

SURESTART RAVENSDALE, MANSFIELD, NOTTS. ANNUAL EVALUATION REPORT 2002-2003

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Sure Start Ravensdale is a Trailblazer programme that employs a part time evaluation officer (18.5 hours) as part of the core staff team. The role is

- a) To support and undertake evaluation of services and processes within the programme, in order to improve practice and
- b) To carry out or commission research into specific projects which are innovative or unique.
- c) To carry out or commission surveys of samples of our target population.

EVALUATIONS CONTINUED FROM 2001-2002

BABY GROUP REUNION

In December 2001 a reunion meeting was held to examine the long-term impact of attendance at Sure Start Baby Groups. 3 Baby Groups have run with a total of 24 participants. Those mums who no longer attend Sure Start (6/24) were contacted by phone. One mum who couldn't attend gave feedback over the phone.

The reunion took the form of a focus group

- To provide an opportunity for mothers who attended SS Baby Groups to meet together and share parenting experiences.
- To ascertain whether mothers perceived any changes in their own social, emotional and environmental circumstances due to coming to Baby Group.
- To record any impact on the development of babies whose mother attended the Baby Group.

KEY FINDINGS

Putting Learning into practice

Participants reported using advice/skills gained at Baby Group at home with their babies on the following topics: - sleep advice, baby massage, play activities, controlling crying, breast and bottle feeding, weaning.

Changes in mothers perceptions of circumstances (social, emotional, environmental)

100% of participants still come to Sure Start activities and are in regular contact with people they met at Baby Group.

All those participants who had attended Baby group 6mths or more ago had made at least one friend who they see outside of Sure Start.

They reported that making these friends has made a 'terrific difference' to their lives- helping by sharing childcare, understanding the things they are going through and stopping them 'going mental'.

Having these friends also assisted the development of their children by making mothers more relaxed, and by enabling the children to mix with other children and 'know more other people'.

Relationships in the Outside World.

Participants reported feeling more relaxed and more confident in their everyday lives. 'The housework still doesn't get done, but I don't worry about it now'

They felt relationships at home had improved because they had something to talk about other than the children and that coming to Sure Start enabled them to still be a person 'not just a mum'

Another important benefit of coming to baby group was being able to have a moan to others who understand the frustrations of being a parent. Again this resulted in mums going home less stressed.

The baby group gave participants another source of advice and information, so that they don't have to 'just take family at their word.' This support from professionals was highly valued and the informality of the staff approach enabled mums to feel comfortable. One mum's trust was gained when 'Sue and Paula helped me with my buggy'

LEARNING POINTS about the Evaluation Process.

- A semi structured interview process may well be more effective in drawing out individual experiences in a future study.
- All participants were current users of Sure Start.

CONCLUSIONS

All participants reported an improvement in their emotional health, social relationships and confidence/self esteem through attendance at Baby Group. There was a general feeling that the children had benefited but specific questions were not asked on this subject.

Participants valued the learning, the friendships, the pampering and the chance to be themselves. The informality of the 'professionals' was particularly important.

RECOMMENDATIONS

- That Sure Start Ravensdale continue to run Baby Groups at regular intervals
- That the informal approach and involvement of relevant professionals remains integral to the groups.
- That further research is carried out to identify the reasons why parents stop using Sure Start services. The most likely reason is mothers returning to work

OUTCOMES

A rolling programme of Baby Groups is planned for the next year.

Defining the informal approach.

The baby groups are co-ordinated by core staff at Sure Start. The baby group co-ordinator phones new parents to personally invite them to attend. The worker then visits those who are interested to introduce themselves and to explain the format of the sessions and how the crèche works. During this visit the worker explains the kind of sessions that are usually provided and asks the parent to choose which ones most interest them. The programme is then designed to meet the expressed needs of the parent participants.

The visiting worker is also at the first (and usually all the) sessions so that a familiar face is already known. On arrival at the session parents are welcomed, given assistance with pushchairs, bags and children. Time is spent introducing crèche workers and settling babies. Mothers are able to keep their baby with them if they don't feel ready to leave them in the crèche. Drinks are provided.

Workers are addressed by their first names and their roles explained. During the course of the baby group programme various professionals come in to facilitate a discussion on a particular topic e.g., weaning, sleep management. Again their first names are used and roles are explained and a core worker is always around to deal with general issues that arise or to provide support. E.g. making drinks, providing information, holding babies etc.

