 looking, as before, at progress in three dimensions: strategic, operational and client. Having already evaluated the programme in previous years Cordis Bright were asked to compare results for 2004/5 against those for 2003/4. They were also asked to undertake a spotlight evaluation of the Rawmarsh Baby Doll Project which, together with CHAT (Confidential Help and Advice for Teenagers) which was spotlighted last year, forms the basis of the programme's interventions to reduce teenage pregnancy in the area.

As in previous years a Community Survey was undertaken by local parents who had been trained as surveyors by Cordis Bright. The Community Survey Questionnaire broadly asked the same questions as the previous year as well as some specific questions about the Baby Doll Project. The results were very similar to previous years with parents being mostly satisfied with services delivered by the programme but expressing some concerns as to whether the programme is reaching working parents, fathers and residents of Sandhill.

The question of Reach was also explored in the Operational dimension with providers as it had been highlighted the previous year. According to Providers some progress has been made but in the Strategic dimension the Programme Manager also commented that it remained a priority to be addressed.

At an operational level two other themes highlighted the previous year were evaluated: information sharing and co-ordination of services. In both of these areas progress had been made but it was acknowledged that further work is needed if clients are to be offered a truly seamless service.

The Programme Manager is now spending a much greater proportion of her time on the mainstreaming agenda of the programme linked to the development of Children's Centres and to the recommendations of Every Child Matters. The programme has achieved well against some of its outcomes and knows in what areas it still has work to do and the evidence it can produce to evidence this will be key in the mainstreaming of services.

At a strategic level there is still work to be done in terms of the governance of the programme Board particularly as it moves on to

becoming a Children's Centre Board but this is already being planned and the membership of the Board has proved itself to be effective in decision making and highly supportive of the Programme Manager.

The spotlight evaluation of the Rawmarsh Baby Doll Project shows it to be a valuable and cost effective service which is well thought of locally.

In conclusion the Rawmarsh Sure Start Local Programme is a well established, well configured and managed programme which delivers effective preventative services to families with young children living in the area and is well placed to take up the challenges of the Children's Centre and Every Child Matters agendas.

Introduction

The Sure Start Rawmarsh Partnership has commissioned Cordis Bright to evaluate its progress since its 2003/4 evaluation. This evaluation assesses the way the Partnership is impacting on meeting the needs of local parents and their very young children and in responding to the wider government agenda particularly since the programme's base became one of the first Children's Centres in the country. Cordis Bright has applied an evaluation methodology that emphasises the value of *empowerment* of the local community within the evaluation. Empowerment evaluation is about evaluating initiatives that focus on more than the delivery of services. That is, initiatives that are also concerned with empowering individuals and transforming local communities. The common feature of these programmes is that they are medium to long term interventions and aim to encourage self-sustainability.

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

The Client Dimension

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

The Operational Dimension.

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

The Strategic Dimension

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

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

Methodology

The evaluation methodology comprised:

- An interview with the Programme Manager exploring areas of achievement and areas for improvement for the programme using the Self-Assessment format (Appendix 1)
- A facilitated service provider forum event to explore whether issues for concern and celebration which were highlighted in last year's report have undergone any change over the last year using the forms (Appendix 2)
- Questionnaire analysis involving seven service providers within Sure Start Rawmarsh (Appendix 3)
- A questionnaire was designed (Appendix 4), in partnership with 8 local parents and programme management, to assess the satisfaction with, and impact of key areas of programme activity. This enabled a parent-led interviewing process of local parents during the period October and November 2004, with interviews conducted with 139 parents of young children living in the Sure Start catchment area, representing about 12% of families with young children that live in the area.

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

- Interviews were conducted with the providers of the particular service under spotlight ie. Baby Doll Project.

Strategic Dimension

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

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

- Local parents and other organisations are aware of the programme and what it offers
- The Management Board is empowered to work strategically and has appropriate arrangements in place for effective governance
- The Management Board comprises an appropriate membership to deliver on targets which includes local parents
- The programme services reach those who need them most
- The lessons learned from Sure Start Rawmarsh are reshaping service delivery and the programme has effective links with wider local strategic fora
- The programme has effective systems in place to ensure quality of service delivery
- The programme can effectively monitor outcomes and thereby evidence good practice
- The Management Board effectively manage resources to ensure that it delivers cost effective services
- The programme benchmarks its achievements and keeps abreast of emerging best practice models
- The programme has effective links with mainstream service agencies and other area based initiatives

Communication and Publicity

In the first year of the programme there was a major awareness raising publicity campaign with advertising on local buses however this has lessened as the programme has established itself.

Timetables for programme services are displayed everywhere in Rawmarsh and posters are also displayed advertising particular events.

For a while the newsletter was produced by parents but, due to individual circumstances of those parents involved in its production, there were problems and so the programme staff have taken back responsibility for this and it is once again being produced and distributed to all registered families on a regular basis.

The Programme Manager is aware that there is still some need for awareness raising particularly to dispel the myth that Sure Start is 'only for poor people' and the programme is planning to reassess its communication and publicity strategy.

Governance

At Board level the Programme Manager feels that more work needs to be undertaken with Board Members regarding their roles and responsibilities while recognising that for many there is a real overload now that they sit on all three Sure Start Management Boards in the area. Some of this work is already planned.

The Programme Manager rated the Board as very good at decision making and at supporting her.

There has been little change in the make-up in terms of agencies represented on the Board but new people have joined as representatives.

User involvement

This is another area that the Programme Manager felt needed developing although there is both a parent Chair and Vice Chair on the Board and two new parent members have recently joined.

The sub groups work well and have good parent participation as does the Parent Panel.

Reach

The Programme Manager is aware that because the programme has no centre in Sandhill they are still not reaching parents there as well as in other areas of Rawmarsh.

The Programme plan to look at take up more closely and try and look at a fairer distribution of services across all parents.

Partnership working

The move towards Children's Centres has improved partnership working as the Sure Start objectives and those of Every Child Matters are now shared by all partners.

The partnerships with Health and the Voluntary Sector were highlighted as being particularly good. These are evidenced by the improved take up of the Community Clinics and Speech and Language Service, joint training and the provision of crèches by Sure Start to facilitate parental attendance at services.

Quality Assurance

No particular framework is used by the programme although its childcare is regulated by Ofsted and health services by the professional bodies for each service.

Council procedures are followed in respect of complaints and for equal opportunities, bullying etc.

The Programme Manager reports that no quality concerns were raised over the last year.

Outcome measures

The appointment of an Evaluation and Monitoring Officer working across all three programmes in the borough will be key to improving measurement of outcomes and of making best use of the data available to the programme.

In terms of successes the programme has had a dramatic effect on teenage pregnancy rates this year with no conceptions last year. There is now no waiting list for Speech and Language Therapy Services and a reduction in new referrals of older children due to children being

referred at an earlier age through Sure Start. Breast Feeding rates have also increased.

However, although Sure Start have tried to recruit a female mental health worker to address Post Natal Depression, they have been unsuccessful.

The Programme feels that it knows what it needs to measure and where it is achieving and where not. The new appointee will be responsible for doing this.

Resource planning

The Programme has a commissioning strategy which is linked to its priorities and the way it commissions services is flexible enough to allow reinvestment elsewhere when services are not delivering against outcomes or gaps are discovered. This is best illustrated by the use of monies previously spent on Home-start and a School Nurse Adviser being re-directed to midwifery when the programme realised it was not delivering adequately pre-natally and to babies.

After two years the Co-ordinator left and the programme which by that time was well established in terms of service co-ordination decided that the money for that post would be better spent on Outreach and therefore developed two new posts.

Similarly the programme has looked at multi-skilling of Health Visitor posts to address particular issues and at splitting posts.

Benchmarking

The Programme is in close contact with the two other programmes in the borough and the Programme Manager attends Sure Start regional meetings to keep abreast of what other programmes are up to.

The Programme Manager is part of the planning team for Children's Centres across the borough and is therefore aware of what will be happening in terms of their services.

Consultation with parents is continual and parents are vocal about what they do and do not like. The take-up statistics for different services are another useful measure of opinion of services.

The programme staff feel they know what services are in Rawmarsh and are working collaboratively with most of them.

Mainstreaming

Next April the programme budget is due to be cut by £200K and the Programme Manager is therefore actively looking at integrating services as part of the Children's Centre core offer.

She is also in the process of putting together a four year plan together with the Nursery Headteacher which looks at what services can be continued in house and which will have to be outsourced.

The Programme Manager estimates that this element of the strategic management of the programme now accounts for up to 60% of her time.

The Programme Manager rated the programme's performance in all of the above areas and this is shown below.

Table 1: Programme Manager assessment of key areas

AREA	RATING (1 = Poor 10 = Excellent)
Communication and Publicity	8
Governance	6
User Involvement	8
Reach	6
Partnership Working	7
Quality Assurance	8
Outcome Measures	9
Resource Planning	8
Benchmarking	8
Mainstreaming	6

Observations and opportunities

Based on this self-assessment it would seem that the key areas which the programme needs to address at a strategic level are governance, reach and mainstreaming.

It is good to know that work with the Board and staff team is already planned, the Programme Manager is still actively looking for premises opportunities in Sandhill and that she is now spending over half her time looking at mainstreaming which is a priority for the programme before the budget cuts take effect.

The question of reach is echoed by the Community Survey and the programme also needs to look at how they reach the other two key groups identified: fathers and working parents. Reach is also explored in the Operational Dimension of this report.

Operational Dimension

At the heart of the Sure Start programme is the aim of reconfiguring how organisations work with each other and how these organisations deliver services to clients, so that all parents and their very young children are capable of accessing the services that they need in ways that meet their needs. In the 2003/4 evaluation report it was noted that the following issues were hampering this:

- ❑ A lack of co-ordination in the provision of services by some of the providers involved in the programme
- ❑ Some breakdowns in the sharing of information between service providers
- ❑ A lack of service provision in certain areas of Rawmarsh i.e. Ryecroft, Sandhill and Rosehill

While one of the most notable successes of the programme was the drastic reduction in waiting times for referral to services.

Co-ordinated service provision

Service providers felt that this had improved because, through training, people working within the programme had been made more aware of what each service offers and how important it is to co-ordinate service provision and this had resulted in much greater parental take-up of training courses in particular the breastfeeding peer counsellor course.

This is borne out by the results of the community survey where 16% of respondents said they had been referred from one Sure Start service to another with Health Visitor being the most frequent source of referral (43%) and the list of services referred to being extremely diverse.

Waiting times for referrals

Last year service providers identified as a key programme strength the speed of referral processes. Most felt that there had even been an improvement in the last year. The appointment of the Outreach Team Co-ordinator was seen as being a key factor in this improvement as had the provision of new and additional services such as the Breastfeeding group.

Only 13% of respondents to the community survey responded to the question about satisfaction with waiting times and of these only 10% were 'unhappy' with the majority (57%) being 'very happy'.

Information sharing

There was a wide difference in the opinions of service providers as to whether this had remained the same, improved a little or a lot. Those who felt it had improved attributed this to the Outreach Support Officer and the fact that the programme now has more Parent Link Workers.

