Executive Summary

Evaluation Programme for year 2001 – March 2002

The local evaluation of Sure Start Bramley for the period up to March 2002 has been developed taking account of National Guidance produced by Sure Start. Priorities were considered by an Evaluation Seminar in March 2001 and have been developed further by an Evaluation Steering Group meeting at four-monthly intervals. The evaluation has encompassed the following areas: developing an overview of the Sure Start programme; practitioner evaluation and an evaluation of two specific projects, the Outreach Team and the Family Support Programme offered by the NSPCC.

KEY FINDINGS AND RECOMMENDATIONS

(i) Overview of Sure Start (Bramley)

Data obtained for the overview from key personnel in Sure Start Bramley indicates that considerable progress has been made in establishing the infrastructure, developing services, and consolidating partnerships. There is a need, however, to review priorities and to develop a sense of ownership more widely in relation to such priorities and to continue to foster partnerships particularly with parents.

- The Management Board should take the lead in facilitating a review of overall priorities and consolidating partnerships. Key issues include exploring how the important issue of domestic violence should be integrated within the work programme and facilitating, acknowledging and valuing parental involvement.

Analysis of the monitoring information currently being collected would indicate that there are some gaps and anomalies.

- Sure Start Bramley should establish a computerised management information system as soon as possible.

(ii) The Outreach Team

A positive start has been made in establishing the Sure Start Bramley Outreach Team and the team contains a range of expertise including personnel with local knowledge. Protocols have been established for the approval of initiatives linked to Sure Start objectives and involving community consultation. Methods of work include one to one support and project work and there is a strong commitment to evaluation and feedback.

- The Team’s commitment to project work meeting local needs should continue

- Consideration is recommended on how to develop strategic links between the Team’s one to one support work and other Family Support Services, for example Home Start
• The Team has developed at a pace and consideration should be given to what kind of forums will enable the team to best explore developmental issues and points of tension that may emerge after a period of rapid growth.

(iii) The Family Support Service

The evaluation of a small number of service users’ views would indicate a need for this service. Key issues emerged in relation to how first contacts are managed and the criteria used to finish pieces of work.

• Obtaining a broader sample of service users’ views is required here. This should test out some of the preliminary findings particularly in relation to first contact meetings and endings.

EVALUATION PRIORITIES FOR THE YEAR STARTING IN APRIL 2002

These should include:

• Further evaluation of the Family Support Service
• Development work on the role of fathers and male carers in Sure Start Bramley
• Facilitating community involvement in evaluating the local impact of Sure Start
• Ensuring that value for money and cost benefit issues are prioritised
I  Background and Context

Summary

This section describes the establishment of Sure Start Bramley, local statistics and the need for a computerised management information system.

1. Sure Start Bramley is a second round programme which gained approval from the Sure Start Unit in July 2000. The Programme Manager and the Administration Manager were both appointed in November 2000 and the Trustee Directors Board became operational on January, 1st 2001. The appointment of 4 full time equivalent outreach workers, meant that the Sure Start core team became fully staffed in March 2001. Additional funded workers are located in other agencies, the largest investment being in Bramley Family Support Service run by the NSPCC.

2. The Trustee Directors Board is constituted in the following way: 6 parent places; three places for statutory agencies; three places for voluntary agencies and one for the chair of the Community Involvement Team who is an elected member of Leeds City Council. Places are reserved on the board for a parent representing special needs issues and minority ethnic families.

3. Currently, there are four parent members on the board. Social Services, West Leeds Primary Care Group and the Early Years Partnership (Leeds Child Care and Early Development Service) comprise the statutory agencies represented on the Board. The NSPCC, Bramley Family Support and Bramley and Rodley Community Action (BARCA) comprise the voluntary agencies. There are a number of strategic sub groups designed to monitor and contribute to the planning and achievement of the target objectives. These are: Child Care and Play; Building Development; Mini bus purchase and use; Employment; Service Level Agreements; Finance; Health.

Sure Start Bramley - Demographics

4. The population of children under 4 in the Sure Start area is 1039. (Source: Leeds Community Health Trust, 2001 quoted in the revised Delivery Plan, 2001).

There are 907 families with children under 4 in the area. (Source: Local Heath visitor records quoted in the revised Delivery Plan, 2001).

An ethnic breakdown for the Sure Start Bramley area is in Figure i below. (Source: Census data – 2000).

Figure i

Ethnic Breakdown (of whole population)

<table>
<thead>
<tr>
<th>Ethnic Origin</th>
<th>% of Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>21,934 (97.80%)</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>30</td>
</tr>
<tr>
<td>Black African</td>
<td>14</td>
</tr>
<tr>
<td>Black Other</td>
<td>21</td>
</tr>
<tr>
<td>Indian</td>
<td>96 (0.43%)</td>
</tr>
<tr>
<td>Pakistani</td>
<td>24</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>1</td>
</tr>
</tbody>
</table>

Nationwide Children’s Research Centre
University of Huddersfield
Nearly 98% of the Sure Start Bramley population is described as white.

Children and Families in contact with Sure Start

5. A computerised management information system has not been set up by Sure Start Bramley. Discussions have been held with contractors and it is anticipated that a system will be set up in April 2002. Data for the Monthly Information Form 1 is collected manually by both the core team and the other service providers contracted by Sure Start. The Administration Manager collates the statistics into a monthly return.

6. These monthly returns have been made available to the evaluation team. In examining them for monitoring purposes it is apparent that there are anomalies and gaps. In particular the data on numbers of children seen by Sure Start has reliability problems and little information is available on live births. As baseline data is crucial both for monitoring and evaluation purposes, the development of a reliable information system is a priority for Sure Start Bramley.

Recommendation:

The establishment of a computerised management information system is a priority.
II  Evaluation: Principles; priorities and methodology

Summary

Guidance on local evaluation of Sure Start projects was produced by National Sure Start in August 2000. Local evaluations are required to focus on “individual activities and processes so that lessons can be learned for the development of programmes locally”. Principles and priorities for the evaluation of Sure Start Bramley were agreed in March 2001. The style adopted has been formative, emphasising parent and practitioner involvement. Methodologies adopted for the evaluation activities described in this report have been mainly qualitative using specifically designed and standardised research instruments, semi-structured interviews and observation of project activities. Accountability has been through an Evaluation Steering Group. The methodology will be reviewed taking account of future project priorities.

National Guidance

7. National guidance from Sure Start in August 2001 stated that the local evaluation of Sure Start programmes should focus on:

- Carefully monitoring progress towards national objectives and targets.
- Review the working practices and processes through which Sure Start is being delivered.
- Assess whether the services being provided achieve good value or money.

8. The national guidance also promoted key Sure Start principles to inform local evaluations, namely to:

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

9. The national guidance also suggested that local evaluations may wish to look at a sample of individual projects or activities in more depth, including those that are most innovative and those that are most problematic.

10. The national guidance also refers to process evaluation including:

- The effectiveness of the Sure Start partnership.
Sure Start Bramley

- The role and involvement of local parents and the wider community – including minority ethnic groups.
- How individual services and activities are delivered.
- Service quality.
- How professionals from different agencies work together.
- Whether management structures support the achievement of Sure Start’s objectives and key principles.

11. The national guidance also referred to the principles to be adopted in addressing value for money issues through the local evaluation.

NCRC Principles

12. The NCRC’s initial proposal for evaluation of Sure Start Bramley anticipated principles contained in the national guidance. These included emphasis on consultation with local parents informing the evaluation and an emphasis on qualitative dimensions. The proposal suggested that the style of the evaluation should be participative, promoting endorsement by those involved of the principles of evaluation and feedback, and developing the skills of local practitioners and also of local people in contributing to evaluation methodology. The emphasis in the national guidance on value for money and cost benefits was also anticipated in the proposal document.

Evaluation Seminar: March 2001

13. Following an initial presentation by the evaluators to the partnership group it was agreed that an evaluation seminar involving agency representatives and parents should be held in March 2001 to agree a policy on information sharing and to agree how Sure Start projects would be evaluated. The seminar dealt with issues of consent about how data should be stored and shared. The seminar agreed that the evaluation should be based on a partnership between parents, agencies and the external evaluators. Training would be required for parents and practitioners involved in evaluation. The evaluation would harness the contributions and expertise of professionals with knowledge and experience of evaluation techniques. Parents’ contributions would be valued and care would be required to ensure they were not exploited. Accredited training and remuneration for parents would need to be explored. The seminar report noted that parents’ knowledge of local networks and their experience of bringing up children were an invaluable resource. The seminar considered priority areas for evaluation in year one and agreed to establish a Steering Group to oversee the evaluation.

14. The seminar was positively evaluated by parents and agency representatives who attended. Representatives rated work undertaken in small groups and agreeing principles about information sharing as particularly effective. The evaluators considered that the seminar had succeeded in its objectives and had raised the profile of evaluation activity appropriately.

Evaluation Priorities

15. Initial priorities considered at the seminar included monitoring progress in establishing contacts with families with children under four; practitioner involvement in evaluating the speech and
Sure Start Bramley

language service; Health Visitor involvement in evaluating services provided for mothers experiencing post-natal depression; evaluation of the Outreach Team; and evaluation of the NSPCC Family Support Service which had been contracted to work with Sure Start. The evaluators were involved in and influenced discussions about evaluation priorities.

16. These priorities were reviewed by the evaluation Steering Group at its first meeting in July 2001 where agreement was reached that evaluation would focus on the Health Visitors' involvement in providing services to mothers with post-natal depression, as an example of practitioner involvement in evaluation. Evaluation of the Family Support Service which had been expanded through Sure Start investments, was confirmed. The first year evaluation would also include the work of the Outreach Team which had responsibility for promoting the project's direct work with families and its community involvement programme.

