



Millbrook, Redbridge & Maybush

Annual Evaluation Report
2003 – 2004

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1. Introduction

The Sure Start Unit ask each Programme to prepare an annual report which describes all the evaluation that has taken place within the Programme over the last year. The report should provide a progress report which is accessible to our Management Board, stakeholders and others who have a particular interest in our services.

2. Context

All core services are now in place but several have only been established over the last 6 months. In consequence, individual service evaluation has only begun in the last quarter (October-December 2003)

We no longer have the support and involvement of our valued Citywide Sure Start Evaluation Officer who has been seconded to work with the City's proposed additional Children's Centre. The Evaluation Officer had not planned to support any evaluations in MRM until 04-05, as she needed to focus on evaluations in Sure Start Central and Weston.

This report may not meet strict research/evaluation criteria, as it has not been written by someone with a research background.

3. Progress towards Targets

MRM does not have complete baseline data as yet. Systems are now in place to achieve this. Data collected from April 2004 to be submitted to the Sure Start Unit in September 2004 will give information about progress towards a number of our targets. The data collection from April 2005 to September 2005 will enable us to determine progress towards virtually all our targets.

4. Consultation with Parents/Carers and Children

A range of general consultation approaches are currently used within the programme. These include:

- Parent Voices group
- Suggestions box at drop in
- Stick its at drop in to give feedback / suggestions on particular topics
- Consultation with children re fruit at snack times.

At the 18month risk assessment the Sure Start Unit concluded that whilst there are a number of arenas and methods for consultation within the programme the results of these are not shared or co-ordinated sufficiently within the programme. This area therefore needs development over the next year.

There have however been some significant focused consultations over the last year which have successfully informed aspects of the programme, the most recent of these being the consultation in relation to the interior design of our new building. (See Annex 1 for conclusion) The latter involved parents in choosing furniture and fittings from catalogues and then identifying what it was that appealed to them in terms of design, texture, colour etc. A short questionnaire was used with parents attending baby clinic.

5. Validity of Evaluations Completed

Evaluation to the extent required by the Sure Start Unit is new to most of us. Whilst this report shows that services are beginning to 'think evaluation' we have some way to go in ensuring that evaluations are validated in terms of methodology. We are not yet making sufficient use of our regional evaluation contact but, more crucially, we also need some ongoing accessible expertise to ensure that evaluations completed meet the necessary standard.

Despite this the Programme has obtained some valuable qualitative information and results from external evaluations completed or in progress meet research standards.

6. SNAP

This is a computer package, which supports the design of questionnaires. Questionnaire results can be input into the package and analysed.

The 3 Southampton Sure Start Programmes have bought the package jointly.

The City Sure Start Monitoring Officer is charged with developing the use of SNAP across the Programmes to support the development of evaluation practice.

7 Quarterly Evaluations.

These have ranged from descriptions of activities and numbers reached to initial evaluations of services provided. Two of the initial evaluations are described below.

7.1 Family Support Workers (FSWs) Initial Evaluation June-December 2003) status: Evaluation ongoing.

Sure Start MRM commissions 4 part time FSWs from the PCT. The posts target local people seeking to return to work. The FSWs receive initial extensive training coordinated by the PCT, which results in 2 Open College Network credits.

FSWs take referrals from any source. The focus of their work is to provide practically based support for families. This could include helping them to access groups (by collecting and taking them) or working with them in their home to give practical support and advise (e.g. how to prepare a bottle) The FSW's also support the programmes group activities. Work with individual families should be time limited. The FSWs are managed by the Health Visiting service As this is a new, and groundbreaking, service, evaluation is of particular importance.

Methodology

The initial evaluation is a result of discussions with the Family Support Workers, the Sure Start Health Visiting team and MRMs Family Support Coordinator. No methodical feedback was obtained from service users at this stage.

Our Family Support Coordinator documented the results of the discussions. (See Annex 2 for full report)

Key Findings

Initial qualitative feedback from service users indicates that the service is meeting families' needs

During their initial 6 months in post FSWs worked with a total of 47 families on an individual basis. They have provided regular support to 2 drop ins and Soft play and regularly support outings and family activities. There are a number of areas that work extremely well but in view of the early stages of the service, there are also a number of areas to be addressed and worked on. These include:

- The most appropriate management model
- Level of complexity of work with which the FSWs are involved (they have been involved in some very complex and challenging situations).
- Recording
- Depth of involvement with members of their own community.
- Comparative pay for work undertaken

Recommendations and Service Development

The Programme is now aware of areas that need to be addressed within the service over the next period.

There are similar posts now working with other PCT services. Sure Start Central employs 8 part time FSWs with similar roles. There are now 27 FSW posts citywide. In view of this the PCT will be conducting a more in depth evaluation during the next year. We assume that this will include seeking to evaluate our families' experience of the service.

