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# **Sure Start Blacon Annual Evaluation Report January 2004**

## **1. Evaluation Procedures**

The Centre for Public Health Research at University College Chester was engaged as the independent evaluator of Sure Start Blacon beginning on 1 September 2003. This contract is scheduled to continue to August 2006.

## **2. Evaluation Progress in 2003**

The following activities were undertaken by the CPHR at Sure Start Blacon during September-December 2003.

### **2.1 Research Ethics Approval**

- Approval to conduct the evaluation was gained from an NHS Local Research Ethics Committee.
- Approval was also gained from the Research Governance Committee of the local PCT.

These applications outlined the practical steps that will be taken to govern the ethical operation of the evaluation. Blacon Sure Start holds copies of these applications.

### **2.2 Training and Development**

One aim of the evaluation is to build the capacity of staff, partners and the community to monitor and evaluate innovations and to encourage stakeholders to develop evidence-based practice. To this end, the following activities were undertaken:

- Half-day training for the whole Sure Start staff team on the purpose of monitoring and evaluation. This has also been supplemented by further contributions to team meetings about the monitoring system.
- Publication of a monthly 'Getting Evidence into Practice' bulletin of articles, reports and press releases on children's services.

### **2.3 Audit and Development of Monitoring Systems**

As effective evaluation is dependent on access to rigorous monitoring data, the Sure Start monitoring procedures were audited. This audit indicated that the systems required substantial development. It was agreed that the evaluators would provide short-term support in this

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process but that the long-term solution was for Sure Start Blacon to appoint a Monitoring Officer. The following activities were undertaken:

- audit and development of the contact monitoring system (including database development and consultation on the design and re-design of contact forms);
- audit of the target data monitoring system;
- scrutiny and development of procedures for collecting and processing monitoring data, including advice on data protection, gaining informed consent and protecting client confidentiality;
- consultation and development of improved methods for collecting health target data (in partnership with relevant health agencies);
- liaison with partners about systems and principles guiding the sharing of monitoring data.

#### **2.4 Parent Satisfaction Survey**

- A parent satisfaction survey was conducted in collaboration with the local programme during the summer of 2003. The survey was based on a sample of 370 families. Families were largely contacted through a postal survey, although some were accessed when using Sure Start Blacon services. A total of 81 questionnaires were returned, giving a response rate of 22%.
  
- A full report was published - 'Sure Start Blacon: Parent Satisfaction Survey 2003'. This was distributed to partners, posted on the NESS website and given an ISBN to ensure maximum dissemination. The Executive Summary from this report is at Appendix 1.

#### **2.5 Service Evaluations**

- A template for service evaluations was developed and refined to make it time efficient and useful to the programme (see Appendix 2). A standard methodology was adopted of: meeting with Sure Start managers and service providers to scope the work; conducting an observation of the Sure Start service, including informal interviews with users; discussing the group's objectives, operation and future with service providers; analysing monitoring data in relation to take-up of the service; preparing a draft report; discussing the draft report with key stakeholders (Sure Start managers, service providers and a mainstream influencer), and; including the reflections of stakeholders on the draft report in the

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final report. Templates were developed to structure the initial information-gathering meetings with key personnel (Appendix 3) and to guide the service observation (Appendix 4).

- Discussion about the nature of service evaluations took place with the Programme Manager. The Early Learning Link Workers were selected to be the subject of the first service evaluation.

## **2.6 'Critical Friends'**

- The evaluators acted as 'critical friends' to the Programme Manager and Deputy Programme Manager in their analysis of the direction of the programme. This included cross-fertilisation of learning from the other Sure Start local programme evaluations in which the researchers are also engaged.

## **3. Overall Findings and Recommendations**

Perhaps the most important development made in terms of monitoring and evaluation in Blacon Sure Start in 2003 is that both the culture and capacity to conduct monitoring and evaluation has been established. Staff and partners have been encouraged to see themselves as part of the 'evaluation team' and CPHR has worked to build the capacity for monitoring and evaluation within the local programme.

Substantial investment was made in 2003 to improve the contact monitoring system. This database will produce the information needed to make returns to the Sure Start Unit but, equally importantly, it will be used to analyse the 'reach' of local services and to inform professionals about the package of services being accessed within individual families. A report on the 'reach' of the programme will be produced in the first half of 2004.