Reaching hard to reach groups in all parts of Rawmarsh

Again there was no agreement about whether this had improved a lot, a little or had remained the same. However it was noted that the Play and Learn Bus now visits Sandhill and new groups have been set up or existing groups transferred to Rosehill and Ryecroft. This has resulted in an increase in referrals from these areas. 30 or 21% of the respondents to the community survey were from the Sandhill area. 23 or 16% of respondents to the community survey were male and the same amount were lone parents.

However one provider commented that:

'A third base at Sandhill has still not been found. This would improve our provision if we had a base in that area as we are still not meeting the needs of the families in that area, due to the distance to our other two bases from there.'

Quality of service- a service provider perspective

Providers were also asked to identify in their professional experience, their view of the overall quality levels of service that Sure Start families are likely to receive. Service providers had been working with Sure Start Rawmarsh between three months and four years.

Table 1: Quality of service overall- a service provider perspective

Aspect	Response
Waiting times	0-6 weeks
Average number of referrals per month	5
Appropriateness of referrals	Mostly or always appropriate
Direct contact with families	5-70% of working time <i>(all said this was sufficient)</i>

Service providers were also asked to rate the effect that working with Sure Start Rawmarsh had had on them personally and their ability to meet the needs of young children and their parents.

Table 3: Personal and professional impact

Aspect	Response
How well Sure Start has met personal expectations	Exceeded or met expectations
Changed job satisfaction	No change or increased
Ability to meet needs of children and families	Improved because of 'parent friendliness' of Sure Start and multi-disciplinary approach
Impact on professional development	Learning to work to targets and improved training opportunities

Providers were also asked to rate how well their organisation's priorities match with those of Sure Start and why. They were also asked to identify how they were funded and how they would fund services currently funded by Sure Start once the funding starts to taper in 2006.

All but one provider felt that there was a good organisational match between their own organisation's and Sure Start's priorities and those that did felt that this had been influenced by Sure Start.

All of the providers were funded by Sure Start and half were also funded from other sources in addition to Sure Start. For most Sure Start was the major funder. None of the providers who relied heavily on Sure Start funding knew of a strategy to replace Sure Start funding.

As Table 4 sets out, local providers are also encouraging of the extent to which they perceive Sure Start is making a difference, indicating that

overall they believe they are making a positive impact on parenting skills, child development and improving the relationships of parents with their children.

Table 2: Provider perceptions of Sure Start Rawmarsh

Perception	A lot	A little	Not really	Made Worse
Improves confidence of parents	6	1	0	0
Improves parenting skills	4	3	0	0
Helps local parents make friends	7	0	0	0
Helps parents feel less isolated	5	2	0	0
Improves relationships between parents and babies/children	4	3	0	0
Improves parents' self-esteem	6	1	0	0
Improves parents' ability to cope	5	2	0	0
Makes a positive difference to the community	6	1	0	0

Providers were also asked to rate what they thought of Sure Start Rawmarsh overall and all rated it good or very good and one described it as being

'a credit to the area'.

Observations and opportunities

1. Sure Start Rawmarsh should feel very proud of the extent to which it continues to reduce waiting times for services.
2. Sure Start Rawmarsh's providers' forum and the centralisation of referral processes were commended in last year's evaluation as good examples of effective operational partnerships and it was hoped that these would contribute favourably to better co-ordinated service provision and information sharing. However whilst services seem to

be better co-ordinated there are still improvements to be made in terms of information sharing. This may be best done by making better and more extensive use of the programme's database and any other local authority information sharing system which should eventually be introduced in accordance with the recommendations of Every Child Matters.

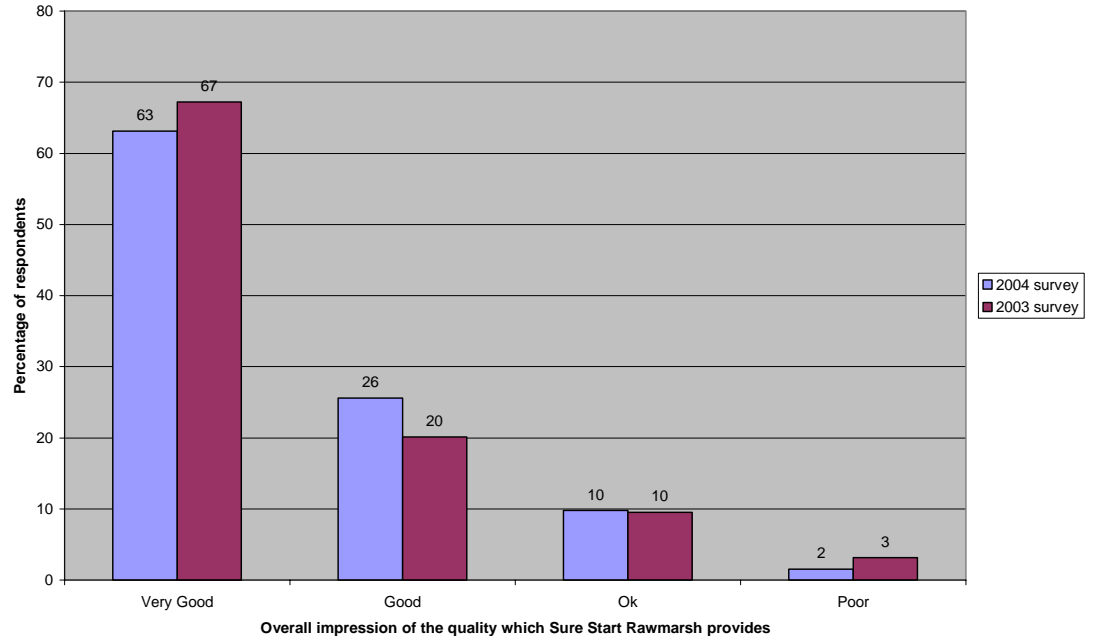
3. As suggested in last year's report having semi-regular away days that bring together all service providers to enable joint planning, better understanding of roles and responsibilities and to celebrate successes is being planned currently by the Programme Manager.
4. Building on their success in providing services which have positive outcomes, Sure Start Rawmarsh's continued efforts to enhance provision for families within the Sandhill estate is especially encouraged.

Client Dimension – Outcomes for local parents and very young children

Overall Satisfaction

Respondents to the community survey were asked what they thought of the quality of Sure Start services overall. Results are very positive for the Programme and show that 98% think the Programme is very good, good or okay. The majority of respondents (63%) thought the services were very good. Results are set out in the table below in comparison to the 2003 survey.

Figure 1: Overall Impression of Sure Start Rawmarsh Services



In comparison to the year 2003 survey, there are slightly more positive results overall in this years 2004 survey. The percentage of respondents in 2004 stating services to be very good has decreased (by 4%), but there was an increase (of 6%) in 'good' responses.

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

- All of the respondents in the 2004 survey who thought the quality of Sure Start Rawmarsh was 'poor' were from the age group 25 – 44.
- All of the respondents who thought the quality of Sure Start Rawmarsh was 'poor' were from dual-parent households. Consequently none of the respondents who were lone parents thought the service quality was poor.
- Respondents from the Sandhill area were more satisfied overall (100% OK, Good or Satisfied) in comparison to their cohorts from Central Rawmarsh (98% OK, Good or Satisfied) and Monkwood (97% OK, Good or Satisfied).

Observations and recommendations

The programme can be justly proud of these results as the trend is for people to become more demanding of their Sure Start services over time

and in many cases overall satisfaction rates are seen to drop at this stage in a programme's development. Sure Start Rawmarsh has bucked this trend.

The programme may like to think carefully about how it measures overall satisfaction levels in the future perhaps by asking those who have children of different ages to rate how they feel services have improved since the programme started.

Improved Awareness

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

The results are extremely positive, showing that 137 carers (or 98.6%) had heard of Sure Start Rawmarsh.

These results are a very small positive increase on results from the 2003 survey whereby 96.9% of the population had heard of Sure Start Rawmarsh. The results of the survey are shown in comparison to the 2003 survey data in the table below.

Table 5: Respondents Awareness of Sure Start Rawmarsh

Heard of Sure Start Rawmarsh	Percentage 2003 survey	Percentage 2004 survey
Yes	96.9%	98.6%
No	3.1%	1.4%

The carers who had heard of the Sure Start Programme were asked how they had first heard of the Sure Start Rawmarsh Programme. The single most frequent means of first hearing was through the health visitor (48%). The second most frequent means of first hearing was through word of mouth (24%).

- In comparison to the 2003 survey data, the 2004 survey shows there has been a large increase (increase of 16%) of carers hearing about the Programme through the health visitor.

The results are given in full in the table below, showing the comparison to the 2003 survey data.

Table 6: Form of Awareness-raising

Form of awareness-raising	Percentage of survey population 2004	Actual number of responses 2004	Percentage of survey population 2003	Actual number of responses 2003
Health visitor	48%	83	32%	68
Word of Mouth	24%	42	39%	84
Sure Start Worker	14%	24	14%	31
Poster/flyer/information leaflets	8%	13	7%	15
Midwife	5%	8	1%	3
Local Newspaper	1%	2	3%	6
Social Services				
Worker	1%	1	0%	0
Playbus	0%	0	1%	3
Fun Day	0%	0	0%	1
Nursery	0%	0	0%	1
Play Group	0%	0	0%	1
Correspondence	0%	0	0%	1

The results indicate that Health Visitors have become the major source of awareness-raising, and this has increased significantly over year 2003 – 2004. Conversely word of mouth has decreased as a source of awareness-raising between the 2003 survey and this 2004 survey. Awareness-raising from the midwife has increased, but still remains low. Awareness-raising from face-to-face methods still remains significantly more prevalent than through publicity (such as leaflets, flyers and newspaper features).

The results are disseminated by key demographic variables:

- ❑ The majority of females heard about Sure Start Rawmarsh through the health visitor (71, or 48.6% of female respondents). In contrast, males heard with equal frequency either through the health visitor (11 or 33.3%) or word of mouth (11, or 33.3%).
- ❑ In comparison to the 2003 survey, results from this 2004 survey show there has been an increase in females hearing through the health visitor (increase of 14.4%) and a large increase in the male hearing through health visitors (increase of 24.7%). There has been a decrease in hearing through word of mouth for males and females (18.8% and 13%, respectively).
- ❑ Respondents from age cohorts 20 - 24 and 25 – 44 most often heard about the Sure Start Rawmarsh Programme through the health visitor (50% and 48% respectively). In contrast those from older cohorts (45 – 54 and 55 – 64) more often heard about Sure Start Rawmarsh through word of mouth (43% and 75% respectively).
- ❑ In comparison to the year 2003 survey, more respondents in the 2004 survey from the age cohort 25 – 44 heard about Sure Start Rawmarsh through the health visitor.
- ❑ For both dual parents and lone parents, the most frequent source of hearing about the Sure Start Programme was through the Health Visitor (54% and 44%, respectively).
- ❑ In relation to methods of first hearing about Sure Start Rawmarsh the data shows that in this years 2004 survey the health visitor is the most frequent first form of awareness-raising for full-time parents (55.9% of full time parent respondents), and in contrast word-of-mouth is the most frequent first form of awareness-raising for un-employed persons.
- ❑ Comparing the 2004 survey data to the 2003 survey data, the most significant difference is the decrease of carers working full-time who heard about the Sure Start Programme through word-of-mouth (decrease by 40.6%). In contrast there was also a large increase in the number of carers working full time who first heard about the programme through the health visitor (increase of 27.8%).