The sessions are relaxed and flexible. Parents are encouraged to attend even if they are late, need to go early or miss a session.

Individual workers are friendly, willing to share personal experiences where appropriate, empathetic, challenging if necessary, game for a laugh and skilled in talking to parents at their own level. They are also able to signpost parents to other support networks.

The result has been that parents feel genuine warmth from the Sure Start staff, which encourages them to make further use of the available services.

SERVICE LEVEL AGREEMENT REVIEWS

The successes and learning from different agencies working for Sure Start through a Service Level Agreement. (Includes Welfare Rights, Family Planning, Nutritionist etc)

In order to monitor the progress of work agreed with other agencies under service level agreement, a review system was set up to take place halfway through the financial year. The legal agreement is made between managers and implemented by workers from the partner agency and the Sure Start programme. At the review all parties involved are expected to attend and a discussion of achievements, problems and changes to agreed services is held.

This review system has been highly effective for

- Ensuring that all parties are aware of the work actually taking place and understand how it fits in with other activities.
- Providing an opportunity for sharing values and the relative priorities/ethos of both organisations.
- Looking at the appropriateness of the service and whether it can be improved by changing it
- Looking at problems of workload, staff vacancies, costs, organisational restructuring (particularly in the PCT) and new requirements of partner agencies which affect their direction of service.
- Planning future priorities.

The records for each meeting are used to inform the future business plan and also form part of the Evaluation Process. Workers from partner agencies find this process particularly useful as they are often working for 2 organisations with different priorities and feel that they are torn in two.

EFFECTIVENESS OF MEETINGS

In house group meetings were assessed early in the year through questionnaires completed by participants of each group. Similarly leaders of co-ordinating groups were asked to assess the development and current appropriateness of the meetings they led. As the project evolves the needs and purposes of multi-agency working groups has changed. For example in objective 4 the large group has now been divided into smaller service specific task groups such as back to Work ,childcare services, Training for Parents.

Later in the year a focus group of core team members discussed the meeting structure and its manageability and effectiveness. Changes were recommended and a new meeting structure devised, including clearer lines of accountability to simplify/clarify decision-making processes. Work continues on the review and revamp of the Management Board. PAG and Pre Board meetings continue to effectively meet the needs of current users and the SS organisation, although we recognise that all users are not represented in the current structure. Efforts will be made to develop wider

informal consultation systems/ opportunities for less confident parents to give feedback.

The meeting structure continues to be reviewed periodically to take account of new dimensions in the work and to ensure effective communication without meetings for meetings sake. As result we now have a structured meeting and planning cycle which defines the purpose and membership of each meeting and lines of accountability.

EVALUATIONS COMPLETED IN 2002-2003

SURE START INVOLVEMENT IN PERSONAL, SOCIAL AND HEALTH EDUCATION IN SCHOOLS

INTRODUCTION

The Sure Start family planning nurse and midwife have been leading sessions on contraception, conception and pregnancy as part of the PSHE curriculum at 2 local secondary schools. An evaluation assessing the impact of this input was carried out in during spring 2002. A questionnaire was sent to the teachers responsible for PSHE in each school. The material in this report is based on their comments and those of the Family Planning Nurse and Midwife (who were interviewed by the Evaluation Officer).

KEY FINDINGS

Sure Start input- what has had the most impact on the pupils?

- That the facilitators are from an external agency.
"Paula always makes time to talk to the children with questions - they feel more relaxed to talk to her than if they spoke to a member of staff."
- That they are experts in their field. The teaching methods are not really different, but are more up to date and accurate. "Because they are experts and there is a novelty factor, they are usually well received"
- The resources are usually at their level, sometimes too complicated
"Sometimes too much knowledge is assumed on the part of the students - information should be more basic"
- Information about further help is available.

Because the midwife and family planning nurse are independent of the school they are able to talk objectively to the young people who in turn are able to speak freely without fear of judgement or loss of confidentiality.

Obviously with such a time limited intervention it is difficult to estimate what impact there has been on pupils' attitudes.

The teachers felt that pupils were 'perhaps more responsible and using family planning more'. One comment was that the family planning nurses and midwife were respected and trusted and that the midwife makes them (the boys) realise their responsibility.'