There have been significant achievements in developing the contact monitoring system during 2003, both technically and in terms of creating a culture committed to monitoring. However, significant challenges remain. In particular, it is vital that the monitoring system becomes part of the workload of a senior member of staff, probably a specific Monitoring Officer. This worker should also oversee the monitoring of progress towards Sure Start targets and have responsibility for developing systems to collect target data. In particular, CPHR has begun negotiations with local health partners to collect data for the Sure Start

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health targets and, to be sustained, this work requires the focused attention of a senior member of staff.

The 2003 Parent Satisfaction Survey indicated that four out of five families are aware of Blacon Sure Start. A key challenge for the coming year is to increase this awareness to be as near to universal as possible. Seven out of ten families said they thought that services had improved in the last year and, again, it is appropriate to aim for a higher response to this question next year. Satisfaction with services was generally high, with a small number of respondents indicating dissatisfaction with individual services. A common request was for the timing of services to be amended and for more active play groups and quality indoor and outdoor play areas. Indeed, parents expressed considerable concern about the perceived poor condition of outdoor play areas in Blacon.

The satisfaction survey also found that half of all families want to know more about the services available and that some Sure Start services have small numbers of users. There seemed to be a particular potential for families to have more involvement in 'stay and play' groups. CPHR's key recommendations in relation to these findings are: first, to consult local families about the best media for informing them about services, and; second, to develop action plans to boost participation rates in individual services. As parents identified feeling nervous of joining a group as a key barrier to engaging in services, it may be particularly useful to focus attention on extending the 'outreach' service, perhaps by using volunteers (including service users) as well as professionals.

A further key finding from the satisfaction survey is that more than half of all families struggle to find childcare when they really need it. This problem is particularly acute for lone parents and in households where no-one is in employment for 16 hours per week or more. Families made recommendations for improving their access to childcare, including the need for more flexible and affordable day care. Day care provision will be boosted when the children's centre is opened, but the local programme could consider strategies for improving access to childcare while this capital programme is developed.

Overall, 2003 was a productive year in terms of establishing the culture and capacity required to conduct monitoring and evaluation in Blacon Sure Start. The Parent Satisfaction Survey has also indicated some key

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challenges for the programme. Blacon Sure Start is now in an excellent position to develop its monitoring and evaluation work in 2004.

#### **4. Evaluation Strategy and Programme of Work for 2004**

The following is a broad plan of priorities for the evaluation during 2004. This plan will remain flexible to the changing requirements of the local programme. It is also structured to adhere to the national requirements for Sure Start evaluations.

##### **4.1 Audit and Development of Monitoring Systems**

The CPHR will continue to assist in the following activities up to the point when a Monitoring Officer has been inducted (June 04):

- development of the contact monitoring system;
- development of best practice in data management;
- development of methods for collecting target data (particularly health target data);
- production of a report on progress in developing the monitoring system and recommendations for future work.

##### **4.2 Quantitative analysis of the reach of the local programme**

Once the contact monitoring system is established and populated, the data will be analysed to look at the 'reach' of the local programme and a report produced.

##### **4.3 Parent Education: in-depth service evaluation**

This will be a priority piece of in-depth work looking at the service delivered by the two Sure Start midwives. The work will involve an analysis of quantitative monitoring data as well as qualitative work (interviews and possibly focus groups and observation) with users of the service.

##### **4.4 Parent Satisfaction Survey**

A parent satisfaction survey will be conducted in the summer of 2004.

##### **4.5 Cost Effectiveness Survey**

A cost effectiveness survey will be conducted in the autumn of 2004.

##### **4.6 Reporting to relevant Committees and Groups**

Regular reports about evaluation findings will be made to the Executive Committee and Management Board. The evaluators will also contribute their expertise to the critical discussions in these committees.