Disaggregating the data in terms of the different areas of Rawmarsh where the respondents lived revealed a number of interesting points:

- ❑ Overall, the largest numbers of respondents in all areas heard about Sure Start Rawmarsh through the Health Visitor and the second most frequent source was through word-of-mouth. Further, local newspapers consistently showed to be the least most frequent form of hearing about Sure Start Rawmarsh.
- ❑ When comparing the three Rawmarsh areas, word-of-mouth as a source of introduction showed to be most frequent in Monkwood (30.2%).
- ❑ When comparing the three Rawmarsh areas, introduction by the Health Visitors showed to be most frequent in Sandhill (55.9%).

Table 7: Area of residence in Rawmarsh / Form of Awareness-raising

How respondents first heard about Sure Start Rawmarsh	Central Rawmarsh	Sandhill	Monkwood
Word of mouth	22.1%	17.6%	30.2%
Local newspaper	1.2%	0.0%	0.0%
Poster/flyer/information leaflets	8.1%	5.9%	5.7%
Health visitor	43.0%	55.9%	47.2%
Sure Start worker	14.0%	11.8%	11.3%
Other	11.6%	8.8%	5.7%

Observations and Recommendations

Awareness raising through Health Visitors has increased significantly in the last year particularly among working parents who are often the group least accessed by Health Visitors. The Health Visiting team is therefore to be congratulated on the significant impact it is having on awareness raising.

The programme will need to ensure that this trend is maintained and that alternative sources such as the Parent Link Workers continue to increase their contact with parents in order to make them aware of the services

offered especially in the light of continuing staff shortages within the Health Visiting service in Rotherham.

Health Services

The data from the community survey was used to determine satisfaction levels of various health services. Services were evaluated in comparison to the results from the 2003 survey (except for the smoking cessation service which was not evaluated in the 2003 survey).

The services which were evaluated were:

- GP's
- Midwife
- Health Visitor
- Speech and Language Therapist
- Skin Clinic
- Bumps and Babes Group
- Breast – feeding Workshop
- Baby Massage
- Child Health Clinics (Health Visitors)
- Oral Health Educators
- Physiotherapist
- Sleep Clinic
- Baby Clinics (Health Clinic)
- Smoking Cessation

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

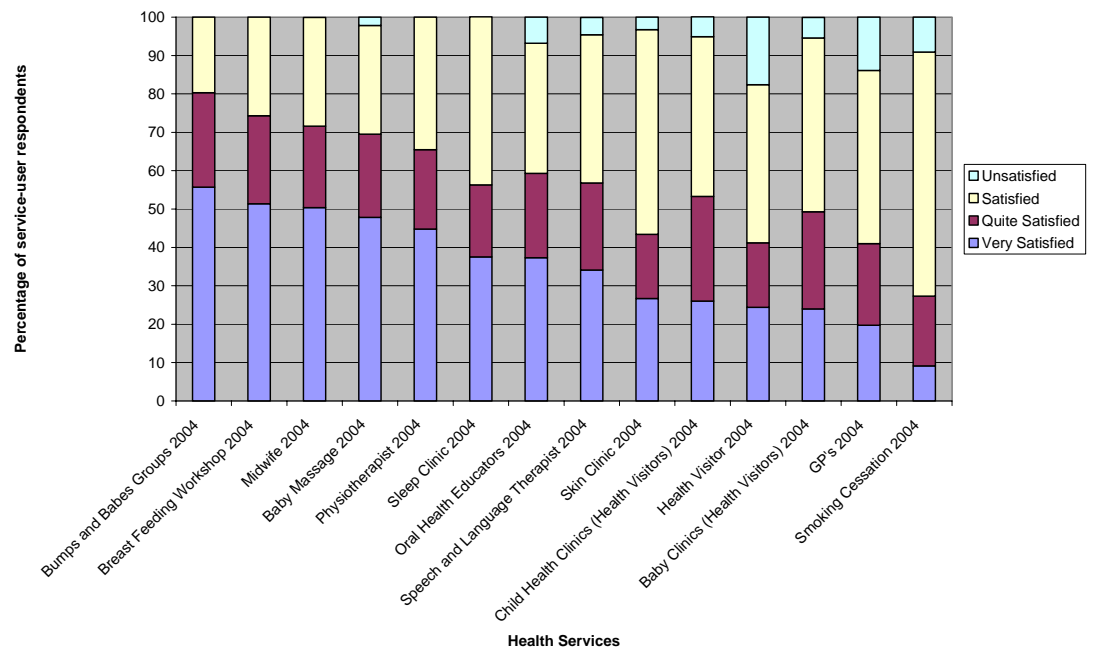
The results show that overall satisfaction was very high throughout all health services. Satisfied – Very Satisfied respondents formed over 80% of responses for each health service.

The most satisfaction of any service for this year 2004 survey was expressed for the bumps and babes group 2004 (55% Very Satisfied, 25% Quite Satisfied and 20% Satisfied).

The least satisfaction expressed in the 2004 survey was for the health visiting service (18% Unsatisfied).

In comparing results from the year 2003 survey data to the results from the year 2004 data, there is a trend that in the 2004 survey there are less very satisfied responses to all health services

Figure 2: Levels of Satisfaction with Health Services

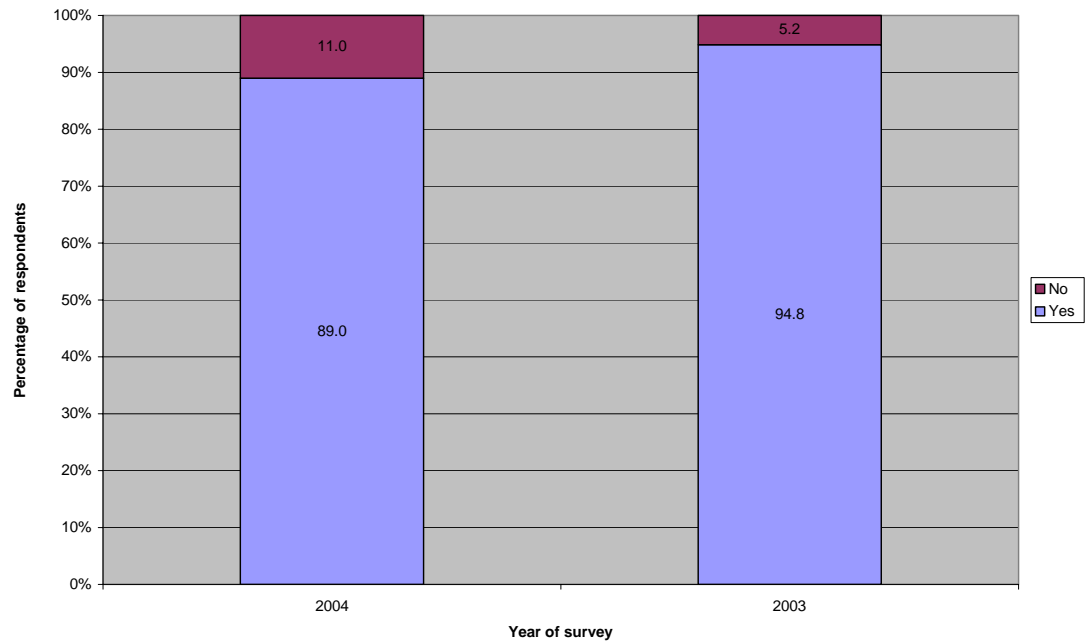


The questionnaire asked respondents whether they thought there were enough health services for parents and their young children in the area.

Results showed that overall in 2004 a high percentage (89%) believed there were enough health services, and conversely a small percentage (11%) believed there were not enough health services (results are shown in figure 3 below).

- In comparison to results from the same question in 2003, the 2004 percentage of respondents who thought there were enough health services has dropped by 5.8%.

Figure 3: Respondents Perception of Whether There Are Enough Health Services



The results were examined in relation to a number of key demographic variables and analysis revealed that:

- All of the respondents who did not think there were enough health services were from the age cohorts 20 – 24 or 25 – 44.
- In regard to residence areas of Rawmarsh, the largest number of respondents who thought there were not enough health services came from the Central Rawmarsh area.

The carers who did not think there were enough health services in the area were asked what additional services they would like to see in the area.

There were only 15 responses to this question. The most frequent suggestion for additional services was “*more appointments for children at the doctor’s surgery*”.

Observations and Recommendations

Given the satisfaction rates for the Bumps and Babes service it may be worthwhile for the programme and the Midwifery service to extend the promotion of existing sessions and offering more sessions of this especially as it is aimed at expectant mothers and very young babies and therefore offers an excellent opportunity for preventative intervention.

Play and Learning Services

The data from the community survey was used to determine satisfaction levels of various play and learning services. Services were evaluated in comparison to the results from the 2003 survey (except for two services: *Stay and Play* and *Rosehill Drop-in*, which were not evaluated in the 2003 survey).

The services which were evaluated were:

- Creche
- Casual Creche (drop-in)
- Childminders
- Nursery
- Special Needs Support for Children
- STEPS (Educational Psychology)
- Toy Library
- Play and Learning Bus
- Busy Bee's Children' Activity Gym
- Chatterbox
- Tots and Twos
- PACT (Behaviour Management)
- Story Sacks
- Pat-a-cake Club
- Stay and Play (not evaluated in the 2003 service therefore no comparative data)
- Rosehill Drop-in (not evaluated in the 2003 service therefore no comparative data)

Respondents to the community survey were asked to evaluate play and learning services along a four point attitudinal scale incorporating Very Satisfied, Quite Satisfied, Satisfied and Unsatisfied.