Both schools felt it would be beneficial to continue having the midwife and Family planning nurse delivering classes.

The main benefit for the pupils and staff has been the expert up to date information. For the pupils the presence of a professional agency has an impact.

Practical issues that need to be considered by both schools and outside agencies when considering joint working are

- Ensuring that outside agencies can fit in with the timetable requirements of the school, which are set around end of June for the following year. It has been very difficult for practicing nurses/midwives to fit 'set' classes into their own schedule of clinics and groups.
- Availability of equipment and resources i.e. TV and Video, visual aids.
- Good forward planning with all parties in discussion together to ensure clarity of roles and responsibilities
- Ensuring that a teacher is present in the session both for supervisory purposes and also so that the teacher receives the updated information.

There are other topics within PSHE where the NHS or other agencies could be used as a source of expertise. These are drugs, education, illness, death and assistance with the new programme for years 7 + 8.

At present pupils not in school can only access PSHE if work is being sent home or through TV programmes.

CONCLUSIONS AND RECOMMENDATIONS

Both schools felt that sex and relationships education could be improved by having more time spent on it and continued contact with outside agencies.

- It is recommended that Sure Start input continues within the 2 schools in our catchment area

- That this joint working approach be 'mainstreamed' and adopted by other local secondary school
- That support networks such as Youth Service Initiatives and Techno Chances for Lads be created/maintained out of school hours for teenagers on teenage sexual health issues and PSHE topics. This with the aim of reaching those young people excluded from school in order to provide 'wider coverage'/reach a wider audience

THE EFFECTS OF SLEEP MANAGEMENT ADVICE ON CHILDRENS SLEEP BEHAVIOUR AND FAMILY WELL BEING

A qualitative study using semi-structured interviews was carried out on parents who had received one-to-one sleep advice from the Sure Start health worker.

The sample group were parents of children under 5, who had received sleep advice from the Sure start health worker over the last 2 years. Only 12 families were contactable so all those who were available were seen. 6 mothers were interviewed. 86% of children had settling problems and 100% were waking at least twice in the night, every night. This behaviour had lasted between 2 months and 4 years. 83% of the children treated had never had an established bedtime routine

Each respondent had agreed an individual action plan with the health worker (Sue), based on a positive bedtime routine and controlled crying.

KEY FINDINGS

Sleep Behaviour

100% of those treated, learnt to settle satisfactorily within 3 days -2 weeks of the behavioural intervention with a comparable reduction in frequency and duration of night waking. Parents found that children were going to sleep earlier and waking less often and at later time during the night.

Perception of Family Well-being

The findings were consistent with previous research; that child sleep problems are related to increased levels of stress, maternal depression and marital discontent, poor relationships with the child, poor child behaviour and extreme fatigue. One mother felt that the sleep problem had played a major part in the break up of the marriage.

"I was tired, arguing all the time. It was just a nightmare. One of us would end up on the sofa. I felt guilty every morning."

Another mother said of her husband.

"there were days when I hated the sight of him...-jealous that he'd not got up to Jake" [in the night]

Resolving the sleep problem had a major impact on the perception of family well-being.

"I t felt different, brilliant. I can sit on the sofa and watch what I like on the telly and kick my legs up on the sofa."{Mum does this action and grins}

"All our focus was on Emma, now we have more time for each other."

CONCLUSIONS.

1. The level of parental motivation (which was often desperation) was a key factor in the success of the sleep programme.
2. Sleep problems were ongoing. A change in family circumstances was often the stimulus that led parents to seek advice or discuss the problem with friends.
3. The availability of support from the health worker at the time when the problem was greatest was crucial to solving it.
4. Listening to parents, enabling them to set their own goals and giving them the skills to carry out the sleep programme made the parents feel valued and raised their confidence, commitment and capacity to deal with the situation.
5. The health worker's reassurances that the process would only take a fortnight, created a perception of a manageable time frame.
6. Parents found the positive bedtime routine acceptable, apart from a quiet bath time.
7. Parents did not seek ongoing support from family or friends or the health Worker for fear of being judged inadequate.
8. Practical circumstances such as lack of space, beds and awkward shift patterns were influential in causing the sleep problems and making solutions more difficult. Supporting the families to change these circumstances may be necessary before the sleep behaviour is tackled.
9. Where partners were actively supportive or were absent, mothers were better able to implement the sleep plan than when a non-supportive partner was present.
10. The majority of children had never had a positive bedtime routine. Once this was implemented, night waking problems were reduced considerably.
11. All families perceived an improvement in family well being once the sleep problems were reduced.