Methodology

17. The methodology adopted by the evaluation has reflected the project's overall priorities and the characteristics of the areas selected for evaluation. The methodologies used are described in subsequent sections of this report. The Health Visitors' evaluation has used a standardised (Edinburgh Post Natal Depression Scale – EPDS) measure and a questionnaire developed by the NCRC. The Family Support Service evaluation has been mainly qualitative using semi-structured interviews. The evaluation of the Outreach Team has involved participation in team meetings, semi-structured interviews with Outreach Team members and observation of project activities. The evaluation has also had access to the Outreach Team's project data and to feedback obtained from service users involved: practitioner evaluation has been a consistent feature of all project work undertaken by the team.

18. The evaluation methodology will be reviewed for the next phase of the project taking account of developing priorities for the evaluation. The Sure Start regional office has recently indicated that future priorities will include greater emphasis on value for money and cost benefit analysis.

Recommendation

*Priorities for the focus of future evaluation activities should be kept under review; and the methodology used should be adapted appropriately.*

III Practitioner Evaluation

Evaluation of Health Visitors’ support to mothers experiencing post-natal depression; and of group work promoted by the Outreach Team to support these mothers.
Summary

This section describes approaches to practitioner involvement in evaluating services for mothers experiencing post-natal depression by Health Visitors; and by Sure Start group workers. Health Visitors have started to use the Edinburgh Post Natal Depression scale and a questionnaire exploring social context issues. Group workers linked to the Outreach Team have used user feedback questionnaires to obtain assessments of two twelve-week programmes. Responding to post-natal depression is a core target for Sure Start projects and both Health Visitors and the Sure Start Outreach Team identified their interest in practitioner evaluation in this area.

Health Visitors involvement in Practitioner Evaluation

19. Health Visitors in Bramley reorganised their boundaries to align with the proposed Sure Start boundaries before Sure Start Bramley went live early in 2001. A Bramley Health Visitor who was to become one of the first members of the Outreach Team wrote her graduate dissertation on the processes of change occasioned by this realignment. The evaluators have observed the positive approach taken by the Health Visitor team to the development of Sure Start Bramley – which has been confirmed by the project manager and the Outreach Team.

20. The Health Visitor team offered to be involved in practitioner evaluation of services provided to mothers experiencing post-natal depression at the evaluation seminar in March 2001. A Health Visitor has attended all meetings of the evaluation Steering Group. In the spring of 2001 the Health Visitor team was exploring the use of the Edinburgh Post Natal Depression scale (EPDS). In September 2001 the Health Visiting team agreed to participate in a pilot project to evaluate the impact of Health Visitor support for mothers with post-natal depression using the EPDS (see Appendix 1) and a questionnaire developed by the NCRC to explore the social situation of the mothers involved including support available, experience of isolation and types of help required (see Appendix 2). The Health Visitor service in Leeds had not decided whether to formally adopt the use of the EPDS. The evaluation was due to start in October 2001, but was delayed partly because the Health Visitor team was not fully staffed at that stage, and partly following referral of the NCRC questionnaire to the Leeds Research Ethics Committee, which confirmed that it could be used as a monitoring tool early in December 2001.

21. Further negotiations were held with the Health Visitor team in January 2002. The initiative was to be called The Health Visitor Support Project for New Mothers. The EPDS was amended so that participants could not see, and therefore would not be affected by, scored responses to the questionnaires. The EPDS scale was to be used for both new mothers and mothers with second or subsequent children. The NCRC questionnaire would be completed wherever the Health Visitor, taking account of the EPDS score, considered that the mother needed additional support. Both the EPDS and the NCRC Time 2 Questionnaire would be used again following a period of additional support, and consideration of other interventions, after a period of 2 – 3 months (time periods would vary). One of the interventions used by Health Visitors is a series of four listening visits.

22. The EPDS and the NCRC Questionnaires are enclosed as appendices to this report (see Appendices 1 and 2). EPDS scores can indicate the need for social support or for GP referral, or for referral for specialist intervention. The Bramley Health Visitor team had access to group work support programmes for mothers who may have experienced post-natal depression and to a Day Hospital catering for people with more serious conditions.
23. In March 2002 the Bramley Health Visiting Team learnt that some national bodies, including Sure Start, were questioning the continued use of the Edinburgh Post Natal Depression scale, although Leeds Health Authority was continuing to support its use. Following discussions with the programme manager and the local evaluators, it was decided to continue the pilot phase of the research.

24. The pilot phase is to run until June 2002. Questionnaires will be analysed by the NCRC. After that, it is planned to continue the evaluation project until the end of 2002. Numbers of participants are likely to be fairly small and are dependant on the number of births in the area and the number of mothers requiring additional support.

Comment

25. This busy Health Visitor team has demonstrated its enthusiasm for being involved in practitioner evaluation of services for mothers experiencing post-natal depression. Ideally, the team would have welcomed more training in the use of the EPDS than was available. Results from the evaluation should be available later in the year.

Evaluation of Sure Start Group Work Support

26. The need to provide social support to mothers who were experiencing post-natal depression was identified as an early target by the Outreach Team. Liaison was established with the Health Visitor team and an independent sector consultant was appointed. A local Day Hospital which specialised in treating post-natal depression supported the establishment of a community-based PND group, as discharge was frequently followed by re-referral through absence of support. Referrals were anticipated mainly from Health Visitors and Midwives. The NSPCC’s Family Support Service was represented on the planning group.

27. The first group was held for twelve weeks between May and August 2001 and was regularly attended by seven mothers. The participants decided that they would be called Positive Pram Pushers. A second group was held between October 2001 and January 2002, also for seven mothers, although attendance was somewhat less consistent. Funding for the second group was obtained from the Sure Start Parents’ Development Fund. Sessions were based in the annexe to the Bramley NSPCC Offices and some refurbishment was funded. A third group started at the end of February, and by the third week nine participants were involved. Creche facilities have been available for each group. Different members of the Outreach Team have supported each group.

Group Work Evaluation

28. An evaluation form to obtain feedback from participants was devised by the planning group and used for the two completed groups. The group’s aims are to offer practical and emotional support to mothers who are suffering from post-natal depression, in a safe and confidential environment. Participant ownership was promoted by the group deciding on their own name and structure. Facilitators were drawn from different agencies and had different backgrounds. Group rules were developed by participants.

29. Midway through the first group participants were asked for feedback and two participants responded as follows: (Participant 1) I look forward to Fridays because of the different activities we do. (Participant 7) Fridays are brilliant I look forward to coming. Good for the state of mind – very therapeutic.
30. Evaluation forms were completed by four participants at the end of the group. All had been referred by Health Visitors. Three of the four participants said that group aims and objectives had been explained; one said this had not happened. All four found the venue easily accessible, and the “professionals” friendly and approachable, and considered that the group made their own decisions. All four said that twelve weeks was not long enough and said that they would ask to be re-referred to the group if they felt the need. All four felt that the group was helpful. Their comments were: (Participant 1)... I am in the same boat as others; not going mad; (Participant 3)...the group gave me confidence and the support I needed; (Participant 5)...the group was so enjoyable I don’t want to stop; (Participant 6)... the group was supportive, friendly and fun.

31. Three participants did not want the group to change in any way; one of them wanted the group to be longer. Three participants did not want any other activities; one requested baby massage and alternative remedies. Two participants said at the end of the group that they did not need any further other help. One said more confidence; the fourth said ongoing support.

32. Asked how they were feeling now, at the end of the programme, one said, great; another said much better; another said okay; and the fourth said up and down – I am in the process of moving house.

33. The evaluator (NCRC) participated in one session of the group in July attended by six mothers. Levels of participation were high and the evaluator was struck by the supportive and therapeutic atmosphere. The Sure Start Outreach worker involved commented on the high level of peer support within the group.

Case Study

34. The evaluator interviewed one of the participants (P7) in the group in July 2001.

P7 had a husband and a son aged seven and a daughter aged four. After her daughter was born P7 developed puerperal psychosis. She stopped going out, experienced bulimia, and severe panic attacks and was unable to look after herself. Her husband had to give up work to look after her and the children. P7 was an in-patient at a Mental Hospital. Her husband did not understand her illness at first but his support was invaluable. P7 experienced relaxation therapy, yoga and cognitive therapy as well as drug treatment. She refused to have ECT. Eventually she recovered.

P7 had found the Positive Pram Pushers’ group therapeutic. It provided a safe environment for participants to share their feelings, however negative. P7 had been able to share her story. She now spoke with confidence about her experience and enjoyed her children. Previously P7 had been quite materialist in her outlook, but no longer. What mattered were her relationships with her children and her husband. P7 thought that the support women can provide for each other was the best way of preventing post-natal depression.

P7 had completed the first part of an infant massage course and was hoping to be involved in providing a group work programme on this for other mothers.
Sure Start Bramley

35. Evaluation forms for the second group were analysed by the independent consultant. All group members were referred by Health Visitors, except one who was referred by Sure Start. Group aims and objectives were explained to all members except one who joined the group several weeks after the start date. All participants agreed that the group venue was easily accessible; that the “professionals” were friendly and approachable; and that the group made their own decisions.

36. Two members of the group wanted better furniture and two wanted a longer course (one of them wanted longer sessions).

37. Suggestions about other areas which the group could cover included:

- Self motivation and parenting – how to handle a toddler
- More ideas for coping with young children and anger management
- More group discussion and advice on self help techniques
- Child behaviour management

38. All group members found the group helpful. Reasons given were:

- Support – space and time to yourself
- Good to be with people in the same position as myself
- Look forward to coming every week
- Very well run – supportive workers. Friendships between participants. A reason for getting out of the house at least once a week
- I saw other people

39. All group members felt that twelve weeks was not long enough and all agreed that they would use a drop-in facility, if one was available.