Progress Towards Targets

This service supports the target' parenting support and information available for all Parents in the Sure Start area'.

7.2 Mad For Music: September –December 2003 status: completed (but may be repeated before the pilot ends)

Mad for Music is only funded for one year (September 03-July 04)

The programme aims to use music to both aid speech and language development and develop basic musical awareness through the use of action songs, chants, instruments and stories.

The Play Project have hosted these sessions The Play Project Workers have also completed the training in order to continue the service after the pilot period.

Methodology

Following the first term numbers booking for sessions dropped. To try to find out why, and to see if parents felt that sessions had been worthwhile and had noticed any changes in their child, the Play Project completed a simple evaluation using an open-ended questionnaire (Annex 3 questionnaire and results summary).

Key Findings

These were compiled by the Play Project team with results as indicated at Annex 3.

Recommendations and Development

The Play Project will continue the sessions after the pilot ends.

As a result of this research the Play Project will slightly alter the programme to make it more physically active, and therefore more appealing to young children.

Current numbers attending have not improved.

Attendance will be monitored once adjustments have been implemented in September 2004.

Progress Towards Targets

Whilst not valid in research terms we now have a little evidence to suggest that the Mad for Music programme contributes to Speech and Language Development.

8 Child Care Consultation, commissioned by Southampton Early Years Development and Childcare Partnership (EYDCP) and Southampton Sure Starts. Status: completed.

This research was commissioned from BNP to establish both the extent to which parents childcare needs were being met and their views on the quality of the provision they access.

Methodology

The research was completed city wide Each Sure Start Programme commissioned an individual report for their Programme Area. (Annex 4, MRM report)

A number of questions were included which related to parents knowledge about Sure Start and use/experience of Sure Start groups and which sought parents views on additional support and services they need/want. For full details of methodology see Annex 4.

Key Findings.

See recommendations and development below.

In relation to childcare most were satisfied with the quality of care.

Future childcare needs focus ed on preschool, and before and after school provision.

Recommendations and Development

In terms of future Sure Start services the research indicated clearly that parents/carers would like more training /support in the following areas:

- First aid
- Managing children's behaviour
- Healthy eating.

An initial session of first aid training has been arranged for May 2004.

Parenting support on an informal basis is available via all drop ins; the health visitors have held a behaviour management support group, the Women's Group has addressed parenting as part of its work.

We are currently further developing our more focused parenting support initiatives across the programme; Gill Bennett (Deputy) and Judith Martin (Nursery Nurse) will begin a new Parenting Group in September 2004. Judith Martin has begun a Pop In session at Millbrook clinic.

This area of work will be further supported by the work being completed by Sure Start Mainstreaming around family support and parenting.

The new PCT Nursery Nurse post will work with families in relation to healthy eating within the programme and further develop the work already being completed by dental health worker, and all other members of the team who support this with our families.

There will be a need to evaluate these developments to ensure we are meeting a range of needs within the programme.

Progress Towards Targets.

The results of the childcare consultation indicate a low demand for childcare for under 4s in this area. The work that the programme is completing in relation to respite care and return to work and training in relation to our targets may change this over the next few years, particularly if the government provides more revenue funding for childcare places. If this happens, demand will far outstrip supply in the MRM area. Childcare is unlikely to be accessible to our most needy families.

In particular work around parenting and behaviour management contribute to our target to improve social and emotional development, improving the ability of children to learn and strengthening families and communities.

9 Midwifery Parent Group Evaluation. Status: completed

Midwives have been running this antenatal parent group since September 2002.

Methodology

Questionnaires given to parents at group reunions/drop in after babies' birth

See Annex 5 for summary of evaluation

Key Findings

The women and their partners who attended found the group itself, the venue and the information provided very helpful.

Recommendations and Developments

To ensure that one of the sure Start core team attend to provide a broader range of information about Sure Start services.

To increase women's awareness of the evaluation forms to achieve a higher rate of return.

Progress Towards Targets.

The group meets our target for ensuring' that ante natal advice, support and information is available to all pregnant women and their families in the sure start area'

10 Evaluation of Summer Activities.

This was an initial attempt to consult parents on the range of activities over the school summer holiday period 2003.

Methodology

64 questionnaires were sent out and 6 returned. (See annex 6, summary report)

The report was compiled by Gill Bennett.

Key Findings

Despite the minimal return rate there was some useful feedback that was reinforced in discussion with other parents on which we have acted.

See report at Annex 6

Recommendations and Development

The parents' forum felt that each family should pay a returnable deposit on booking a place on outings to minimise families booking and not attending

A special enclosed area for babies has been created at both soft play and All Saints drop in

Progress towards Targets.