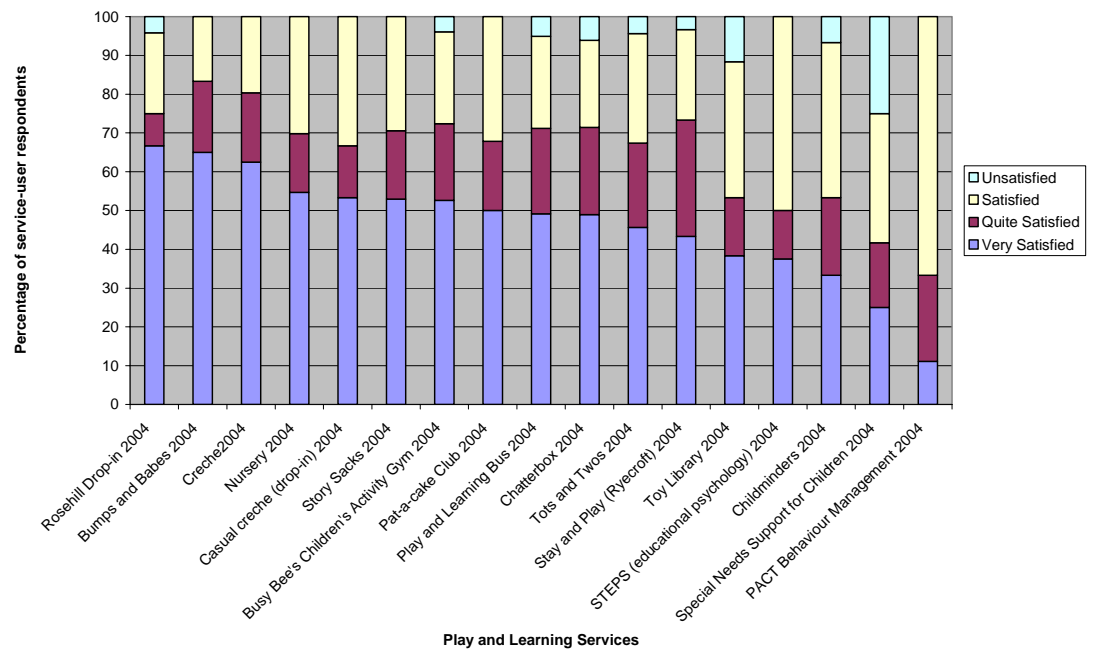
The results show that overall satisfaction was high for the large majority of services. Most services had satisfaction levels (Satisfied – Very Satisfied) which were above 80%.

- The service which received the most negative feedback was the Special Needs for Children 2004 service. This service was also found to be the least satisfactory play and learning service in the 2003 service. However as services for Children with Special Needs are incorporated into much mainstream provision it is not certain to what this actually refers and as respondents were not asked whether they have children with Special Needs it may be

that they were not in a position to judge the efficacy of these services.

- The most satisfaction was expressed for the Bumps and Babes service (65% Very Satisfied, 13% Quite Satisfied and 17% Satisfied). This result gives increased legitimacy to the findings in the health service section (where Bumps and Babes was found to be the most satisfying health service).

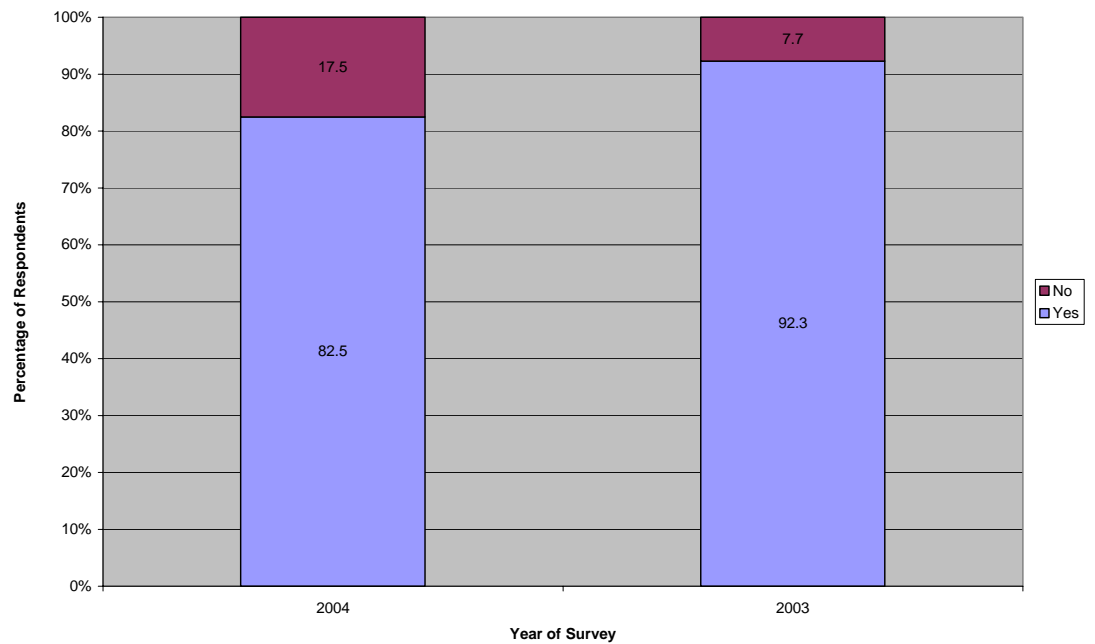
Figure 4: Levels of Satisfaction with Play and Learning Services



The questionnaire asked respondents whether they thought there were enough play and learning services for parents and their young children in the area.

- Overall results showed that just over four-fifths of respondents (82.5%) thought there were enough play and learning services for parents and children. In contrast, 17.5% of respondents thought there were not enough play and learning services.
- In comparison to 2003, 10% fewer respondents thought there were enough play and learning services.

Figure 5: Respondents Perception of Whether There Are Enough Play and Learning Services



Parents/carers who thought there should be more play and learning services were asked what additional services they would like. The most frequent suggestions are shown in the table below.

Table 8: Suggestions for Additional Play and Learning Services

Suggested Additional Play and Learning Services	Number of citations	Percentage of survey population
More activities for children aged 3-4 to help prepare children for nursery	4	2.9%
Weekend/evening groups for working parents	3	2.2%
More toddler groups at Children's Centres	3	2.2%

More drop-in crèches	2	1.5%
More accessible group locations	2	1.5%

Other responses are given with the frequency of only one citation each. Overall, these demonstrate that the parents / carers do not wish to have additional services, but for services to be more accessible. Most particularly the citations reveal that more accessible locations of services are the most frequent suggestion (9 citations). More accessible timings of services is the second most frequent theme of the suggestions (4 citations).

The citations are shown below grouped into thematic areas.

Different Play and Learning Service Times

- *More groups outside of shift-work hours (1 citation)*
- *More for dads at the weekend (1 citation)*
- *More afternoon groups (2 citations)*

More Accessible locations of Play and Learning Services

- *More groups across the area (9 citations)*

Different Play and Learning Services

- *More for dads to do with their children (1 citation)*
- *More creative groups at both centres of Monkwood and Children's Centre (1 citation)*
- *Decent play park area (1 citation)*

Observations and Recommendations

Given the somewhat ambiguous results for the Special Needs Support for Children question in both this year's survey and last year's the Programme may wish to look at examining parent satisfaction levels among those who have children with Special Needs especially as the programme has a wide variety of services for this group and has worked hard to ensure that the services the programme offers are inclusive.

Training and Education Facilities

The data from the community survey was used to determine satisfaction levels of various training and education services. Services were evaluated in comparison to the results from the 2003 survey (except for two services: *Schematic Learning* and *Breastfeeding Counselling/La Leche*, which were not evaluated in the 2003 survey).

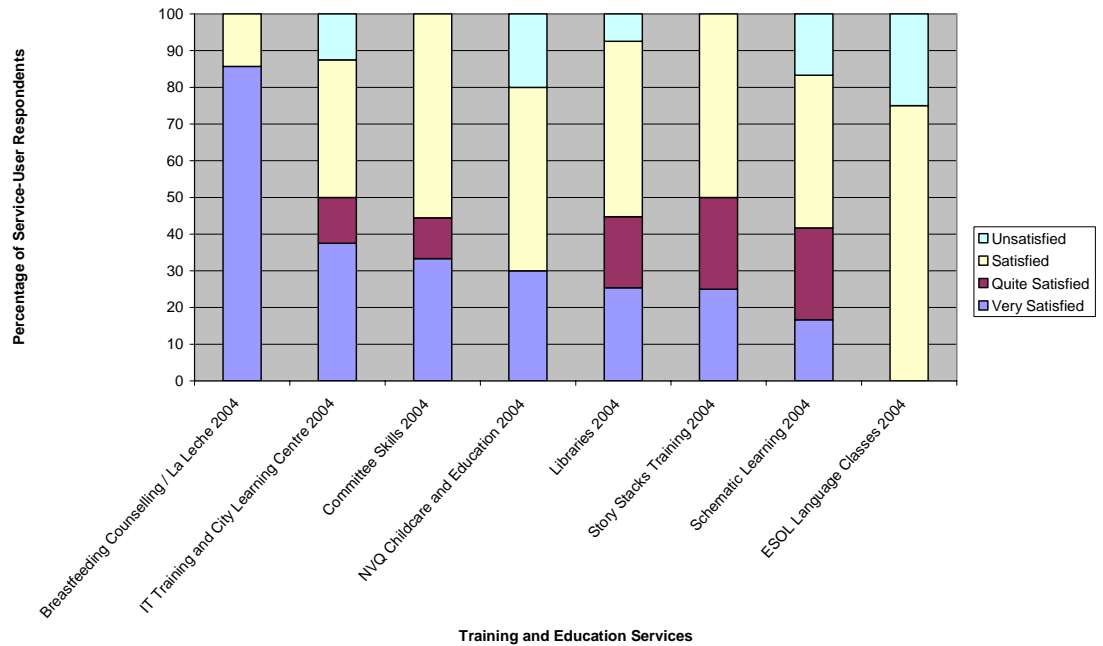
The services which were evaluated were:

- NVQ Childcare and Education Libraries
- ESOL Classes (English as a Second Language)
- IT Training at City Learning Centre
- Committee Skills
- Story Sacks
- Schematic Learning (not evaluated in the 2003 service therefore no comparative data)
- Breastfeeding Counselling / La Leche (not evaluated in the 2003 service therefore no comparative data)

Respondents to the community survey were asked to evaluate training and education services along a four point attitudinal scale incorporating Very Satisfied, Quite Satisfied, Satisfied and Unsatisfied.

- The results show that overall satisfaction (Satisfied – Very Satisfied) was high, being at least 80% for all services except ESOL Language Classes)
- The service which was described as being the most satisfying was for Breastfeeding / La Leche which is a new service for 2004 (86% Very Satisfied, 14% Satisfied). In contrast, the least satisfying service was recorded as the ESOL language classes (75% Satisfied, 25% Unsatisfied).

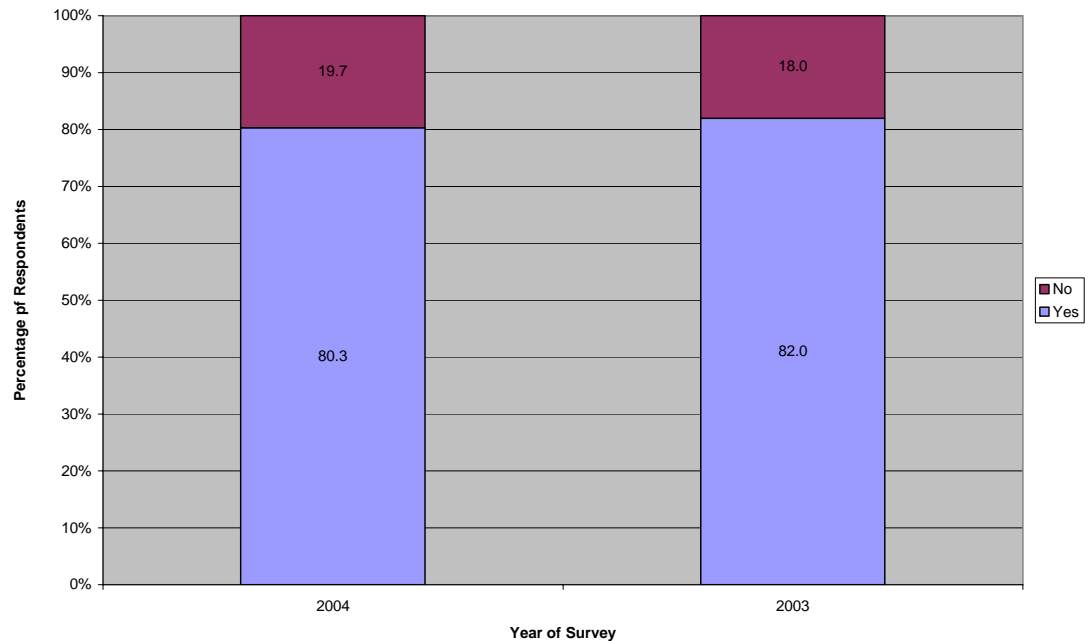
Figure 6: Levels of Satisfaction with Training and Education Services



The questionnaire asked respondents whether they thought there were enough training and education facilities.