40. On being asked how they were feeling at the end of the course, participants’ responses included:

- Okay
- Up and down
- Bit better. I have good days and bad days
- Today – very well, but the past few weeks have been very difficult with a number of very low days
- Better for making the effort to come to the group, but feel the need to continue coming as I really felt the benefits
- More positive but nervous that the group is finishing

41. Answers about any other help and support needed were:
42. All group members said yes, they would be re-referred if they felt the need.

43. The Outreach Team member involved in the second group commented that the age range and backgrounds of participants were diverse. Her impression was that the group had “gelled” rather less well than the first group, but that the group had been effective in meeting the needs of individual participants.

Comment

44. The group facilitators for the two Positive Pram Pushers’ programmes so far completed have demonstrated very positive commitment to obtaining evaluation and feedback from participants. This was on their own initiative, prompted by a wish to develop programmes in the light of experience. Feedback obtained provided confirmation that the programmes had been well received and that the content had met (or exceeded) participants’ expectations. Useful feedback was obtained from the second group about other areas which could be covered on the programme including behaviour and anger management.

Overall Comment

45. Results of an evaluation of Health Visitors’ involvement with mothers using the Edinburgh Post Natal Depression scale and a social context questionnaire are expected later in 2002. Practitioners have obtained useful feedback from group work for mothers experiencing PND using questionnaire formats they devised themselves.

Recommendation

Practitioner evaluation of groupwork with new mothers should continue

IV Outreach Team

Summary

This section includes a description of data sources. The recruitment, establishment and work patterns of the team are described. Interviews with team members are reported covering both individual and project work. Reference is made to the evaluation of nine projects which have been evaluated by the team, and to other projects, including some at the planning stage. Achievements and development issues are highlighted and recommendations are included.

The Outreach Team was identified as a main component in the first year evaluation because the team has played a central role in the promotion and development of Sure Start Bramley in its first year of operation.

Data Sources

Nationwide Children’s Research Centre

University of Huddersfield
46. Data sources have included three meetings with the Outreach Team, in June and July 2001 and February 2002. Individual interviews with team members and the Programme Manager (telephone interview) have been held. The evaluator observed two project groups (Positive Pram Pushers and Infant Massage). The evaluator attended a meeting with parents about the development of child care resources (September 2001) and the Sure Start Bramley Annual Public Meeting (October 2001). The Outreach Team made available documentation about project work undertaken including evaluations of nine completed projects / activities. These data sources cover a slice of the total activities and outputs of the team over the past year.

**Getting Started**

47. The structure for the Outreach Team was confirmed prior to the appointment of the Programme Manager in November 2000. Four full time posts were established with lead roles for Health; Play; Black / Ethnic Minorities and Special Needs, and Family Support. The response to advertisements for the Outreach Team posts was substantial. An interesting feature of the appointment process was that a parent director, as well as the programme manager, was a member of the appointment panels for all the staff. The five staff appointed were all female. The programme manager had prioritised the appointment of a male worker; unfortunately, this did not prove feasible.

48. The Health Worker had been a member of the Health Visitor team in Bramley and had had research experience and had been involved in devising the Sure Start Bramley bid. The Black / Ethnic Minorities and Special Needs worker had extensive nursing experience, as well as experience in black mental health issues and children with special needs, and local knowledge of the area. The Play Worker’s background was in Early Years services and Nursery Education and she possessed Nursery Nurse qualifications. The Family Support post was filled by appointing two local residents on a job-share basis, who competed successfully against applicants with professional experience. Both of them had lived in Bramley for many years and brought up their children there. One had completed a degree in community studies and one had a counselling qualification.

49. Initially, the Sure Start area was sub-divided into two, with Outreach staff covering the two areas separately. This was reviewed after a short period and it was decided that all staff members would cover the whole area. The specialist designations of the postholders have been modified and all members of the team provide a generic service, but are encouraged to use each other’s specialist knowledge. All five members of the Outreach Team have been allocated lead roles for project development work. The Programme Manager has resisted allocating these roles by reference to previous specialisms. She has developed a supervision policy and has provided monthly supervision prioritising individual and project work, child protection issues, personal development and training plans. The Programme Manager described the structure of the Outreach Team as equal and non-hierarchical. The Programme Manager has put a premium on an empowerment model designed to afford high levels of autonomy for project workers. One example was that a team member developed a format for project proposals, which was then adopted by the team: a bottom up approach. The team has been encouraged to place a premium on evaluation and feedback (see Appendix 5).

50. The Programme Manager considered that first year outputs from the team had been impressive. She considered that the balance between professional and community experience in the team had worked well. The period from March – December 2001 had been a settling in period. Quarterly plans, costed proposals and budgets had been put in place. Plans for the new financial year (April 2002) include the appointment of a fifth Outreach Team member with the title of Parent Information Officer. The post would have responsibility for identifying needs and would be filled by a local parent. A volunteer project would be prioritised if resources (i.e. money and time) could be identified. There were plans also to appoint four permanent part
time creche workers to support the activities of the Outreach Team. A new post of Deputy Programme Manager was being advertised (February 2002) which would take some responsibility for the Outreach Team.

**Sure Start / New Start / New Work**

51. For all members of the team, Sure Start was a new experience. The Programme Manager described having to devise new policies to cover all aspects of the project's work, with little guidance. Members of the Outreach Team had to integrate their previous experience into completely new roles for which there were no blueprints.

52. From the outset the team focused on how referrals were received and how work priorities were negotiated. The team was clear that all work had to be related to Sure Start objectives and all direct work had to start with children under four. Sure Start was to respond to needs identified by the community and to meet demands from parents where these were consonant with Sure Start's objectives.

53. The team developed a framework for handling project proposals which included the following elements:

- Proposal / feasibility assessment
- Community Consultation
- Approval by Sure Start management locally
- Planning phase (consultation with agencies / developing protocols / guidelines)
- Work / implementation phase
- Evaluation

54. This model incorporates Sure Start objectives, community and agency consultation, accountability, planning, implementation and evaluation and has provided a valuable point of reference to shape programme activities.

**Accommodation and Teamwork**

55. The Outreach Team has been based in a small room at the front of Spurgeon's Family Centre building in Bramley, half a mile from the NSPCC buildings in Leeds Road where the Sure Start Programme Manager and Administrator are based. The office contains desks, computers, play equipment and filing cabinets and is a bustling and overcrowded centre of activity. When all team members are present both movement and sitting down present difficulties. The telephone rings constantly and there is a steady stream of parents and other visitors. In spite of the clearly visible constraints posed by the working environment, in February 2002 all the five team members rated team working as either high or very high. All team members had taken on a wide range of responsibilities, including one-to-one work, project work, developing proposals, word processing and IT outputs and budgeting. Individual team members were clearly identified by their colleagues as being resource people for child care issues and for health issues. Team roles, such as initiator, stabiliser, practical resource person, and completer/finisher were identified within the team group, with team members able to play a number of different roles. Team members commented that in spite of the overcrowding, morale had been high and sickness levels had been low.

56. However, the accommodation has posed difficulties. Suitable meeting rooms could not always be found and the team had no private interview facilities for families when these were needed. There were instances when parents had become dependant on support from members of the team and constant interruptions could be wearing. Plans for more suitable accommodation...
have been under consideration throughout most of the last year. By the end of February 2002 premises had been identified in Bramley to be developed for all Sure Start staff, including the Outreach Team. Separately, Sure Start is exploring the possibility of renting a shop in the Bramley shopping area to be used as a base for drop-in activities for the Outreach Team, for Health Visitors and possibly for linked agencies such as Home Start and the Lone Parent Adviser.

Inter Agency Contacts

57. The Outreach Team has described contacts with the Bramley Health Visitor Team as very positive. Health Visitors have been a prime source of referrals to the team, for example for mothers experiencing post-natal depression. Health Visitors have made positive contributions to project initiatives (such as Positive Pram Pushers) and have supported Outreach Team activities (for example the Sure Start launch). The team have continued to work at consolidating relations locally with Leeds Social Services, recognising the resource pressures experienced by the department, and the complexity of child protection issues which have arisen in cases supported by the Outreach Team. Contacts with the Early Years Service have been maintained by the Programme Manager. The Outreach Team was enthusiastic about liaison with the Leisure Services including establishing positive contact with the local swimming pool: take-up of sessions for toddlers had increased, and new aerobics, yoga and stress management sessions had taken place. Sure Start and the Outreach Team had also attempted to liaise with local Library Services, but results here had been more mixed (see Appendix 5).

58. There were examples of liaison and joint work with the NSPCC Family Support Service, including shared involvement in the Positive Pram Pushers group, and there were plans for joint work on parenting programmes. The Team had maintained contact with BARCA, a Bramley based voluntary organisation providing a range of services including support to teenage parents and people using drugs or alcohol. BARCA had experienced a number of staff and management changes but would remain a significant service provider in the area. The Team was aware that some local voluntary organisations may have felt somewhat threatened by the development of Sure Start.

Large Scale Initiatives

59. The evaluators’ contact with the Outreach Team post-dated the launch of Sure Start Bramley in May 2001. This was described by team members as a large scale, colourful and very well attended event which attracted positive local publicity. The Outreach Team played a key role in the launch which raised Sure Start’s profile with the local community and the team expressed their pleasure were with the diverse cultural contributions on display. The Team organised a Summer Activities Programme including well-attended events such as the Teddy Bears’ Picnic. The Team also helped to organise the Annual Public Meeting in October in which local children and parents took part; and they organised half term (October) and Christmas events which maintained Sure Start’s positive profile. Although these events have not been a specific focus of the evaluation, they have provided evidence of the team’s involvement in community events, and of the Team’s ability to use these events to make positive links with members of the community, with opportunities for involvement in targeted Sure Start projects.