It is recommended that Sure Start Ravensdale continue to offer this advice service and to publicise it to local families and agencies.

EARLY START -BABY TALK EVALUATION

INTRODUCTION

Early Start- Baby Talk is a family-learning programme funded by the Basic Skills Agency. The aims are to provide support for families on issues around speech and language and to support parents/carers with literacy and numeracy problems.

The programme ran for 12 x 3hour sessions from January to March 2002 with a total of 13 adult participants and 19 children. Some of these were from outside the area and most were very capable. The programme was offered to all parents of a baby (under 1) in Ravensdale.

This programme illustrates the core and cluster interagency working which is typical in Sure Start Ravensdale, as we try to best meet the needs of the parent carers. 11 workers were directly involved in session operation with support from play workers in the crèche.

This evaluation examines the value of interagency working and staff perception of impact on families. Feedback from the parents (which is very positive) is reported elsewhere.

METHODOLOGY

A questionnaire was distributed to all staff involved in leading sessions to seek their views on the process and content.

Results were collated and discussed with the 2 main organisers.

KEY FINDINGS

Planning and effects on workers (Summary of Questionnaire results)

- Everyone was clear what was required of them and saw Paula and Liz as being responsible for the whole programme and it's planning.
- Involvement in Baby Talk enabled everyone to meet targets and performance measures for their work although they could have been met more specifically if more parents had been from Ravensdale.
- All workers felt it was a good use of their time, but would like it to be more focussed on attracting the 'hard to reach' and to have the programme better defined.

- Everyone found Baby Talk a useful learning experience for themselves: - in working with different people, improving facilitation skills, identifying needs and reinforcing aspects of caring for babies.
- Individual sessions were planned between the workers responsible (usually 2 people) and this working together was seen as positive in itself. In the future more involvement from the play workers at the planning stage would be useful.
- Paperwork was repetitive and time consuming; the Basic Skills Agency didn't provide the necessary forms or sufficient support.
- Workers found it difficult to plan the children's time, joint time and home time because of the length of the sessions. (3 hours). It was a rush to fit everything in. Longer sessions, extra sessions, or covering fewer topics in more detail were suggested, to resolve this.

Impact on families

The programme ran for 12 sessions with a total of 13 adult participants and 19 children. Some of these were from outside the area and most were very capable. The programme was offered to all parents of a baby (under 1) in Ravensdale.

Evidence of progression was noted in communication skills, confidence to join in the group and parental awareness of children's needs.

The sessions were 'friendly, in a nice atmosphere and parents were relaxed.

The most useful aspects of Early Start were seen to be ' the involvement of both parents/children. Excellent way to communicate with all parents, children and workers together'.

All workers felt they would be happy to do something similar in the future.

CONCLUSIONS

- The Early Start programme was an excellent way to work with parents and children together.
- Evidence of progression was noted in communication skills, confidence to join in the group and parental awareness of children's needs.
- Parent child bonding was increased as was awareness of the importance of eye contact and communicating with the young child.
- The sessions were too short to fit everything in.
- The programme was useful in providing opportunities for workers from different agencies and specialisms to work together.

RECOMMENDATIONS

- Future work should be targeted specifically on those who need to improve their communication/Basic Skills and on the 'hard to reach' families.

PARENT SATISFACTION SURVEY

During autumn 2001 Sure Start Ravensdale commissioned Trent Surveys to carry out a Parent Satisfaction Survey of 20% of the target population (parents of children 4 and under) In February 2002 a random sample of 80 householders were interviewed. 98% (all but 1 person) had heard of Sure Start and 80% of these were users of Sure Start Services.