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**Appendix 1**  
Blacon Sure Start Parent Satisfaction Survey 2003  
Executive Summary

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## **Blacon Sure Start Parent Satisfaction Survey 2003 Executive Summary**

The 2003 Blacon Sure Start Parent Survey was conducted by the Sure Start Evaluation Team in the Centre for Public Health Research (CPHR) at University College Chester and by Blacon Sure Start. It was commissioned and funded by Blacon Sure Start. The research involved approaching a sample of families who are eligible to use Sure Start services to fill in a questionnaire. The sample included families who are not registered with Sure Start and who may not be using Sure Start services. Families were approached by post and in person. A total of 370 questionnaires were sent out and 81 questionnaires were completed and returned.

### **Key findings**

#### **Awareness of Sure Start**

- Four out of five families are aware of Blacon Sure Start. A key challenge is to increase awareness to be universal.
- About 50% of families would like more information about the range of services offered by Sure Start and other local organisations.

#### **Use of Local Services**

- The health visiting and midwifery services are those most commonly accessed by Sure Start families.
- The library is also a commonly used local resource, despite a relatively low level of library membership among children living in the Sure Start area.
- Just over a third of families have received the Sure Start Book Start Pack and about a quarter of families have received the Sure Start Safety Pack. Smaller families had a lower uptake of both packs. Uptake of Safety Packs was lower among families where no-one in the house was in employment for more than 16 hours a week.
- Individual Sure Start groups were only attended by small numbers of respondents. In some cases, this is because the group is aimed at a very specific group of families. The most well attended service is the Drop-In Centre.
- Parent and toddler groups are accessed by just over four out of ten families. As all families are eligible to attend these groups, there is potential for improvement here.
- Four out of ten families attended a playgroup or nursery, which is a high rate of usage given that only older children are usually eligible for these services.

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### **Satisfaction with Services**

- Almost all families reported being “satisfied” or “very satisfied” with local services for families with young children.
- Approximately seven out of ten families said they thought that services for families had improved in the last year.
- Satisfaction was high with both one-to-one services - such as health visiting and midwifery - and with local groups for children and families. This includes Sure Start groups, parent and toddler groups and playgroups and nurseries.
- A few families expressed dissatisfaction with a small number of individual services.
- Families suggested additional services they need and ways that services can be developed. A common request was for the timing of services to be revised. Families also wanted more active play groups and quality indoor and outdoor play areas.

### **Access to Childcare**

- Families most often rely on family members and/or a partner or ex-partner for help with childcare, indicating that family support is a valuable local resource.
- A significant minority of individuals have no access to family support; 60% of families reported that they sometimes struggle to find childcare when they really need it.
- Lone parents and families where no-one in the home is in employment for more than 16 hours a week have particular difficulty accessing the childcare they need.
- Families made specific recommendations about the help they would like to receive with childcare.

### **Recommendations**

- The survey includes many practical recommendations made by families about how services can be improved.
- In addition, the CPHR researchers recommend the following steps to enable further progress towards the Sure Start targets and to produce greater engagement with the local community:
  - action be taken to ensure that awareness of Sure Start becomes universal;
  - survey findings are widely reported to Sure Start partners, to share the good news about local satisfaction with services and to encourage the on-going improvement of services;
  - families are consulted about the best media through which they can become better informed about local services;
  - the uptake of Sure Start packs should be monitored, and followed-up, using the Sure Start Database;

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- there be a review of possible barriers to attendance at Sure Start groups and a plan for improving access;
  - the reasons for a small number of respondents being dissatisfied with some Sure Start groups be investigated with a focus on service development;
  - Sure Start groups and parent and toddler groups develop action plans to boost participation rates;
  - the Sure Start evaluators explore some of the findings in the survey in more depth, using qualitative methods;
  - the 2004 parent survey includes some further questions, to explore issues that were not covered in this year's study.

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**Appendix 2**  
Template for Service Evaluation Reports

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**Service Evaluation of 'Name of Service'**  
**Conducted as part of the evaluation of Sure Start Blacon by**  
**The Centre for Public Health Research, University College Chester**

Please note this template was adapted from Brooks et al., (2002) *Achievement in Adversity: Rotherham Rawmarsh Sure Start in 2002*, University of Sheffield, Sheffield.