Child Care Developments

60. Child care resources started from a low baseline when the Outreach Team was established. There were only a small handful of child minders in Bramley and very few private day care places. An Early Years Centre in Hough Lane had twenty five places and was due to become
a Neighbourhood Nursery with fifty places. Throughout the first year of the work of the Outreach Team plans were being developed for an Early Years / Community Centre on the Fairfield Estate. Local parents influenced the design of the building and were involved in consultation meetings with the contractors. The development and funding of child care resources has been a major priority for Sure Start Bramley. The planning and consultation workload involved impacted significantly on the Outreach Team, particularly on the team member with lead child care responsibilities.

Perceptions of Sure Start

61. The Outreach Team members were asked what they understood to be parents’ perceptions of Sure Start. The evaluators were advised that some parents see Sure Start as a free service. Other see Sure Start as a service just for the Fairfield Estate, and some better off parents think that Sure Start is not for them. Other parents welcome opportunities for new contacts and friendships, but tend not to acknowledge Sure Start’s official role. Feedback received by the Outreach Team has been very positive (see Appendix 5). The evaluators also heard comments that Sure Start was perceived as a service for women, not readily accessible to men (see Overview section below).

62. Wider community perceptions of Sure Start could usefully be investigated further and are to be the focus of evaluative activity in the next year (see section on Conclusions and Evaluation Priorities for 2002) below.

Hard to Reach Families

63. The Outreach Team was aware of the danger of their activities being monopolised by a group of families who might be particularly keen to “sign up” to join in Sure Start projects. However, the team had found that new parents had been recruited as new programmes had come on stream, and new contacts had been made through the use of a Health Bus to advertise activities. Hard to reach families will continue to be a priority area for the coming year. The Programme Manager was also aware of the risk of Sure Start providing intensive support for a smaller number of families, an issue highlighted by the national director of Sure Start when she attended the Sure Start Bramley Annual Public Meeting in October 2001. The Programme Manager reported that there had been some problems in identifying post codes for parents with children under four. Sure Start had now identified the one thousand or so addresses for these families. Targeted door-knocking and coffee mornings were planned, and a number of parents have indicated their willingness to be on the Sure Start mailing list.

One To One Work

64. All members of the Outreach Team have undertaken one to one work with referred families throughout the first year. Case loads were typically between four and eight families and involvement could continue over several months. One to one work has constituted a main element of the Outreach Team’s workload. Illustrations of work undertaken by each of the Outreach Team members are provided in Appendix 4.

65. The brief case studies summarised in Appendix 4, and others described by the Team to the evaluator, indicate that the workers were supporting families with a wide range of needs. Most one to one work was between mothers (and children) and female Outreach Team staff. Team members had succeeded in developing trusting relationships with clients and had put a premium on confidentiality and observation of professional boundaries. Other agency and professional roles were respected and the Team appeared to be providing an additional
dimension of support which complemented the role of the statutory services. The work involved, new to some Team members, required careful supervision.

Comment

66. The evaluators consider that the initiative taken by the Team to develop one to one support has been appropriate; and that there is scope for this to continue. This should be done in the context of Sure Start’s strategic responsibilities for developing family support work, ensuring best use of time and maximising the contributions of all agencies involved, including Home Start.

Project Work

67. All five members of the Outreach Team have been involved in a number of project development initiatives. Several of these were major pieces of work. Examples include parenting programmes; Positive Pram Pushers (see Section 3 above), infant massage, yoga, healthy eating and first aid. During the first year the Team constantly developed new projects, responding to community needs.

68. Members of the Outreach Team, encouraged by the Programme Manager, put a premium on project evaluation and feedback from participants and service users. The evaluator was provided with project evaluation data by all team members. This material is summarised in Appendix 5.

69. The evaluations of completed project activity described in Appendix 5 provide clear evidence about progress achieved, and they have positively influenced the Team’s development plans. It is stressed that these evaluations have been undertaken on the initiative of team members. They are an example of excellent practice.

New Projects

70. The Outreach Team has planned a weekly Young Parents’ Group starting at the end of February 2002 offering a range of activities including Infant Massage, Hair and Beauty Care and IT Skills. The choice of activities was to be decided by the group. Parents under twenty with a child under four would be eligible. Planning documents linked the group to National Sure Start Objective 2: Improving health, in particular by supporting parents in caring for their children and promoting healthy development before and after birth. The group was also linked to Sure Start’s local objective to target pregnant teenage mothers and fathers. This new initiative had been planned to develop services for this group of mothers whose needs had previously been catered for, to some extent, under the auspices of a local voluntary organisation. The Outreach workers planned to appoint two creche workers to support the activity. Plans included liaison with Sure Start Plus, a city-wide initiative for teenage parents.

71. A new Monday Club to be based at Bramley Family Support, Hough Lane was due to start at the beginning of March, open to all parents with children under four. This project is linked to Sure Start National Objective 4: Strengthening families and communities. The group will provide opportunities to share experiences and meet new friends. Parents would be able to decide discussion topics and activities. The facilitators highlighted opportunities for Infant Massage, Aromatherapy / Reflexology, Cookery demonstrations, Using parents’ talents, Arts and Crafts, Hair and Beauty demonstrations and Stress Management. The intention was that the group would be taken over by parents with Sure Start support as required. The programme would cost 75p per session and toys and games would be available for children.
72. The Outreach Team were advertising the facilities of staff and parents trained in Smoking Cessation with posters headed:

\[
\text{WANTED SMOKERS!}
\]

This was linked to Sure Start’s local target of achieving a 4% reduction in parents’ smoking in the first two years of a child’s life (the National Sure Start target from October 2001 is to achieve a 10% reduction in numbers who smoke during pregnancy in Sure Start areas by 2004). This is an early stage initiative aiming to address an issue where take-up by parents in Sure Start areas seems to have been low.

73. The evaluator has had access to a full range of promotional material produced by the Outreach Team. The Team has used its IT skills to produce high quality and colourful display material. The evaluator has also been provided with copies of planning documents and minutes of meetings recording behind the scenes work involved in developing projects. There is substantial evidence that a high standard of recording and document presentation has been achieved.

74. A recent development (February 2002) had involved a member of the team liaising with the speech therapist who is contracted one day a week to work for Sure Start. Birthday events are being arranged in Bramley Library for all two-year olds in the Sure Start area on a rolling programme. The first had attracted twenty six two-year olds and parents and had provided an opportunity for distributing information about speech development and identifying where intervention was appropriate.

75. Additionally, new parent / toddler initiatives were being planned. Liaison with Leisure Services had promoted initiatives involving use of a Hydrotherapy pool, and ante-natal aqua- aerobic and post-natal swimming sessions. The two Outreach Team members with nursing backgrounds had obtained qualifications in smoking cessation.

**Development Issues**

**Conclusions and priorities for 2002**

Team members had taken advantage of learning opportunities that had been available to them. The Health Visitor member of the team had recently undertaken a degree in Healthcare Studies exploring the experiences of Health Visitors reconfiguring their service in the Sure Start Bramley area. Key factors in reconfiguring the service included positive experience of self management, positive internal relationships and collaboration with other agencies. Team members recognised the learning which they had achieved from each other. One team member described the learning curve involved in preparing budgets, spreadsheets and forward plans. She also acknowledged learning about handling demanding families who could become over-dependant and disruptive.

76. Some concerns were noted alongside the overwhelmingly positive trend of the team’s development work. One team member was aware of homophobic prejudices (in relation to lesbian women) in the Sure Start area. The evaluator heard from the Team that its close links to the local community could raise issues, for example about handling confidentiality. The equal structure of the team could be perceived as obscuring differences in levels of experience which had implications for accountability and supervision structures. Adjusting to
Sure Start’s conditions of service, less favourable in some respects than mainstream services, had also presented difficulties.

77. Developments in the Outreach Team have proceeded at a pace over the past year. Time will be needed for consolidation. The evaluators consider that forums will be needed for the Team to explore developmental issues and points of tension that may emerge after a period of rapid growth.

78. Progress achieved in establishing the Sure Start Bramley Outreach Team in its first year of operations has been substantial. A staff team with a blend of professional and local experience has been assembled. The Team has established protocols for the approval of initiatives linked to Sure Start objectives and involving community consultation. Skills have been developed in formulating costed project proposals based on widespread consultations, including consultations with local and national organisations. There is a mix of one to one and project work. There is a strong commitment to evaluation and feedback.

79. Priorities for the coming year include further work in harnessing community involvement; development work involving fathers and male carers at all levels in Sure Start’s activities; and development work targeted at hard to reach families. Opportunities may be identified for involving members of the local community in evaluating Sure Start activities.

Other priorities include:

- Obtaining new accommodation, involving relocation and identifying space for private interviews and changes in work practices;
- The appointment of new staff including a Parent Information Officer and creche workers;
- The development of volunteer activities;
- Ensuring that forums are available for discussion of professional concerns and exploring points of tension.

Recommendations

- **The Team’s commitment to project work meeting local needs should continue**

- **Consideration is recommended on how to develop strategic links between the Team’s one to one support work and other Family Support Services, for example Home Start**

- **The Team has developed at a pace and consideration should be given to what kind of forums will enable the team to best explore developmental issues and points of tension that may emerge after a period of rapid growth**
V Evaluation of Family Support

Summary

This section summarises interviews by the evaluation team with service users involved with the Family Support Team, and includes comments and recommendations on practice issues.

82. An evaluation of the family support programme run by the National Society for the Prevention of Cruelty to Children (NSPCC) was requested by the managers involved. In particular, managers were concerned to ascertain service users’ perspectives of the services provided.