CONCLUSIONS CAN BE DRAWN AS FOLLOWS

- * The services we are providing are well received and our presence is publicised both through systems set up by Sure Start (e.g. midwife, health visitor and SS home visits) and by word of mouth.
- * The newsletter is seen to be very informative and is a particularly good way to reach non-users, as they read it and it makes them laugh.
- * Non-users' reasons for not coming are similar to those respondents in the Autumn survey of non-users - they don't have time, don't feel the need, don't get round to it; don't feel it caters for them.
- * The majority of requests from parents are for an expansion of services we already provide e.g. Cook and eat; training courses, and play sessions.
- * Additional requests are for
- * Childcare.
56% of respondents want more childcare services. Households surveyed had a (mean) average of 2 children each so that means 80 children requiring childcare- just from this small sample of our target population.
- * Services for older children
21% of households want some provision for older children- those outside the Sure Start remit but whose health and happiness is of core concern to our target families.
- * Parks/Play areas.
15% of households asked for local, safe play spaces for their children.
- * Transport.
29% of those who commented felt that public transport was not very helpful and 5 households specifically requested buggy- accessible buses.
- * The survey itself proved to be effective in promoting and publicising Sure Start.

25% of respondents requested further contact.

RECOMMENDATIONS

1. That we consider ways to increase our capacity to provide services for all those who need or want them across the age range 0-4 years.
2. That we explore ways to ensure continuity of provision for families and children as they grow up and out of our remit, particularly 4-8s for whom there is little out of school play or care provision.
3. That we develop a strategy to address the needs of non-users and to make contact with 'hard to reach' families.
4. That we work towards developing childcare services which are appropriate and accessible (financially and culturally) to local families.
5. That, in consultation with appropriate agencies and funding bodies (i.e. MDC, Nat. Lottery, Groundworks Trust) we explore the possibilities for provision of local play spaces which are safe and friendly for children under 4 and their siblings.
6. That we make the results of the survey known to all agencies whose services have been commented upon.
7. That we continue to consult with the families of Ravensdale when designing and planning new services.

OUTCOMES

The report was presented to the Management Board, to the staff team and to the Parents Advisory Group and has been used to inform the development of services.

Outcomes linked to recommendations. (above)

2. We are continuing to develop links with out of school play provision in the area. All our holiday programmes now have some provision or special activities for older siblings.
3. A system of 'Zone Attacks' has been developed. On these days a team of Sure Start staff target a particular locality and knock on the doors of target families to offer information on services and to introduce themselves. Families who ask for support are visited again and are added to the caseload of the Outreach team until their issues are resolved.
4. A Childcare Development Worker has been recruited and will start in September 2002.
5. After consultation with Sure Start parents a site has been chosen and money set aside in the 2003-2004 budget to build a play area.

PLANS FOR 2003-2004

EVALUATION OF BREASTFEEDING INCENTIVE SCHEME

A questionnaire was sent out during November 2003 to all women who had breastfed since the breastfeeding incentive scheme began, offering a £5 voucher to each person completing a questionnaire. 20 mothers responded, approx 50% of the target sample. An excel database will be set up to analyse the results.

EVALUATION OF SERVICES TO FAMILIES WITH BABIES UNDER 1 YEAR.¹

This aims to find out

- How effective Sure Start services are to parents of new babies
- What parent's support needs are and
- What their views are of the services provide by Sure Start, Midwifery and Health visitors

The research strategy will include

Individual interviews with parents

Interviews with Health Visitors and Midwifery staff

Focus Groups of parent participants of the Feeding Support Group and Babble, Bumps and Baby Groups.

A Planning meeting and consultations were carried out with Health managers to keep them informed of the process and to enable them to add questions to the interview schedules.

The parent questionnaire has been written, piloted and amended. 2 workers from Reliance Care are being employed to carry out 60 Interviews between 19th Jan – Fri 5th March 2004.

Letters will be sent to 213 households, which is all babies born after April 2001...

The target sample is 20 regular Sure Start users and 20 non users, (first time mums where possible), and 20 fathers, (10 non user partners and 10 user partners.)

Data will be collated and reports written to address the information requirements of different agencies. Evidence can then serve to inform services within Sure Start Ravensdale, the review of Health Visitor roles in Public Health and the delivery of Midwifery services across Mansfield.

FULL LOCAL EVALUATION REPORTS CAN BE SEEN ON THE NESS WEBSITE under 'Local Evaluation Findings'

¹ It has been agreed to carry out a thematic evaluation on all work across this particular age-group in order to provide a more effective and more co-ordinated service to families.