Overall, four-fifths of respondents said they thought there were enough training and education services. In comparison to the 2003 survey the results are very similar. There is only a very small 1.7% reduction in 2004 of the numbers of respondents who thought there were enough training and education services (results are set out in figure 7 below)

Figure 7: Respondents Perception of Whether There are Enough Training and Education Services



Respondents who stated that they would like additional training and education services in the area were asked what services they would like to see. The largest number (7 citations) stated they would like to see more courses to help parents return to work and give them basic skills. Other frequently suggested comments are listed in table 8 below.

Table 9: Suggestions for Additional Training and Education Services

Suggested additional training and education services	Number of citations	Percentage of survey sample population
Return to work, basic skills training for post-natal mothers	7	5.1%
Parenting courses	4	3.0%
More advertising of training and education courses	4	3.0%
Assertiveness / confidence building group	3	2.2%
DIY courses	3	2.2%
Help to find work/change career	3	2.2%

Twice-cited responses are listed below in full, in thematic areas.
Overall, these citations describe particular training courses which the respondents were interested in pursuing:

Particular training courses

- *More training courses for dads (2 citations)*
- *More training courses (2 citations)*
- *Food hygiene courses (2 citations)*
- *Fitness programme (2 citations)*

Observations and Recommendations

The programme needs to examine the ESOL classes and conduct further research into what respondents are unsatisfied with in order to improve the service.

There are obvious opportunities for the provision of more classes which address basic skills and help parents back into work and this should be explored as the reduction of workless families is an important target for the programme.

Support and Other Services for Parents, Carers and Families

The data from the community survey was used to determine satisfaction levels of various training and education services. Services were evaluated in comparison to the results from the 2003 survey (except for *La Leche Peer Counsellors* which was not evaluated in the 2003 survey).

The services which were evaluated were:

- Family Support Workers
- Nursery Nurses
- Mum and Dads To-Be Group
- Rawmarsh Drugs Forum
- Grandparent Group
- CHAT Young People's Drop-In
- Baby-Doll Project
- Chatabout
- Yoga Classes
- Bums and Tums

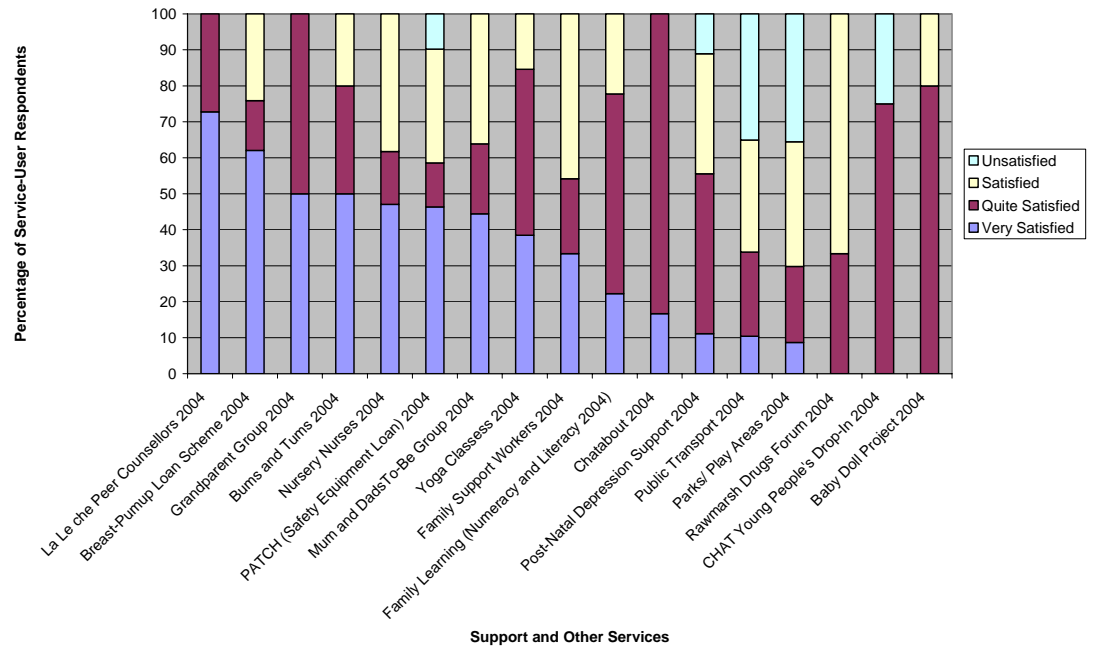
- Family Learning (Numeracy and Literacy)
- Post-natal Depression Support
- Breast-pump Loan Scheme
- PATCH (Safety Equipment Loan)
- Public Transport
- Parks/Play areas
- La Leche Peer Counsellors (not evaluated in the 2003 service therefore no comparative data)

Respondents to the community survey were asked to evaluate support and 'other' services along a four point attitudinal scale incorporating Very Satisfied, Quite Satisfied, Satisfied and Unsatisfied.

The results show that overall satisfaction was high (above 80% Satisfied – Very Satisfied) for most services (except CHAT Young People's Drop-IN, and Public Transport and Parks). Overall the Support and Other Services group of services reflects less overall satisfaction than the other services areas (Health, Play and Learning and Training and Education).

- The services which showed the most satisfaction (defined here as Quite Satisfied *and* Very Satisfied), were the La Leche Peer Counsellors (73% Very Satisfied, 23% Quite Satisfied); the grandparent group also received high level of satisfaction (50% Very Satisfied, 50% Quite Satisfied).
- The least Satisfaction for a Sure Start Service was CHAT Young Peoples drop-in 2004, which received 25% Unsatisfied responses. However this needs to be viewed in the light of the fact that only young people would have any direct experience of this service and very few of the respondents to this survey were of an age to have had direct contact with the service this year.
- High levels of dissatisfaction were recorded for local community council/local authority services of Parks/Play Areas and Public Transport (receiving 35% Un-satisfied responses for each service in 2004. These results are very similar to the 2003 data.

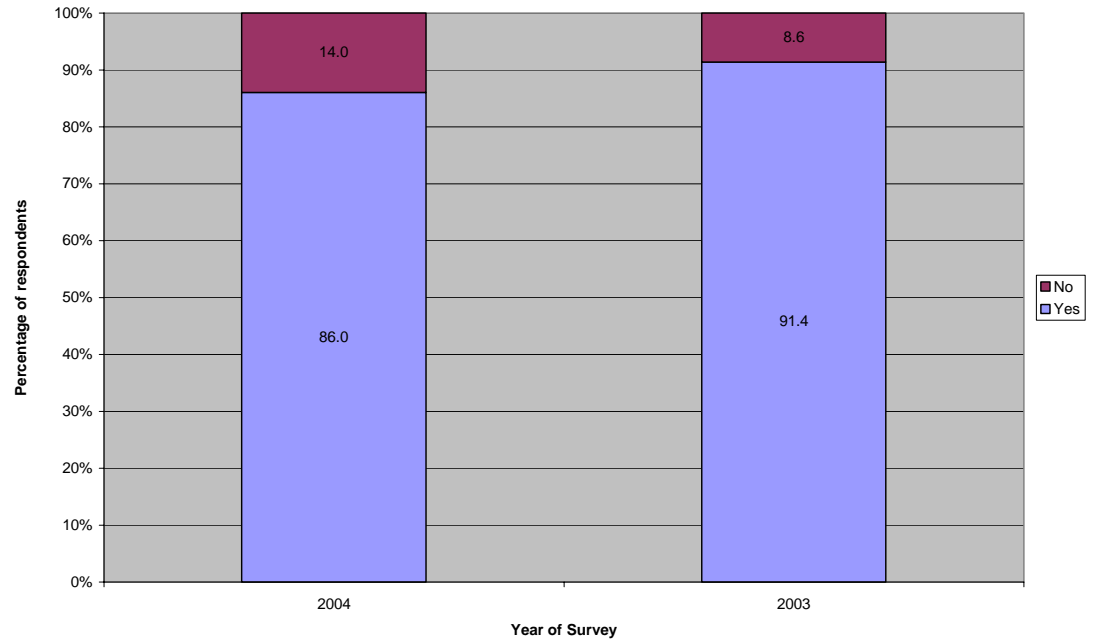
Figure 8: Respondents Perception of Whether There are Enough Support and Other Services



The questionnaire asked respondents whether there were enough Support and 'Other' Services.

Overall, there was a large amount of agreement that there were enough Support and 'Other' Services. 86% of respondents to the 2004 survey thought there were enough support and 'other' services. In comparison to the 2003 survey, 5.4% less respondents thought there were enough support and other services.

Figure 9: Levels of Satisfaction with Support and Other Services



Respondents who thought there were not enough support and other services for carers/ families and children were asked what additional support services they would like in the area. Overall the majority of responses (9 of 17 citations) said that they would like for the parks/ outdoor play areas for children to be safer, cleaner or nicer (of particularly frequent mention was the bad state of the *Rosehill Park*). The full list of suggestions are shown in the table below

Table 10: Suggestions for Additional Support and Other Services

Suggestions for additional support and other services	Number of citations	Percentage of survey sample population
Safer outdoor play areas/ parks (particularly Rosehill Park)	9	6.5%
More services in Sandhill, Monkwood or Barbers Avenue	1	0.7%
Yoga/ exercise classes	1	0.7%
Support for parents with depression	1	0.7%
Support for parents/ carers after 5pm	1	0.7%
Drop-in parenting skills course (referral puts them off)	1	0.7%
Support for children with autism	1	0.7%
Sure Start toddler groups for kids aged 3-4 years	1	0.7%
Picnic Areas	1	0.7%

Observations and Recommendations

The CHAT service was rated least favourably but this information needs to be viewed with caution and the favourable findings in the Spotlight report commissioned last year are a more reliable source of service specific information.

Parks and play areas are still a cause for concern among parents and the programme will need to work closely with the local authority to try to remedy this.

Referrals

When parents were asked whether or not they had been referred from one Sure Start service to another 17% said they had been referred. In contrast to the 2003 survey, this result is very similar, 20% had been referred in 2003.