Outline of the programme

83. Whilst family support activities are carried out in a range of settings within Sure Start, a specific structured programme is run by one of the partner agencies, the National Society for the Prevention of Cruelty to Children (NSPCC). The NSPCC team comprises 3 full time and 2 part time workers who are all nursery nurse trained. Under the terms of the Service Level Agreement between the NSPCC and Sure Start, 30 families a year will be provided with a family support service.

84. The service is targeted at children defined as ‘in need’ under the Children Act (1989) and in particular at those children who are deemed to be in need of protection. There is a particular interest within the team in working with families containing children with difficult behaviours. The work with families is structured to provide an initial contract for three months which is then reviewed and can be extended to six months. After six months the feasibility of further involvement is reviewed and the key criterion is whether any change has been achieved.

85. The work is based on an underlying belief in the importance of working alongside parents. No one parenting programme is adhered to and individualised programmes are developed to meet the needs of each family.

Evaluation

86. As an initial step an interview schedule was drawn up by one of the evaluation team (see Appendix 1). This was refined further in the light of consultation with the managers involved. The service manager then contacted a number of families to ascertain whether they would agree to be interviewed and the names of four families were forwarded to the researcher. However, it proved impossible to contact one of these families and ultimately three were interviewed.

87. Each family was interviewed once by the same interviewer. Two interviews were conducted with mothers solely, and one with a mother with limited input from her mother who had also been involved with the programme. All carers interviewed were white of UK origin. In one case the father or father figure was not involved with the family and it was therefore not appropriate to interview him. In another the father was the alleged perpetrator of the sexual abuse suffered by the child and there was no current contact. There was another father involved here but he had not been involved in the work. In one case where the father/father figure was
resident and there appeared to be some involvement with the programme, he was at work when the interview occurred. His views of the programme were alluded to by the mother. This is considered further below. No children were interviewed. In one case the children were present but were judged by the researcher to be too young to contribute. In the other two cases, the children were at school when the interview took place.

Comment:

It is important that interviews are conducted with as many members of the family as possible. It is particularly important to obtain and it is also important to begin to redress the tendency of relying on mothers for research purposes and to ascertain the views of fathers/father figures. However, it proved difficult to organise the limited number of interviews which were conducted and consideration needs to be given to the resource issues involved in broadening out the interview process. In particular, it would appear desirable that separate spaces are provided outside the family home for different family members to be interviewed particularly when such interviews are taking place at times where the family are back from school and/or work. All these interviews took place during the day thus ensuring some privacy although with one, a number of friends were present with the respondent's permission throughout the interview.

88. All respondents were given an information sheet about the project and a consent form which all agreed to sign (see Appendix 1). One respondent expressed concerns about confidentiality. It was explained that whilst no names or identifying features would be used, due to the small numbers involved, it might be hard to completely avoid identifications being made. She agreed to continue. The following section is written in a way which minimises the chances of identifying participants.

Outline of findings from interviews

89. The preliminary findings are based on interviews with carers in three families only. They should be treated with caution and are perhaps best used as hypotheses to be tested out in future research.

Referral and initial contact

90. The three families were referred by professionals rather than self referred. All wanted the referral to be made although two had concerns about being referred to the NSPCC. One said there is an impression of the NSPCC as ‘interfering’ and another was worried that ‘her children would be taken away’

91. The first meeting after referral seemed to happen in about a week although respondents could not remember exactly. They did not feel there had been undue delay between referral and the first response from the NSPCC.

92. Service User 1 felt positive about the first meeting. She had been suspicious about the NSPCC and this meeting helped to give her a sense that she had some control and could terminate involvement there and then if she was not happy. She was not sure at that first meeting exactly what was being proposed but liked the tone of the workers. The child who was to be the main focus of the work was not at the first meeting, although he was talked to soon after.

93. Service User 2 did feel that although the structure of the involvement was explained to her, that is that the child would be worked with weekly, she had not realised that the work would be
done through play. She also found it hard at that first meeting because the children were in the room and she felt that the workers were only partially listening to her. She felt that this improved as time went on.

94. Service User 3 felt matters including involvement and the complaints process were explained very clearly and she understood what was going to happen.

95. Two of the Service Users were given a booklet including complaints procedures. Service User 1 could not remember receiving one of these.

Comment

*The three families were referred by professionals although they were in agreement with the referral. The NSPCC workers were however intervening on the basis of concerns identified in the main by professionals. The first meeting with the family seems crucial in order to clarify what the family wants from the work and what their views are. Differing family members should be consulted with fully in this process. There would appear to be much to be done in the first meeting: clarifying concerns, explaining how the NSPCC works, in particular the review process, and sorting out practicalities. In circumstances where there is suspicion about the NSPCC and/or a lot of distress around it is perhaps not feasible to cover everything in one meeting.*

Work undertaken

96. A mix of work was undertaken which fits with the NSPCC approach.

Case No 1

With one family, the work appeared focussed on the child although the mother was also visited weekly and felt able to raise her worries generally as well as issues in relation to her child. Initially, the father was not engaged with the Family Support Service but after six or seven months the worker started visiting when he was around and he became more involved. The work, from the mother’s perspective, appeared to have been extremely successful. The child’s behaviour, which was the reason for referral, has improved considerably and this has had a very positive impact upon the whole family. Mother felt listened to for herself and supported. Before that she had felt very on her own. She also felt the atmosphere had changed in the home. Her husband had been very wary of NSPCC involvement but had slowly become engaged by the workers. His initial distrust was modified particularly by the tangible improvements in the child’s behaviour. He is now much more in involved with the children than previously although his participation appeared to increase after the workers had withdrawn. ‘*Maybe he felt daft when they were involved*’ (quote from mother).

Case No 2

Case No 2 was complex in that mother and her two children appeared to move backwards and forwards in terms of residence, with grandmother sometimes taking on the caring role for the children on her own. Mother asked for counselling for both her children though her main concern was for one child who had been sexually abused by his father. There were sessions for the children and for mother and grandmother weekly.

Work lasted for six months and the child’s feelings began to be expressed, which was what mother wanted. The worker was the only person he talked to and since the work has finished, the mother feels that the child’s behaviour has got worse.
The main view from mother and grandmother was that the work finished ‘too soon.’ Mother said at the six month review that she wanted it to go on but this did not happen although she was told she could make telephone contact with the project, if she needed to and she has done so.

Both carers felt that children had been moved back from grandmother to mother’s care too quickly. Mother and grandmother did not feel supported. The mother was offered individual sessions but did not like going to the NSPCC office and did not feel the worker was trained to work with adults.

Case No 3

This case concerned a mother who was experiencing difficulties in relating to her child and in coping with her child’s behaviour.

The work here became disrupted quite quickly by the illness of the worker whom the mother liked very much. Mother did not engage with the replacement worker. She felt the worker ‘patronised’ her.

This mother also felt the work ended too quickly particularly given that it had been disrupted. It was mainly the mother who was worked with in this case. The young person whom mother perceived as having behavioural problems was not seen by anyone on her own. All the family did go and see the replacement worker together.

Mother felt that her child needed individual help. There was no proper ending review as far as she could remember. She felt ‘nothing has changed’ as a result of the intervention. The child’s behaviour is still difficult and the relationship between mother and child is very problematic. Mother got a lot out of the one to one work with the worker who became ill but that relationship was disrupted.

Endings

97. In two cases the adult carers felt the work ended too soon and this seemed to colour their overall views on the work undertaken. From the limited evidence available there seems to be an inconsistency and a possible lack of equity in the length of interventions offered to families. The work in Case 1 went on for a year and appeared to have resulted in a very positive outcome at least as reported by the mother. It was not clear to the researcher why the work in the other two cases was discontinued when the carers involved did not wish this to happen. Most importantly, they did not appear clear about why it was discontinued.

Comments overall

98. One case (Case No 1) would appear from the evidence to have resulted in very positive outcomes. The entire intervention from beginning to end was highly valued by the mother interviewed. Her account would indicate that not only did she feel supported but there had been a considerable improvement in the child’s behaviour. Furthermore, the father appeared to be successfully engaged with. The workers here appeared to work with mother, father and child in ways which met their individual needs.

Case No 2 expressed satisfaction with the work carried out with her child but would have wished it to go on longer and both she and her mother felt they did not receive enough support in their own right.
In Case No 3 the length of the intervention was also a cause for concern but this was interlinked with concerns about content and process. The child was not worked with separately and the mother did not feel she herself established a good working relationship with the replacement worker. She also felt the child should have been worked with and it does seem puzzling that this did not happen, given that the child in Case 1 did receive individual work.

In Case No 3 the mother did not raise her concerns about the replacement worker with any other member of the NSPCC and did not appear aware that that was an option open to her. No other options in terms of services appear to have been presented to her although she would meet the criteria for involvement by other services within Sure Start.

Recommendations overall:

*There is a need for further evaluation of service users’ views with a broader sample to test out the hypotheses developed from these three sets of interviews. The service provided should also encompass a broader spread of views within families, crucially those of children. Resources will need to be allocated in order to do this appropriately.*

*The findings indicate that it might be useful for the NSPCC to consider whether the Family Support Team’s first contact should be more staged and take place over two sessions in order to negotiate a working partnership, and to give time to all concerned to air their views and clarify concerns.*

*These findings also direct attention to the need for continuing to revisit the criteria for when work should end. Attention should be paid to ensuring that families are clear about why work is not being continued and, where appropriate, alternative services should be offered. If there are mechanisms for requesting a change of worker they need to be communicated to families. If these mechanisms do not exist, practice in this area could usefully be reviewed.*

**VI OVERVIEW OF SURE START BRAMLEY**

Summary

*This section reports the views of a range of key people involved in the programme about priority issues and challenges. Comments and recommendations from the evaluation follow.*
The views of the Programme Manager, Administration Manager, the former Chairperson of the Board, a Parent Trustee and the supervisor of the Programme Manager were ascertained in order to obtain an overview of: the key achievements of Sure Start since their individual involvement, the key tasks for the programme; and the obstacles which might impede successful completion. The parent trustee was asked specific questions about parental involvement. It became clear that these questions should have been asked from all respondents and subsequent respondents were asked about parental involvement.