This area of work contributes towards a range of our targets.

11 User Satisfaction Baseline. Status: in progress

This will create the Programmes baseline for measuring the target;

‘Seventy five per cent of families reporting personal evidence of an improvement in the quality of services providing family support.’

Southampton Programmes have commissioned Hemsall Consultancies Ltd to conduct the survey. (Refer Annex 7 for survey specification including methodology, evaluation instruments etc.)

The original timescale for completion has been extended to take into account the need for prior agreement for the evaluation from the Medical Ethics Committee.

12 Breastfeeding Evaluation. Status: in progress

Southampton Programmes, in partnership with the Primary Care Trust and Southampton University Hospitals Trust, have also commissioned Hemsall Consultancies Ltd to evaluate the Programmes strategies for increasing the number of mothers who breastfeed. The evaluation will also look at cultural and social barriers to breast-feeding within each Programme area. (Refer Annex 8 for research specification, methodology, evaluation instruments etc.)

As for the User Satisfaction survey, the timescale for completion has been extended awaiting agreement from the Medical Ethics Committee.

The evaluators will also look at the cross cutting issues the Sure Start Unit require programmes to address; partnership working and programme management; in relation to this area of work.

13 Women’s Group Evaluation. Status: Ongoing.

This is an intensive group run all day for 12 weeks. Women can refer themselves or any agency can refer potential members. Each woman is visited at home by the group leaders to discuss the group and to decide whether they wish to attend/will benefit.

Children are cared for in the crèche throughout the day. The group breaks at lunchtime and mothers spend this period with their children.

Both group leaders have worked together with this type of group before so have considerable experience. They have skilled external supervision.

The group addresses a range of issues, including loss, abuse, and women's own childhood experiences.

The group will be evaluated with the women who attend. There are already women wanting to attend the next group but all have been told that a firm decision will not been made about a further group until the evaluation is complete and discussed within the programme.

As part of the evaluation the programme manager met with the group; without the leaders; for part of the 10th session.

14 Fathers Evaluation-Sure Start Weston Status: completed (copy available at Blakeney Road)

Recommendations and Development.

The information gained from this research led us to appoint our development worker with a lead for work with fathers and male carers.

15 Practical Parenting:What is the role of Sure Start Central in supporting parents and families in difficult situations?;- Sure Start Central. Status: completed. (Copy available at Blakeney Road)

Recommendations and Development

Whilst there are significant differences between Sure Start MRM and Sure Start Central, we can learn and benefit our families from some of the recommendations within this evaluation. Over the next year we need to consider , e.g. the need for a nappy bank for emergencies and the provision/availability of information about other agencies which can provide support to families in relation to finance, debt etc.

16 Library Services Evaluation-Sure Start Central. Status: Ongoing

Again, once this is complete it will inform service delivery in MRM.

17 Programme Reach.

Refer to reach graph at Annex 9 MRM is currently making good progress in relation to reach. We have now joined 502 children out of a total of 808. In the month of February 26 % of our children accessed our services . Over the next few months we will have a number of additional workers in post (family support worker, Portage Worker, Development Worker, play project worker, toy librarian driver), which will result in a number of new

activities. It is likely that our reach will continue to increase and at this stage does not need special analysis.

18 **Policy Recommendations.**

Whilst our evaluation is still in its early stages there have still been some results, as highlighted throughout the report, that have informed the programmes practice and development.

The table below summarises recommendations and timescales for their implementation.

Recommendations	Timescale for Implementation	Achieved/ Date
More extensive Evaluation of Family Support Worker Service	March 2005	
Adjustments to Mad for Music Sessions	September 2004	
Introduce Rolling Programme of First Aid training for Parents and Carers	September 2004	First Session – May 2004
Further Develop work around Healthy Eating	August 2004	
Managing Children’s Behaviour – co-ordinate, increase and evaluate work in this area	March 2005	
Ensure Core Team member attends ante-natal groups. Engage as near to 100% attendees in evaluation	June 2004 September 2004	
Returnable deposits to be collected for outings	Summer 2004	
Enclosed baby area at Soft Play and Drop Ins		January 2004
Appoint Development Worker with lead on work with fathers/male carers		April 2004

19 Evaluation Strategy for 2004-2005.

The most pressing issue for 04-05 will be the strategy for ongoing evaluation within the programme. Should the Evaluation Officer not return from her secondment the programme will need to decide whether evaluation expertise is to be bought in to complete our major evaluation requirements or whether to employ another Evaluation Officer. If the Evaluation Officer does return there will be a question around how much can be achieved across 3 Programmes with only one person.

It is recommended that Programmes begin to complete cost effectiveness evaluations after 18 months of operation, an area that will therefore need to be addressed in MRM from the coming year.