Frequency of referrals disaggregated by key demographic variables reveals that referral rates vary between demographic groups:

- Referral rates were highest amongst male respondents (26% of all males respondents) than amongst their female peers (15% of all female respondents).
- A higher percentage of lone parents were referred than their peers from dual parent households (22% and 15% respectively).
- Referral rates tended to increase in relation to the length of time respondents had been living in the area. The largest percentage who were referred had lived in the area between 6 and 10 years. The results are set out in the table below.

Table 11: Length of Time Resident in the Rawmarsh Area / Percentage of Persons Referred From One Sure Start Service to Another

Referred	0 – 1 year	2 – 5 years	6 – 10 years	More than 10 years
Yes	0%	8.8%	26.7%	17.9%
No	100%	91.2%	73.3%	82.1%

- The most referrals were made for respondents living in the Central Rawmarsh and Monkwood areas.

Those respondents who were referred to a service by a Sure Start service were asked which service they were referred to. The results are set out in the table below.

Table 12: Services Referred On Towards

Service referred on towards	Number of citations	Percentage of survey population
Speech therapist	5	3.6%
Physiotherapist	4	2.9%
Skin clinic	3	2.2%
Playgroup	2	1.4%
Play 'n' learn group	2	1.4%
Family Support Worker	2	1.4%
Toy Library	1	0.7%
Busy Bees	1	0.7%
Chatterbox	1	0.7%
Mums and Dads to-be	1	0.7%
Bumps 'n' Babes	1	0.7%
Toddler Group	1	0.7%
Hospital	1	0.7%
Orthoptic Department	1	0.7%
Tots and Two's	1	0.7%

The single most frequent service referred to by a Sure Start service was the Speech therapist (5 citations), followed by physiotherapy (4 citations).

- In comparison to the 2003 survey, the referral results are very similar.

Respondents were additionally asked which organisation/ professional had made the referral. The results are set out in the table below.

Table 13: Service Which Made Referrals

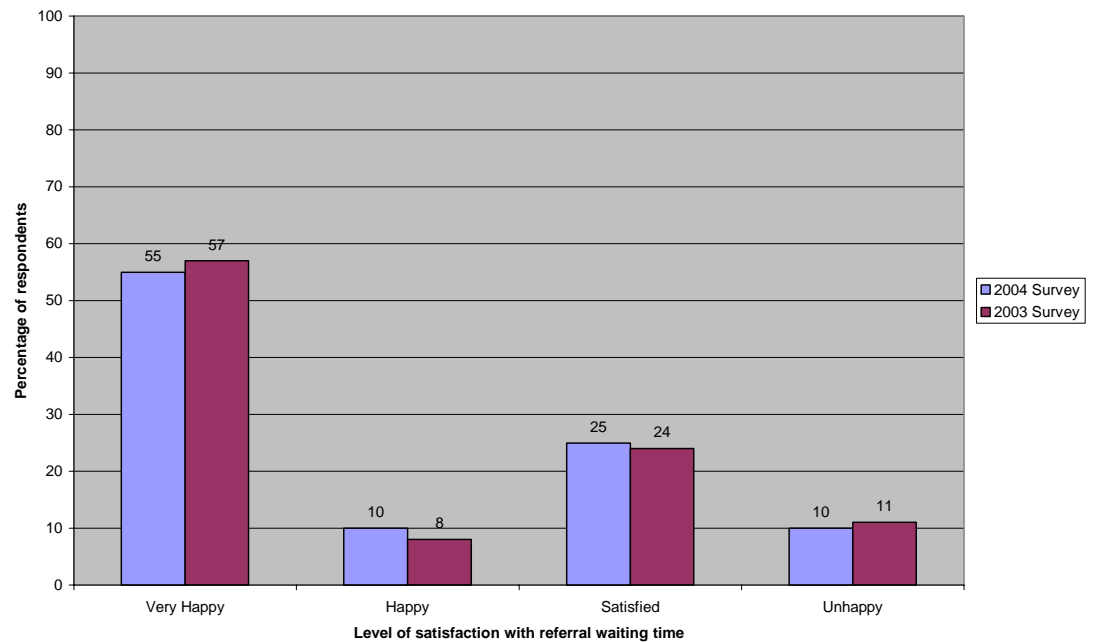
Service which made the referral	Number of citations	Percentage of survey population
Health Visitor	10	7.2%
Chatterbox	2	1.4%
Toy Library	1	0.7%
Busy Bees	1	0.7%
Physiotherapy	1	0.7%
Sure Start Support Worker	1	0.7%
Midwife	1	0.7%
Sure Start Letter	1	0.7%
Parent	1	0.7%
Self Referral	1	0.7%

The service which most frequently refers clients on to other services is the Health Visiting service (10 citations).

- In comparison to the 2003 survey the trend is the same. In 2003 the health visitor was also referring clients on to other services much more frequently than other services (21 citations or 10.6% of survey population in 2003)

The questionnaire asked the respondents who had been referred to another service to express their level of satisfaction with the time they had to wait to see the service they were referred on to. Results show that the majority were very happy with the time they waited. Results are shown in figure 10 below.

Figure 10: Level of Satisfaction With Referral Waiting Time



- The key observation comparing the two years of survey data is that the levels of satisfaction have remained very similar from 2003 to 2004.

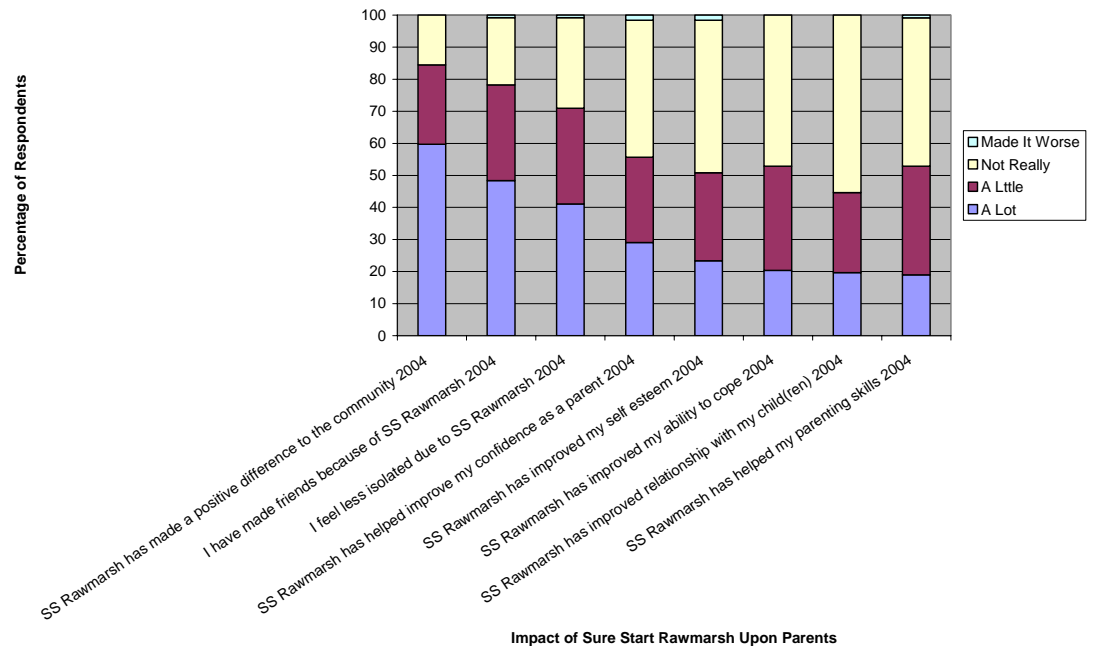
Observations and Recommendations

Parents remain generally happy with how they are referred from one service to another within the programme and how long they have to wait to be seen. The programme needs to ensure that these results are maintained.

Effect of Sure Start Rawmarsh Programme and Services upon Parents

Respondents were asked to rate a series of statements relating to the impact of Sure Start upon the quality of their lives as parents/ carers. Results are shown in figure 11 below in comparison to the results from the 2003 survey.

Figure 11: Sure Start Services Effect Upon Parents



The most striking overall trend is the lack of difference between the results of the previous year 2003 evaluation and this year 2004 evaluation.

- There were very few responses stating that Sure Start made aspects of the parents lives worse.
- The most positive set of responses was for the statement that Sure Start Rawmarsh had made a positive difference to the community (60% A Lot of Impact, 25% A Little Impact, 15% Not Really)
- Respondents in 2004 thought that the Programme had the least impact upon improving their relationship with their child(ren) (20% A Lot of Impact, 25% A Little Impact, 55% Not Really).

Observations and Recommendations

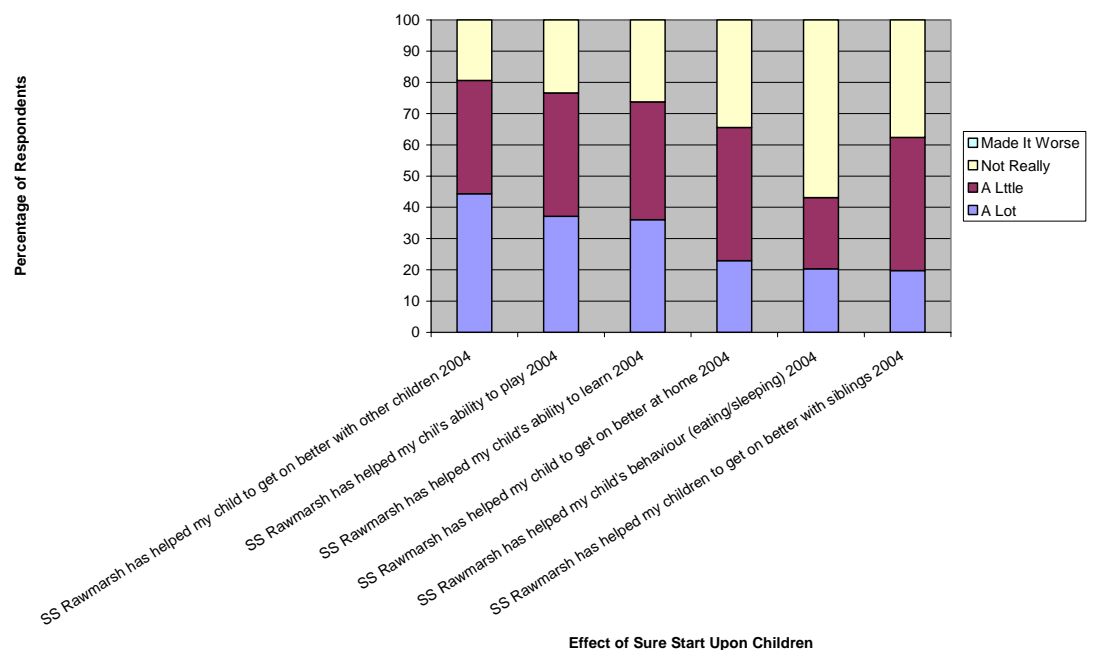
It is not unusual in the experience of the evaluators, Cordis Bright, that parents are reluctant to comment positively on the more personal statements in this question as it implies that all was not ‘as it should be’ before contact with the programme. However Provider assessment (See Table 4) of these areas shows that the programme has had positive results in these areas.