Views were elicited in a number of ways. Three responded to a series of questions by email; they were encouraged to use the opportunity to comment as fully as possible and not restrict themselves to responding to the questions set. One was interviewed in person and one by telephone.

One person expressed strong concerns about confidentiality. This is hard to guarantee where the views of a small number of people are being researched and where individuals hold clearly specified roles. However, this section has been written in a way which hopefully minimises the risk of individuals being identified.

This overview concentrates on the key tasks identified currently, key tasks for the next year, and the obstacles to completion of the tasks and issues in relation to parental involvement. There is some overlap in between these areas.

**Key tasks currently - three people answered this**

The following responses were obtained:

- Get a building
- Promote the activities of Sure Start
- Increase and develop parent representation
- Reviewing where we’re up to
- Strategic review needs devising by the Board
- Appoint the Deputy Programme Manager
- Develop services for young men/fathers
- Target special needs families - disability, ethnicity

**Comment**

There is considerable diversity in terms of the answers from respondents.

**Key tasks for the next year - five people answered**

- Building plans – nursery office base
- Contacting wider base
- Work with fathers - (2 responded)
- More parent involvement
- Consolidation and Development in the light of the revised delivery plan
- Appointment of a deputy programme manager
- Education and Training for parents
- A building on the Fairfield Estate as a community resource
- Proper agenda in relation to mainstreaming
Sure Start Bramley

- Involving parents needs much bigger priority- developing parental capacity at all levels
- Monitoring services
- Get all Sure Start workers into same building
- Sort out data gathering
- Concentrate on core Sure Start targets rather than issues which are not a Sure Start priority such as domestic violence

Comment

Again there was considerable diversity although there was overlap in relation to working with fathers with two respondents mentioning this specifically here. A number of responses were concerned with increasing parental involvement and capacity. Data gathering and monitoring are also areas of overlap.

Obstacles to achieving these tasks

101. It was felt that a key difficulty generally with Sure Start is that the infrastructure is being developed at the same time as services are being developed. This was mentioned by four respondents. This results in burdens for everyone most notably at the management and administrative level. Furthermore, the people involved do not share the same levels of experience in terms of the issues involved, for example, in staff recruitment.

102. Obstacles to mainstreaming sessions developed by Sure Start were that each agency had its own agenda and constraints, although it was felt by the respondent who mentioned this that this was to be expected and reflected tensions at a national as well as a local level.

103. One respondent who was concerned with increasing the involvement of parents and fathers and building a community resource felt there is a perception in at least some parts of the community that Sure Start is ‘anti-men’. This was because, according to this respondent, there was a focussing on domestic violence and a neglect of issues such as helping men to deal with fatherhood. One other respondent also mentioned that there was too much of a focus on domestic violence.

104. One respondent who felt that a building was really important as a proper community resource mentioned the need to overcome prejudices about locating resources on the Fairfield estate.

105. Another obstacle to developing parental involvement specifically and Sure Start more generally, identified by two respondents, was to do with process issues. They did not consider that those involved, whether they were staff or parents, felt equally valued and part of the team. They felt the role of the programme manager was crucial here in terms of facilitating a positive culture.

Parental involvement

106. There seemed to be a consensus that more needed to be done to increase both the numbers of parents involved and their level of involvement. Different ideas in terms of what could be done emerged. These included:

- A team of volunteer parents to shadow the outreach team.
- A parent’s forum on a more formal basis could be set up as currently it is on an ad-hoc basis.
- ‘Parents could be treated with more respect’. (This was a comment from one of the respondents concerned with process issues as identified above).
Other issues to emerge

107. A number of respondents made reference to the difficulties posed by national agendas. One noted, for example, that a revised delivery plan, sorting out building deadlines and responding to a national evaluation questionnaire were all tasks requiring attention within the same working month. Furthermore, there was still no feedback on the delivery plan five months after it had been sent to the Sure Start unit. On the positive side at least two respondents mentioned that the outreach work had been key in raising the profile of Sure Start in Bramley. Furthermore, new staffing developments such as the appointment of a Deputy Programme Manager would, it was felt, ease managerial and administrative burdens. The partnership infrastructure in terms of agency involvement and mechanisms for dealing with differences between the agencies were generally felt to be working well.

Comments overall

108. The complexity of developing a local Sure Start project appears mirrored in respondents’ often very diverse replies. Inevitably there are a range of agendas and those involved hold perspectives which are linked to their respective positions/identities. For example, those who identify primarily as local parents may well see the world differently from the manager of a specific service within Sure Start. One respondent expressed a strong awareness of this in terms of how mainstream agencies might respond to Sure Start in that they would operate from their different perspectives.

109. However, even for those who see their identities as primarily bound up with Sure Start Bramley, there may be differing views on priorities and this emerged from this brief overview. There will also, inevitably, be local differences in terms of where resources should be situated. For example, one respondent mentioned prejudices in relation to the Fairfield estate. Whilst this was not an issue raised by any other respondent, it is apparent to the evaluation team from their ongoing contacts that there are different views within Sure Start about how resources should be allocated locally. Ongoing attention is required to build and sustain working partnerships particularly when they are as diverse as those involved in Sure Start. Diversity is to be expected and it is how this is addressed which is of importance.

110. The issue of domestic violence emerged as a focus of concern for a number of respondents. Work around violence and abuse generally particularly in community settings opens up difficult issues for all concerned. The content of the work raises troubling questions about relationships between men and women, and between adults and children and such questions are raised for all of us, workers, service users, evaluators and so on. When such work is done in a community setting it can be difficult to ensure that space is allowed for people generally to deal with the complexities of their feelings and reactions.

111. Some analyses of domestic violence do encourage approaches which portray all men either as problems or as potential problems, and therefore it is difficult for workers and services to develop positive approaches to men in general. However, even where such approaches are not adopted by projects, the very content of the work can make men and indeed women feel defensive and attacked. The project may be seen as ‘anti-male’ by men and women alike just because it raises issues around violence and abuse generally. There are therefore likely to be tensions which need acknowledging for projects which are tackling domestic violence and trying to get men/fathers involved with their services. It is not surprising that such tensions are emerging in Bramley.
112. Given the ubiquity of domestic violence and the adverse impact it has upon children, Sure Start projects do need to address domestic violence and Sure Start Bramley is to be commended for recognising this as an issue.

113. However, it would appear that there is a need for discussion and an honest sharing of fears and views in this area. Consideration should be given to providing services not just for the victims of domestic violence but also for those who wish to tackle their own violent behaviour so that a holistic approach to the issue is developed. This realistically means engaging with men including men for whom violence is an issue. This is complex work, the more so when it is combined with an overall Sure Start approach which recognises that fathers and male carers can make a very positive contribution to children’s welfare.

114. One respondent was concerned with moving on to a mainstreaming agenda and encouraging local agencies to take on Sure Start approaches and perspectives. However, the majority of respondents were concerned that Sure Start itself still had a considerable amount of work to do to establish its own identity and working practices. Not only are there differences in priorities but people are also working to different time scales. This is to be expected, however, given the complexity of the issues being tackled by Sure Start Programmes.

115. Finally, facilitating and acknowledging parental involvement in ongoing work would appear to require some attention. It would appear that parents already involved with Sure Start may not always feel valued and this is an issue which deserves attention.

**Recommendations**

*There would appear to be a need for the management board to take a lead in reviewing priorities and in ensuring ownership of priorities by the partnership. Discussions should ensure that there is time and space for fears and concerns to be raised and for discussions about not just ‘what’ is to be done but ‘how’ it is to be done. This means devoting attention to both content and process issues. The board needs to ensure that partnership practices flourish and that all involved at Sure Start, particularly parents, feel able to make a contribution and are valued.*

*A key aspect of the discussion on priorities involves exploration of the work on domestic violence. Advice could usefully be sought from any other Sure Start project which is tackling this area of work. The work needs integrating into the development work which is being planned with fathers and male carers.*
Conclusions and Next Steps for the Evaluation

116. The shape of the evaluation described in this report was considered at the Evaluation Seminar in March 2001 and agreed by the Evaluation Steering Group. A start has been made in developing practitioner evaluation by the Bramley Health Visitors. This report has reviewed the work of the Outreach Team which has developed mechanisms for user feedback and evaluation. This report comments on and makes recommendations about the work of the Family Support Team. The overview section considers priority issues to be addressed by the Sure Start Management Board.

117. The Evaluation Steering Group has considered issues to be tackled in the year starting in April 2002. Further evaluation of the Family Support Team is planned. Funding has been identified for the evaluation team to carry out development work on the role of fathers and male carers in Sure Start Bramley; and funding is also available to involve community representatives in an evaluation of the impact of Sure Start on the local community. The evaluation team is also planning to respond to an increased emphasis on value for money and cost benefit analysis which are being prioritised by Sure Start nationally. The evaluation Steering Group is considering holding a further evaluation seminar to assess the impact of Sure Start Bramley later this year.
VII Recommendations

Management Information

(i) Sure Start Bramley should establish a computerised management information system as soon as possible.

Evaluation

(ii) Priorities for the focus of future evaluation activity should be kept under review; and the methodology used should be adapted appropriately.

(iii) Practitioner evaluation of groupwork with new mothers should continue.

Outreach Team

(iv) The Team's commitment to project work meeting local needs should continue.

(v) Sure Start Bramley should consider how to develop strategic links between the Outreach Team's one to one work and other Family Support Services, for example Home Start.