**Background** (*this must be factually accurate*)

- *What the service is*
- *How it fits into the Sure Start programme*
- *Who funds the service?*
- *Who runs the group - how they fit into the Sure Start team*
- *Who employs the staff involved? What are the arrangements for line management?*
- *What assistants or volunteers are involved?*
- *Eligible/target users of the service.*

**Objectives of the Service Evaluation**

All Sure Start service evaluations aim to fulfil the following objectives:

1. To describe the service
2. To analyse available monitoring data about service usage
3. To identify how participants are recruited to, and retained within, the service and how these processes may be improved
4. To analyse how families are moved on from time-limited services (if appropriate)
5. To consider how people are referred into the service and how the service providers are acting as referrers to other Sure Start or other local services
6. To identify benefits of the service to users (both children and parents/carers)
7. To analyse how the service is meeting Sure Start objectives
8. To draw conclusions about the performance of the service and make practical recommendations for future development
9. To feedback evaluation findings to relevant staff and promote reflection / service development

Each service evaluation also begins with consultation with funders, service providers and their managers to identify and agree why the service has been selected for evaluation and issues specific to the service that should be considered.

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Information about the background work that went into this service visit and issues identified.

### **Methodology**

This evaluation of '*name of service*' was conducted by '*name of researchers*' (*researcher job titles*, at the Centre for Public Health Research, Chester College). This was a small piece of work, that was allocated two days of researcher time in *month*. It involved the following activities:

- (1) Discussion with X Sure Start manager to identify '*name of service*' as the subject of a service evaluation and to consult on objectives for the work.
- (2) Discussion with the staff member responsible for '*name of service*' about the progress of the group and issues to be evaluated.
- (3) Discussion with the *service providers' team* to identify issues arising for the *broad range of services this one fits into* more generally and objectives for the evaluation. (*Note that stages 2 and 3 may raise issues to be explored in the evaluation that were not initially identified*).
- (4) A half-day visit to '*service name*'. During this time, observation was made of the context in which the group is delivered and of the group's activities. Each parent/carer using the group was also approached to discuss the group on an informal basis and give feedback about being a service user.
- (5) Analysis of monitoring data available on '*name of service*'.
- (6) Write-up of the service visit and monitoring data.
- (7) Presentation of the service evaluation to *a particular team of staff* and reflection on implications for service provision across Sure Start's *related* services.

### **Aims of the Service Name**

- *Description of aims in the Service Level Agreement (SLA)*
- *Description of any other written aims for the service*

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- *Description of the aims as outlined by the manager(s)*
  - *Description of the aims as outlined by the service provider*
  - *Discussion of differences between the above and the possible need for discussion about aims / amendment to the SLA.*

### **Venue and Time**

- *Description of the venue and time, including the issue of accessibility*
- *How often does the service run? When does it not run? Does it continue in school holidays?*
- *Reasons why times were chosen*
- *Description of who pays for the venue and innovation in the venue (e.g. did the evaluation funder pay for some equipment or furniture?)*
- *Discussion of any changes that have already been made to venue and time, with reasons*
- *Discussion of future plans for changes to venue and time, with reasons*

### **Description of Service Name**

- *History of the group (who founded it, when, with what resources / when Sure Start became involved / staff history)*
- *Staff member in charge of the group plus any others that help or visit, including volunteers*
- *Who attends the group? Is a service for parents and/or children?*
- *Is it mostly mothers who attend? Do grandparents, fathers, childcarers or any others attend?*
- *Relatively in-depth description of what happened in the session visited*
- *Description of how the service was developed.*
- *What qualifications and experience did the worker draw on?*
- *What developments have they made and why? What evidence was employed in these developments?*
- *How do staff monitor and evaluate the service?*
- *What further training or resources would they like?*

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- *What changes are planned?*

### **Recruitment, Attendance and Barriers**

*Analysis of monitoring data. This should include the range of users/contacts per week, averages per week or month and analysis of patterns over time. Also, analysis of the types of users (particularly relating to age for children and sex relating to parents/carers). Establish what the maximum and optimum level of usage is and discuss to what extent the service is meeting that. Is there a plan for boosting participation (or managing over-demand) in place?*

Discussion with staff and adult service users indicated that families are recruited to the group through X different routes:

- *Itemise*

Informal discussion with the adult service users and observation lead to the identification of X potential barriers to engaging in the group:

- *Itemise*
  - *Analysis of attendance data*
  - *When the group has run / not run*
  - *Average attendance per month – in a table*
  - *Weekly attendance and other data may be put into an appendix*
  - *Range of attendance*
  - *Ages of attendance – how many are of Sure Start age / live in the Sure Start area?*
  - *Trends in attendance over time*
  - *Frequency of attendance*
  - *Types of families attending (e.g. relating to demographic data about users such as area in which they live, sex, age, marital status, size of family, employment status, ethnicity).*

### **Service Provider's Evaluation of the Service and Training Needs**

- *The service provider's reflections on running the service*
- *Their concerns*
- *Any staffing or resourcing needs they have identified*

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### **Benefits to the children**

Discussion with the service providers and adults service users and observation of the group indicated that '*service name*' offers the following benefits to children:

For babies (0-1):

- *itemise*

For children aged 1-3:

- *itemise*

*These age categories may vary.*

### **Benefits to the parents/carers**

Parents/carers cited six main reasons for attending '*service name*':

- *itemise*
- *Parent feedback on the group (including positive)*
- *Areas for improvement identified by users*
- *Areas for improvement identified by service provider / their managers/team*
- *Areas for improvement identified by researcher*

### **Sustainability and mainstreaming**

- Discussion of the broader 'community' of services in which this service is situated
- Description of services allied to this in the area (e.g. if it is an antenatal support group, what other antenatal classes are also available?)
- Description of efforts made so far to engage mainstream in the innovation
- Discussion of current plans to mainstream the service / make it sustainable

### **Links to the Sure Start Objectives**

#### **1. Improving Social and Emotional Well-being**

- *Discuss*

#### **2. Improving Health**

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- *Discuss*

### **3. Improving Children's Ability to Learn**

- *Discuss*

### **4. Strengthening Families and Communities**

- *Discuss*

#### **Conclusions**

*Issues to consider:*

- *Is this a well used service? Is it reaching its maximum capacity?*
- *Do users report that this is a valued service?*
- *What are its main benefits?*
- *What added value does it provide over a voluntary group / existing services?*
- *Does it result in referrals and signposting to other Sure Start or mainstream services?*
- *ALWAYS INCLUDE AN ANALYSIS OF WHETHER MAINSTREAMING IS OCCURRING*

#### **Recommendations**

*Issues to consider*

- *Changes to staffing - changes needed to present staff, additional staff required*
- *Changes to the type of service provided*
- *Changes to the venue*
- *Changes to the times*
- *Changes to the image / marketing*
- *Recruiting marginal groups - e.g. fathers*
- *Accessing other research*
- *Analysing monitoring data further*
- *Contacting infrequent users*
- *ALWAYS INCLUDE SOMETHING ON MAINSTREAMING*

#### **Discussion of the Service Evaluation**

*The researcher(s) met with X staff to discuss this service evaluation and the future of this type of service. The discussion raised the following questions for further reflection:*

- *Itemise*
- *Always include mainstreaming in the discussion*

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**Appendix 3**  
Service Evaluation - Information Gathering Template

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### Service Evaluation - Information Gathering Template

This template relates to information that should be gathered prior to the service observation.

Request: service level agreement (SLA) and any other written aims of the group; marketing materials, monitoring data.

Name of the service	
Reasons for the service evaluation	
History of the service	Founded: History of Sure Start involvement: Funding:
Staff members / volunteers involved	
Where does this programme 'fit' into the Sure Start team and programme	
Aims of the service - written, from managers, from service provider, from clients	
Venue / location / times (including rationale)	
Eligible and target group / types of attenders / non- Sure Start attenders?	
How was the service developed? What evidence/experience was drawn on?	
Staff qualifications / training / experience	
Any changes planned?	
Service provider's reflection on running the service	
Training / staff / resource needs	
What, if any, action is being taken to mainstream this service/innovation?	

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**Appendix 4**  
Service Evaluation – Service Visit and Observation Template

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### Service Evaluation - Service Visit and Observation Template

Observation of what happened in the group (including approximate timings and numbers attending)	
What reasons do users give for attending?	
How were the users recruited / what barriers to use can they identify?	
How regularly do users use the group / what barriers to regular attendance can they identify?	
What other recommendations do users make?	
Details of any 'critical incidents' observed	