The programme may wish to look at more refined ways of getting parents to comment on this in future.

Effect of Sure Start Rawmarsh Programme and Services upon Children

Respondents were asked to rate a series of statements relating to the impact of Sure Start upon the quality of their children's lives. Results are shown in figure 12 below in comparison to the results from the 2003 survey.

Figure 12: Sure Start Services Effect Upon Children



- Data from the 2004 survey was similar to the 2003 data, revealing a trend which is demonstrated in figure 12.
- In comparing the results from of the impact upon the parents and then the children, we can observe that respondents thought the impact of Sure Start upon the child was more tangible than the effect of Sure Start upon the parents.

- The most perceived impact from the 2004 survey was upon children and helping them to get on better with other children (44% A lot of Impact, 36% A Little Impact, 19% Not Really Making an Impact). In contrast, the least impact was perceived to be upon helping children's behaviour (eating/ sleeping).

Respondents were given the opportunity to state any final comments they would like to make. They are shown below in themed areas:

Suggestions for New Services

Potty training advice/service (X 2 citations)

More Services

If there were more groups / courses in Sandhill I would attend and my child might benefit (1 citation)

Positive Affirmations of Sure Start Rawmarsh

It is very good, I enjoy coming to sessions (X 2 citations)

I don't know what I would do with my time if there was no Sure Start (1 citation)

Groups have helped my child to mix with other children (1 citation)

It is great that there is somewhere to go when you are at the end of your tether (1 citation)

Well done Sure Start Rawmarsh as other areas don't have anything like Sure Start (1 citation)

I would be lost without these services for myself and my child (1 citation)

Sophie's breastfeeding support was invaluable as was her care towards both me and my baby (1 citation)

Sure Start has made a positive difference to Rawmarsh (1 citation)

Sure Start has always been there to support me when I needed it (1 citation)

Improvements to make services more accessible

Very little information is fed to parents who work full-time (X 2 citations)

Chatterbox two sessions are in the morning so is inaccessible to children at morning nurseries (1 citation)

Engaging dads may need for services to be accessible outside of 9 – 5 office hours (1 citation)

I can't access services because I work full-time (1 citation)

Other Improvements to Services

People are suspicious of the motives of family support workers (1 citation)

Observations and Recommendations

Again parents are reluctant to state that the programme has significantly improved their children's behaviour as this implies that it was poor beforehand so the programme may wish to look at alternative ways of eliciting this information from clients in a less threatening way.

There certainly seems to be a recognition from parents that working parents, fathers and residents of Sandhill may not be able to access services as easily and the programme needs to continue to explore ways to reach these parents with outreach to Sandhill and more flexible working hours.

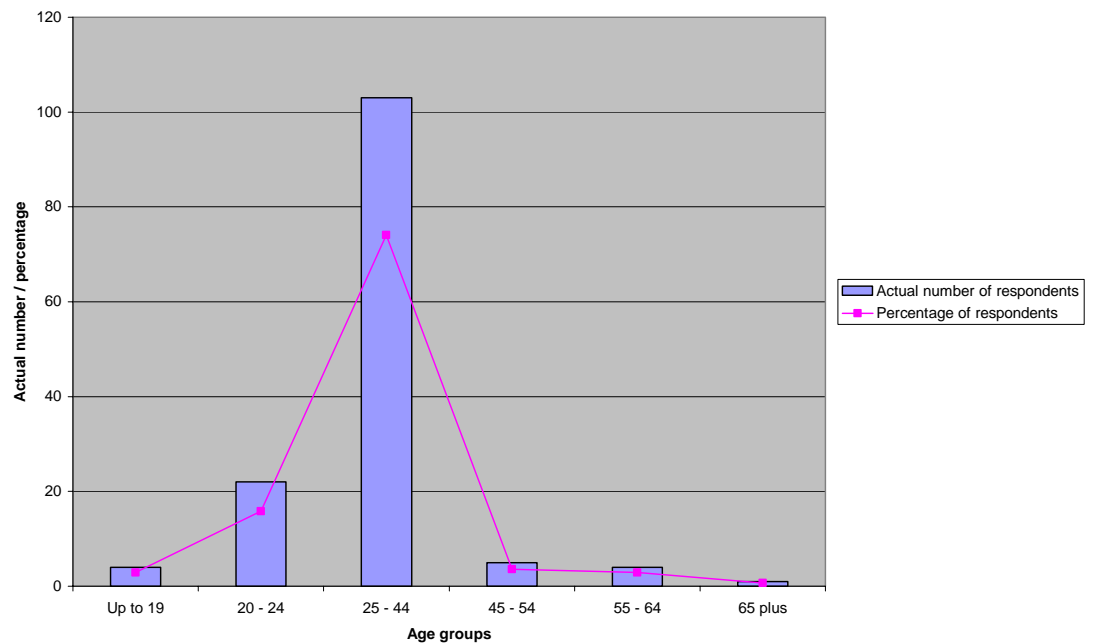
Demographics

In total 138 carers answered the questionnaire. This represents 12% of the families in the Sure Start Rawmarsh population as at August 2004. The large majority (83% or 115 respondents) were female. In contrast 17% (or 23 respondents) were male.

Age

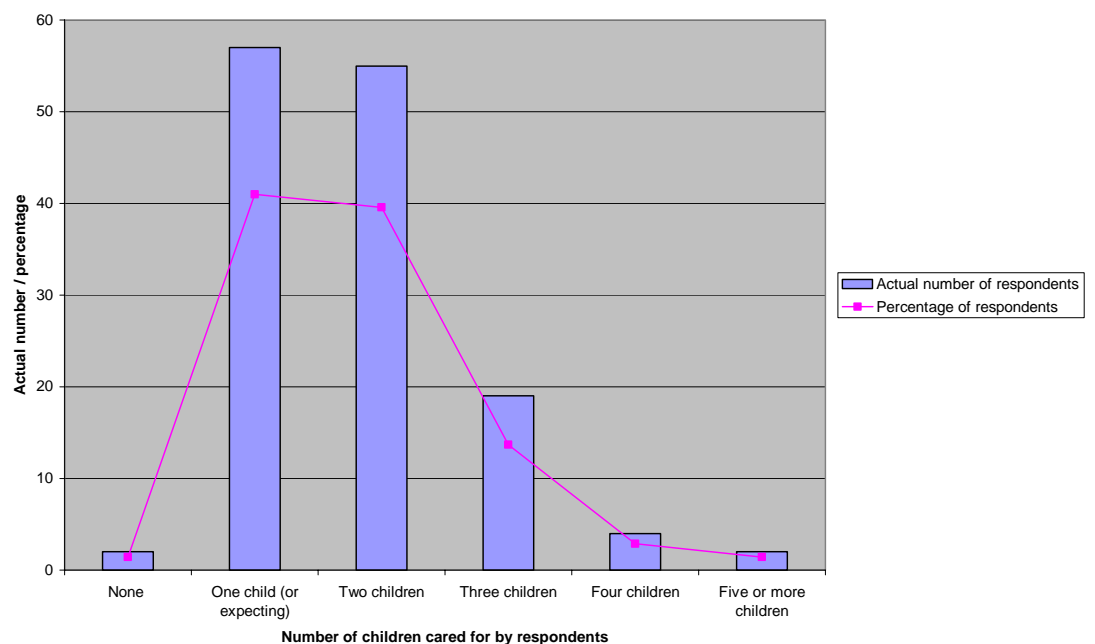
The large majority of respondents were aged between 25 and 44.

Figure 13: Age Groups of Respondents



Large numbers of respondents cared for one child, or were expecting one (57, or 41% of respondents) or cared for two children (55, or 39.6% of respondents).

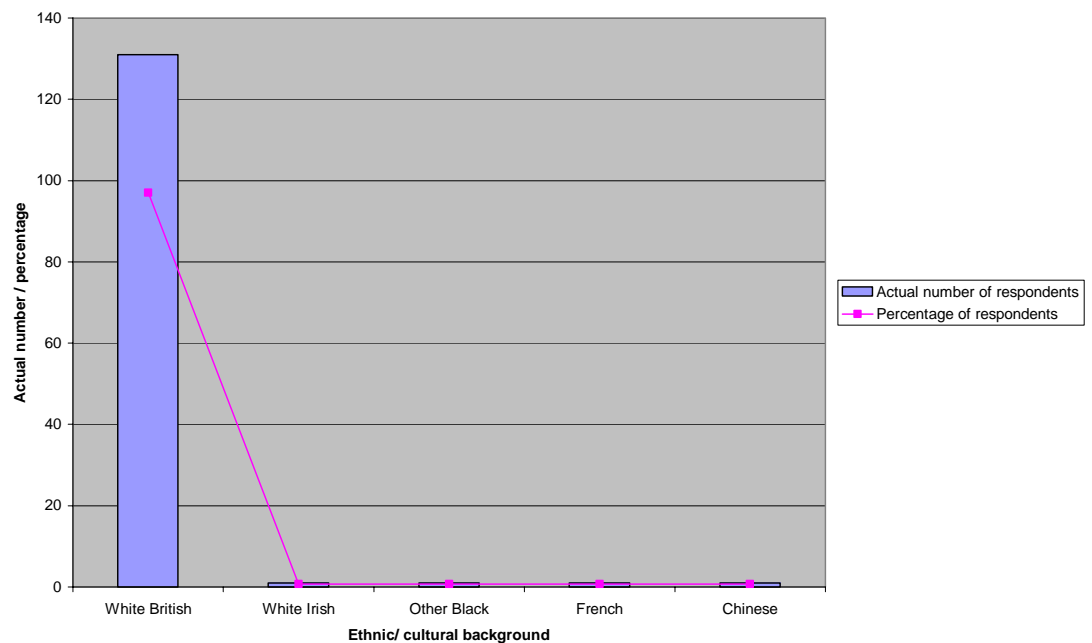
Figure 14: Numbers of Children Cared For By Respondents



Ethnic/ Cultural background

The populations' ethnic/ cultural background was very homogenously White British (131, or 97% of respondents). 1 respondent was White Irish, 1 was Other Black, 1 French and 1 Chinese.