(vi) Consideration should be given to what kind of forums will enable the Outreach Team to best explore developmental issues and points of tension that may emerge after a period of rapid growth.

Family Support Team

(vii) There is a need for further evaluation of service users' views with a broader sample to test out the hypotheses developed from recent interviews. The service provided should also encompass a broader spread of views within families, crucially those of children. Resources will need to be allocated in order to do this appropriately.

(viii) The findings indicate that it might be useful for the NSPCC to consider whether the Family Support Team's first contact should be more staged and take place over two sessions in order to negotiate a working partnership, and to give time to all concerned to air their views and clarify concerns.

(ix) These findings also direct attention to the need for continuing to revisit the criteria for when work should end. Attention should be paid to ensuring that families are clear about why work is not being continued and, where appropriate, alternative services should be offered. If there are mechanisms for requesting a change of worker they need to be communicated to families. If these mechanisms do not exist practice in this area could usefully be reviewed.

Overview
(x) There would appear to be a need for the management board to take a lead in reviewing priorities and in ensuring ownership of priorities by the partnership. Discussions should ensure that there is time and space for fears and concerns to be raised and for discussions about not just 'what' is to be done but 'how' it is to be done. This means devoting attention to both content and process issues. The board needs to ensure that partnership practices flourish and that all involved in Sure Start, particularly parents, feel able to make a contribution and are valued.

(xi) A key aspect of the discussion on priorities involves exploration of the work on domestic violence. Advice could usefully be sought from any other Sure Start project which is tackling this area of work. The work needs integrating into the development work which is being planned with fathers and male carers.
**EDINBURGH POST NATAL DEPRESSION SCALE**

Sure Start Bramley Support Project for New Mothers

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Mother’s age (weeks)</th>
<th>Mother’s ethnicity (weeks)</th>
<th>Health Visitor Number</th>
</tr>
</thead>
</table>

Parity 1 [ ]  Parity 2+ [ ]

(please tick appropriate box)

As you have recently had a baby, we would like to know how you are feeling now. Please TICK the answer which comes closest to how you have felt IN THE PAST WEEK, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes most of the time
- No, not very often
- No, not at all

This would mean: I have felt happy most of the time during the past week. Please complete the other questions in the same way.

**IN THE PAST WEEK**

1. I have been able to laugh and see the funny side of things:

   - As much as I always could [ ]
   - Not quite so much now [ ]
   - Definitely not so much now [ ]
   - Not at all [ ]

2. I have looked forward with enjoyment to things:

   - As much as I ever did [ ]
   - Rather less than I used to [ ]
   - Definitely less than I used to [ ]
   - Hardly at all [ ]

3. I have blamed myself unnecessarily when things went wrong:

   - Yes, most of the time [ ]
   - Yes, some of the time [ ]
   - Not very often [ ]
4. I have been anxious or worried for no good reason:

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, not at all</td>
</tr>
<tr>
<td>Hardly ever</td>
</tr>
<tr>
<td>Yes, sometimes</td>
</tr>
<tr>
<td>Yes, very often</td>
</tr>
</tbody>
</table>

5. I have felt scared or panicky for no very good reason:

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, quite a lot</td>
</tr>
<tr>
<td>Yes, sometimes</td>
</tr>
<tr>
<td>No, not much</td>
</tr>
<tr>
<td>No, not at all</td>
</tr>
</tbody>
</table>

6. Things have been getting on top of me:

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, most of the time I haven’t been able to cope at all</td>
</tr>
<tr>
<td>Yes, sometimes I haven’t been coping as well as usual</td>
</tr>
<tr>
<td>No, most of the time I have coped quite well</td>
</tr>
<tr>
<td>No, I have been coping as well as ever</td>
</tr>
</tbody>
</table>

7. I have been so unhappy that I have had difficulty sleeping:

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, most of the time</td>
</tr>
<tr>
<td>Yes, some of the time</td>
</tr>
<tr>
<td>Not very often</td>
</tr>
<tr>
<td>No, never</td>
</tr>
</tbody>
</table>

8. I have felt sad and miserable:

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, most of the time</td>
</tr>
<tr>
<td>Yes, some of the time</td>
</tr>
<tr>
<td>Not very often</td>
</tr>
<tr>
<td>No, never</td>
</tr>
</tbody>
</table>

9. I have been so unhappy that I have been crying:

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, most of the time</td>
</tr>
<tr>
<td>Yes, quite often</td>
</tr>
<tr>
<td>Only occasionally</td>
</tr>
<tr>
<td>No, never</td>
</tr>
</tbody>
</table>

10. The thought of harming myself has occurred to me:

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, quite often</td>
</tr>
<tr>
<td>Sometimes</td>
</tr>
<tr>
<td>Hardly ever</td>
</tr>
<tr>
<td>Never</td>
</tr>
</tbody>
</table>
BRAMLEY SURE START SUPPORT PROJECT FOR NEW MOTHERS

Information to be completed by agency

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Age Group</th>
<th>20-30</th>
<th>31-40</th>
<th>40+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Single Parent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Parents</td>
<td>Number of Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages of Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td>Yes</td>
<td>No</td>
<td>F/t</td>
<td>P/t</td>
</tr>
</tbody>
</table>
5. Being part of a group programme for mothers / other people in my situation.

<table>
<thead>
<tr>
<th>Very helpful</th>
<th>Not very helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairly helpful</td>
<td>Not at all helpful</td>
</tr>
<tr>
<td>A bit helpful</td>
<td></td>
</tr>
</tbody>
</table>

6. Practical help with managing the home.

<table>
<thead>
<tr>
<th>Very helpful</th>
<th>Not very helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairly helpful</td>
<td>Not at all helpful</td>
</tr>
<tr>
<td>A bit helpful</td>
<td></td>
</tr>
</tbody>
</table>

7. Practical help with child care.

<table>
<thead>
<tr>
<th>Very helpful</th>
<th>Not very helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairly helpful</td>
<td>Not at all helpful</td>
</tr>
<tr>
<td>A bit helpful</td>
<td></td>
</tr>
</tbody>
</table>

8. Opportunities to go out / be involved in community activities.

<table>
<thead>
<tr>
<th>Very helpful</th>
<th>Not very helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairly helpful</td>
<td>Not at all helpful</td>
</tr>
<tr>
<td>A bit helpful</td>
<td></td>
</tr>
</tbody>
</table>

9. Opportunities to get a job / increase income.

<table>
<thead>
<tr>
<th>Very helpful</th>
<th>Not very helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairly helpful</td>
<td>Not at all helpful</td>
</tr>
<tr>
<td>A bit helpful</td>
<td></td>
</tr>
</tbody>
</table>

10. Do you have any other comments on your situation (please say)

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

or on what else would be helpful to you.
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
# Appendix 3

## PRIVATE AND CONFIDENTIAL

### Interview schedule for Service Users’ experiences of Family Support Service

<table>
<thead>
<tr>
<th>Interview Code</th>
<th>Date of Interview</th>
</tr>
</thead>
</table>

Who is being interviewed (e.g. mother, child etc.)

### Introduction and confidentiality – letter, consent form

<table>
<thead>
<tr>
<th>Who has requested the research?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why?</td>
</tr>
<tr>
<td>Who is it being carried out by?</td>
</tr>
<tr>
<td>What information will be made available to whom?</td>
</tr>
<tr>
<td>Can it be taped?</td>
</tr>
</tbody>
</table>

### Referral to Family Support

<table>
<thead>
<tr>
<th>Who made it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you know and agree if you were not the referrer?</td>
</tr>
<tr>
<td>Why did you think the referral was being made?</td>
</tr>
<tr>
<td>Did you agree with the reason for the referral?</td>
</tr>
<tr>
<td>Did you know who family support were – what agency etc.?</td>
</tr>
</tbody>
</table>

### First contact

<table>
<thead>
<tr>
<th>Who with? - time between referral and initial contact?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where?</td>
</tr>
<tr>
<td>Did you get any written information? - complaints procedures etc.</td>
</tr>
<tr>
<td>What exactly happened? - did you feel clear about what was being proposed and why?</td>
</tr>
<tr>
<td>Did you agree with what was being proposed and why – were you asked what you wanted including children?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did you know what would happen next?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you feel listened to?</td>
</tr>
<tr>
<td>Did you feel clear about length of involvement, with whom?</td>
</tr>
<tr>
<td>Did you agree?</td>
</tr>
<tr>
<td>What were your feelings after the meeting?</td>
</tr>
<tr>
<td>Did you choose to participate?</td>
</tr>
</tbody>
</table>
Work undertaken

With whom?
Where?
How often?
Did you feel able to say what you felt about time, place, regularity etc. – were alternatives given?
Choice of worker – gender, ethnicity?
Did you feel listened to?
Were you able to influence what was happening?

Ending

Were you clear about when work would end?
Were you happy that it ended when it did – pressurised to end?
Did you want any further input – did you feel appropriate follow-up was offered?
Was there a report / meeting about ending?
Who was there?
Were you able to express your opinions?

Outcomes

Do you feel the work was helpful?
How and which bits specifically?
To whom?
In what way?

Do you think overall

The workers were honest with you when they talked to you?
Did they explain matters clearly?
Did they listen to your point of view?
Did you think you were treated fairly?
Did you feel that specific issues in relation to culture, disability were understood and dealt with?
Would you want to use or be referred to this service again?
Would you recommend the service?

What you needed?

Demographic information
**Family Information**

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Where Living</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnic Origin</th>
<th>Relation to Child</th>
<th>Education</th>
<th>Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How long have the family lived in area?
Appendix 4

Outreach Team
Summary of One to One Case Studies

Illustrations of the Outreach Team’s one to one work is included below:

(i) One of the Outreach Team members from the local community described her work with a mother with a son aged one referred by the Health Visitor. A supportive relationship was established which continued for several months. After six months the mother disclosed her use of heroin. Later she moved on to a methadone prescription and needed support during a period of hospitalisation at Christmas. The Outreach Team member was able to use her counselling skills to good effect.

(ii) The other Outreach Team member with a background in the local community described her work with a family referred by the Early Years Service. The mother had a child aged fourteen months and twins aged three months. Home Start was involved. The mother had had a negative experience of a Health Visitor who was experienced by her as critical and her self confidence about the demanding task of managing the twins was low. The Outreach Team worker visited weekly and provided practical advice with daily living skills. The worker saw her role as to enhance the mother’s self esteem and she was finding her experience of being a local parent an asset.

(iii) The Team member with child care experience had provided support over a long period to a young mother with a two year old son. The mother had previously refused offers of help. She had been involved in a car accident when aged fifteen and appeared to have some learning difficulties, possibly related to the accident. The Outreach Worker’s intervention involved liaison with the CAB, tackling debts and accessing disability entitlements. Home care was provided twice weekly. The mother had had serious problems of being abused by her neighbours. The Outreach Team member attended a Core Assessment meeting. There was a serious possibility of the little boy being accommodated by Social Services, which was averted by mother and son going to stay with grandparents. The family situation was now much improved.

(iv) The team member with nursing experience had supported a mother in her mid twenties with three children (all boys) aged 5, 3 and 9 months. Her husband was a Schedule 1 offender. The Outreach Team member had been involved in formal (Child Protection) Case Conferences and both the psychologist and the paediatrician involved had recognised her contribution. The Outreach Worker had stressed that the mother had had to recognise that her children were at risk and her (the Outreach Worker’s) honesty had been respected. The worker had involved the mother in Yoga, Aromatherapy and First Aid. Respecting client confidentiality had been crucial and positive use had been made of supervision.

(v) The Health Visitor member of the team had supported a mother of two small children who had attended the specialist day hospital facility for post-natal depression. The mother had been fifteen when she had had the first of her two children and was still very young. Her partner had been in prison and the Outreach Worker had supported her visiting him there. The mother had enrolled to start a GCSE in drama and had been referred to Relate. With help from the worker, the mother had stopped drinking and her oldest child had started attending a play group. Much practical help had been given with housing issues. The Worker had been able to see the mother through a difficult period and to provide a stabilising influence. She had been able to provide more practical support (for example with education and liaison with the prison), than would have been possible in her role as a Health Visitor.
Appendix 5

OUTREACH TEAM – PROJECT EVALUATIONS

PROJECT EVALUATIONS

Evaluation and feedback data provided by Outreach Team members is summarised below.

(i) Parenting Group

A six session Parenting Group was run with ten places available in June and July 2001. A creche was provided. Three parents were self referred and seven were referred by agencies. The average attendance at the programme, which was facilitated by a specialist Community Health Visitor was four.

Four evaluation forms and one verbal evaluation were received. Parents who completed the programme were very positive, had enjoyed talking to other parents and felt that they had achieved positive learning, for example, about communication and control. Two of the parents who completed the programme were self referred and two were referred by Sure Start Bramley. The parent who provided a verbal evaluation had not continued with the course as she felt it was not telling her anything new: she had hoped to learn behaviour management strategies which was a priority for other parents also. A further Parenting Programme had provisionally been arranged for February 2002; this had been put on hold due to funding issues.

Comment

This programme was carefully evaluated. The drop out rate, which was of concern to the Outreach Team staff member, was not untypical for parenting programmes which require careful prior negotiation with participants.

(ii) Eat to the Beat

This was a healthy eating programme based at the Fairfield Community Centre over fifteen sessions (some same day morning and afternoon) between May and July 2001. Twenty six people attended and fourteen completed evaluation forms. All participants were female. Nine creche places were provided. Responses were very positive. Most participants attended for reasons related to improving health. Nine participants welcomed meeting new people; three referred to the sessions being fun and enjoyable. Two referred to exercise and fitness.

Some resentment at the location (Fairfield) was noted, as the estate was perceived as attracting most resources which became available in the Bramley area. The Outreach Team found that running two sessions per day made excessive demands on their resources. There were plans to develop similar programmes in the future.

Comment

The evaluation contains positive reflective comments on ways forward and lessons learned.

(iii) Evaluation of Library Activities
Sure Start Bramley

Two Outreach Team members negotiated for Sure Start funding to refurbish the children’s area in the Bramley and Broad Lane Libraries. A Fun Day held in September 2001 was evaluated. Over 100 people attended and thirty five book bags were handed out to people with children under four. Although the day proved enjoyable, the Outreach Team were disappointed that the event did not lead to longer term improvements in parental involvement in library storytime sessions, reflecting a perceived lack of commitment from the library staff to involvement in community activities. Further initiatives to promote this were underway.

Comment

The evaluation realistically assessed positive and negative outcomes of the initiative.

(iv) First Aid Training for Child Carers and Parents

This training was developed in November 2001 by Sure Start in association with the British Red Cross, the National Childminders Association and the Pre-School Learning Alliance. The course led to a basic First Aid certificate following four sessions over three hours. It was held in Bramley Baptist Church in Hough Lane. Participants comprised seven parents, four Sure Start staff and one staff member from the NSPCC Family Support Service. The aim of the course was to train child carers in basic First Aid skills. Obtaining the First Aid certificate required attendance at all sessions. The training course and the creche, which was run alongside it, were both carefully costed. Ten participants obtained the First Aid certificate. The other two (one parent and one staff member) missed week 4 and had to repeat the course. Eleven evaluation forms were returned: all were positive about the practical information and basic First Aid knowledge obtained. Seven participants said they were more confident, and three said they had obtained 100% benefit.

Comment

This is another example of a carefully evaluated programme.

(v) Yoga Evaluation

One of the Outreach Team members evaluated four introductory Yoga sessions attended by eight participants over a four week period in October 2001. Five evaluation forms were returned. Four out of five participants had enjoyed the group and the five respondents referred to the friendly atmosphere / making new friends and having a good instructor. One participant had found some of the Yoga difficult. Learning had been achieved about breathing and relaxation techniques. All five participants would have liked the sessions to have been more than four weeks.

After consultation with participants it was agreed that Sure Start would organise low impact aerobics again starting in February 2002.

(vi) Infant Massage – Parent Classes

A member of the Outreach Team undertook training provided by the International Association of Infant Massage during 2001, and two Infant Massage programmes were held each for five mothers, one in October 2001 and one in November–December 2001. Parent evaluation forms provided by the Association were completed for each programme. Parents were asked to rate the instructor’s skills on a range of dimensions on a 1 (poor) – 5 (excellent) scale. Average ratings for the October group, attended by five mothers, were 4.86. Average ratings for the November – December group, also attended by five mothers, was 4.97.
Parents were asked what they liked best about the programme. In October replies were:

- the opportunity to meet other parents in an organised activity – rather than “drop-in” groups.
- meeting new people.
- learning the massage and meeting other mums.

In December responses were:

- the fact that both (daughter’s name) and I got pleasure from it and found it relaxing.
- relaxed atmosphere.
- I liked the whole massage. (Son’s name) enjoyed it and we both found it relaxing.
- the instructor was warm, friendly, informative, baby-centred, approachable.
- the singing.

All the participants at the two groups said that the course met their expectations. One requested a creche for older children.

Parents were asked how the massage affected their relationship with their baby. Replies for the October group were more affectionate; relaxed; brought closer; we both enjoyed the time together and the closeness.

Parents who attended the November – December group commented:…(the baby) enjoys the massage and our time together;….I have found that it helped us to bond together;….Closer.

Outreach Worker’s Comment

The Outreach Worker had gained much confidence from completing the training and had thoroughly enjoyed delivering the programmes. She said that the first group was harder as two of the children were older. In the second group all the infants were aged about five months, which was ideal. A further Infant Massage group was being held in March 2002 and was already fully subscribed.

Evaluator’s Comment

The evaluator attended one of the last sessions in December. Both parents and the instructor coped well with an observer. All five parents spoke positively about their experience on the course. The instructor was confident and related very well to parents in a positive atmosphere. Her singing enhanced the programme.

(vii) Christmas Activities

The Outreach Team organised a Christmas Fayre on 13.12.01 and a Christmas Party on 14.12.01. Both events were well supported. The main people attending the Fayre were from the Family Support Service (parents and children). The Christmas Party on the next day was attended by a wider cross section of the community including mothers, fathers, grandparents and older siblings. For next year it was decided that the two events should not be held on consecutive days. For the future it was decided to specify that all toys contributed should be
new and age-appropriate. The Christmas Party attracted positive publicity through the Yorkshire Evening Post.

(viii) Portage Training

A four-session programme validated by the National Portage Association was held at the NSPCC offices in Bramley in September and October 2001. The eight participants included four parents, one member of the Family Support Service and three Outreach Team staff. One parent dropped out after one week. Full information about Portage, which is a home visiting service for pre-school children with special needs, was provided. Evaluation forms were obtained from seven participants. Six of them responded that the course objectives had been achieved. All seven commented on the usefulness of the course in their different roles; and all seven commented very positively on the way the course was presented and delivered. All the participants rated the course materials highly and considered that the course addressed issues of equality and anti-discriminatory practice clearly and sensitively. Five participants said that the course was stimulating and much harder work than they had expected. The other two said that the course met their expectations.

Feedback from participants overall was very positive. This was linked to a creche being provided and the venue being accessible. Participants considered that Portage training could make a positive difference to Sure Start Bramley, and that they would be able to pass on information and skills learned to parents and families. Next steps would include incorporating portage into Outreach Work and holding networking meetings. Refresher courses would be held as necessary.

Comment

The evaluation indicates that the training course was an effective vehicle for developing and networking knowledge about Portage amongst staff and parents.