Figure 15: Ethnic/cultural Background of Respondents



Parenting Status

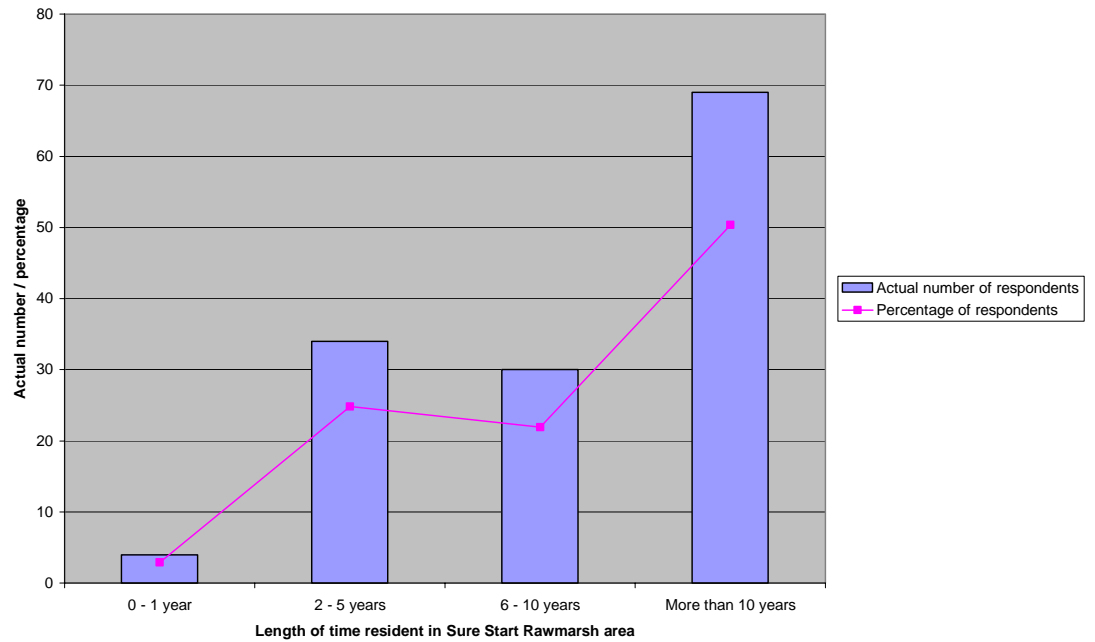
When asked about their parenting status, 23 respondents (or 17%) stated that they were part of a lone – parent household, whilst 112 respondents (or 83%) stated that they were in a dual – parent household.

Length of Time Resident In The Sure Start Rawmarsh Area

Data indicated that population residency in the area was quite stable because 97% of respondents had lived in the area for more than 2 years.

- ❑ The largest number (69 or 50% of respondents) had lived in the area for more than 10 years.

Figure 16: Length of Time Respondents Have Resided In Rawmarsh Area



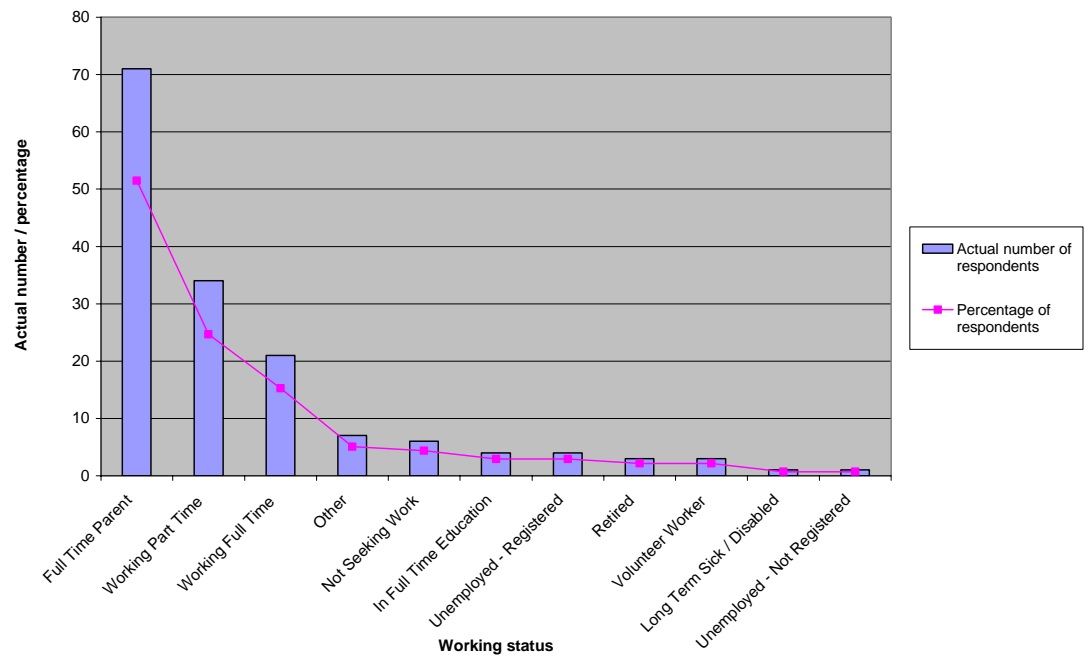
Working Status

When asked about their working status, the single largest response was Full Time Parent (71 responses or 51% of the total survey population).

Taken collectively 40% of the total population of respondents were engaged in some form of paid work. In comparison to the 2003 survey, the percentage of persons engaged in some form of paid work is similar.

The results are shown in full in the graph below (please note that respondents could give more than one response, so the percentage is configured from the total number of respondents).

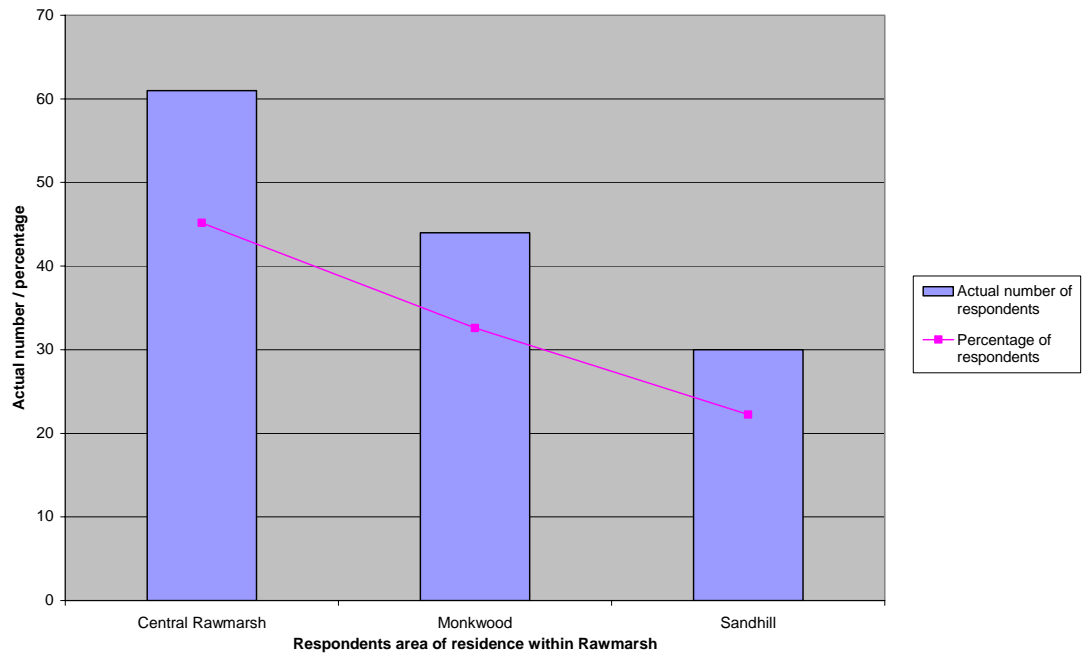
Figure 17: Working Status of Respondents



Area of residence within Sure Start Rawmarsh

The survey population reside in areas throughout the Sure Start Rawmarsh area. The largest single number of respondents (61 or 45% of respondents) come from the Central Rawmarsh area, In contrast 44 (or 33%) come from the Monkwood area and 30 respondents (or 22%) come from the Sandhill area. These results are shown in the graph below.

Figure 18: Area of Residence Within Rawmarsh



Spotlight Evaluation of Rawmarsh Baby Doll Project

Introduction

The programme commissioned Cordis Bright to conduct a spotlight evaluation of one truly preventative service – the work done with young people aged 14-15 at the local Comprehensive to educate them about what being a parent of a young baby means.

When Sure Start Local Programmes were first launched in 1999 they had targets relating to reduction in teenage pregnancies and as Rawmarsh had a very high teenage conception rate this was felt to be a priority for the programme as in 2000/1 there were 22 conceptions and 8 births.

The Rawmarsh Baby Doll project was set up in 1996 by two experienced Youth Workers in the area who, having listened to what young people were saying at sessions run in the school lunch hours, realised that there was a need to educate them about the realities of looking after a baby as many had very ‘romantic illusions’ about what it

would be like to have a baby with the much older boyfriends they were involved with.

They found out that reality baby dolls could be purchased and persuaded a local community group to buy one and donate clothes and other baby equipment to get the project started. A steering group was set up and they set about devising a six week course which young people could attend to learn about relationships, contraception and sexual health and parenting which would culminate in them having to take care of the doll for a weekend.

Over the years the dolls have become more and more sophisticated and now store information about how long they were left to cry, whether they were shaken, how often they were fed and changed etc.

Since 1997 four courses per year have been run with 20-25 young women attending each. Over the years 7 young men have attended but none of these has felt able to actually take the doll home for the weekend. All participation is voluntary and takes place in the school youth base after school.

The project now has 5 baby dolls and the course is constantly updated to bring young people the most up to date information which is delivered by the youth workers assisted by others such as the Sure Start Health Visitor. One of the youth workers also works for the local young people's sexual health advice service, CHAT (Confidential Health Advice for Teenagers).

There is now a similar project being run by the youth service which covers the rest of the borough.

Strategic Dimension

Sure Start has funded the project since 2000 and currently puts in £3,600 p.a.

Operational Dimension

The Youth Worker in charge of the project attributes the success of the project (teenage pregnancies in the area have plummeted to zero in 2004/5) to the fact that attendance is voluntary. The young people are really supported throughout the course and especially when they take the 'baby' for the weekend - a worker is on call and they can return the 'baby' at any time without being made to feel that they have 'failed'. Many of the younger girls do this. The young person's parents/carers are

also involved in the project and have to agree to their attendance and are asked to take part in the evaluation of how the young person has coped and whether attendance at the course has changed their attitudes and prompted discussion at home about some of the issues raised. The school are also supportive of the project and have a representative on the steering group.

Not only do the statistics point to the success of the project but the pre-course and post-course attitudinal tests show a marked shift in attitudes from the young people with all of them saying they found looking after the baby harder than they expected and wanting to wait longer before having children.

The one link that the project would still like to make would be with Social Services so that the young people on the course could meet a Social Worker and have their almost universal suspicion and fear of this service challenged and, hopefully, changed.

Of the seven providers who completed the questionnaire all had heard of the Rawmarsh Baby Doll Project and rated it as being either a 'good' or 'very good' service. None had made referrals to it or had had referrals from it and this is congruent with the voluntary and self-selective nature of participation in the project.

Client Dimension

Of those questioned in the community survey 7 had participated in the Rawmarsh Baby Doll Project, three as young people and four as parents/carers of young people.

The young people who had participated all thought the project was 'very good' or 'good' and all thought the project staff were 'very good'.

They all said it had changed their attitude about being a parent –

“..... that it was not all fun with a baby.”

“Made me think twice about getting pregnant and to use better contraception from now on.”

One of the parent/carer's whose child had participated said;

“I have seen the effect it has on teenagers' attitudes and fully support the project.”

Observations and opportunities

This project would seem to not only represent extremely good value for money with a unit cost of only £180 per attendee and it has also achieved spectacular results in that there teenage pregnancies have fallen to zero.

The programme needs to continue to support this project and to actively promote its success so as to secure ongoing funding from the PCT especially as reduction in teenage pregnancies is a priority for Health.