



Centre for Public Health Research
University College Chester

**Sure Start Ellesmere Port
Annual Evaluation Report
January 2004**

Compiled as part of the evaluation of
Ellesmere Port Sure Start

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Sure Start Ellesmere Port 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 Ellesmere Port on 1 April 2003. This contract is scheduled for renewal in April 2004.

2. Evaluation Progress in 2003

The following activities were undertaken by the CPHR at Sure Start Ellesmere Port during April-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. Ellesmere Port 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.
- Half-day training and consultation with the whole Sure Start team on monitoring procedures. 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.
- Written and verbal briefing of staff involved in the fieldwork for the 2003 parent survey.

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- Presentation to the Sure Start Ellesmere Port AGM about monitoring and evaluation practice and findings from the Parent Satisfaction Survey.

2.3 Context Analysis

- Semi-structured qualitative interviews were conducted with key partners involved in developing the programme. This enabled the evaluators to 'catch up' with the historical development of the programme.
- Some initial observation of the functioning of the Management Board was undertaken.

2.4 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 process but that the long-term solution was for Sure Start Ellesmere Port 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);
- supply and management of data inputting clerks to populate the contact database;
- 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.

CPHR produced a thorough report on its audit of the contact monitoring system. The table of contents of this report is at Appendix 1. The report included a substantial list of recommendations for improving the system. This is at Appendix 2. As work on the monitoring system is on-going, this report was published as a 'first edition' and this was followed by a 'second edition' in March 2004.

2.5 Monitoring Reports

- Summaries of quantitative monitoring data were reported to the Management Board on two occasions, including some analysis of service usage over time and according to the child's age.

2.6 Parent Satisfaction Survey

- A parent satisfaction survey was conducted in partnership with the local programme during the summer of 2003. This survey was based on a sample of 214 families, which equates to one quarter of families with a child or children aged under four in the Ellesmere Port Sure Start area. Families were initially sent a questionnaire by post and then approximately half were followed-up by telephone and/or door-knocking. A total of 76 questionnaires were completed, giving a response rate of 38%.
- A full report was published – 'Sure Start Ellesmere Port: 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 of this report is at Appendix 3.

2.7 Service Evaluations

- A template for service evaluations was developed and refined to make it time efficient and useful to the programme (see Appendix 4). 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 final report. Templates were developed to structure the initial information-gathering meetings with key personnel (Appendix 5) and to guide the service observation (Appendix 6).
- A service evaluation was conducted on a stay and play group entitled 'Messy Rascals'. The conclusions and recommendations in this report are at Appendix 7.

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- A service evaluation was undertaken on the 'Pampering Group', an antenatal support service for women. An Executive Summary of the final report is at Appendix 8.

2.8 Supporting the Review of Health Visiting

- Within a broader review of health visiting, the evaluators supported the health visiting team to reflect on how the priorities in 'Every Child Matters' could be implemented in Ellesmere Port. This review led to the recommendation that health visitors should practice out of children's centres. The evaluators also supported a member of the health visiting team to prepare a report and presentation outlining this proposal to the Professional Executive Committee of the local PCT. Details of this work are at Appendix 9.

2.9 '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.
- Regular reports about evaluation findings were made to the Management Board and Inclusion and Participation Committee. The evaluators also contributed their expertise to the critical discussions in these committees where appropriate.

3. Overall Findings and Recommendations

Perhaps the most significant achievement of 2003, in terms of monitoring and evaluation, is that the capacity and culture required to conduct high quality monitoring and evaluation was established. This success has depended on the commitment of staff and partners, as well as the efforts of the external evaluations in the Centre for Public Health Research.

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 terms of implementing CPHR's recommendations for finalising and utilising the monitoring system. The CPHR's primary recommendation is that the development of the monitoring system should become 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 health targets. To be sustained, this work requires the focused attention of a senior member of staff.

The 2003 Parent Satisfaction Survey indicated that respondents had a high level of awareness of, and satisfaction with, local services for families with young children. Families also reported a perception that services have improved, indicating that the local programme has had success in matching its development with local needs. The satisfaction survey also found that families want to know more about the services available and that some Sure Start services have small numbers of users. CPHR recommends that: first, local families are consulted about the best media for informing them about services, and; second, an action plan is developed in relation to every Sure Start service to boost participation rates.

A further key finding from the satisfaction survey is that half of all respondents' struggle to find childcare when they really need it. This problem is particularly acute for lone parents. Families made recommendations for improving their access to childcare, including help for family members to become registered childminders, a 'babysitting' vetting process and providing more flexible and affordable day care. Day care provision will be boosted when children's centres are opened, but the local programme could usefully consider the other requests made by parents.

The two service evaluations undertaken in 2003 indicate that Ellesmere Port Sure Start is developing services that meet key Sure Start objectives and are appreciated by users. However, both of these groups had the potential for increased participation. In both cases, users identified the major barrier to engagement as feeling nervous about

joining a group and fearful of not being made welcome. Practical suggestions have been made to overcome this barrier, including improvements to marketing materials and extending the 'outreach' to families using both staff and volunteers. We also recommend that all possible steps are taken to ensure the continuity of services because participation rates tend to 'dip' when meetings are cancelled.

Mainstreaming has been incorporated as a key issue for exploration in all evaluation work. Mainstream service providers have also been included in discussions about evaluation findings and this has led to the identification of potential new ways of working. For example, ideas emerged following discussion of the Evaluation of the Pampering Group: first, to employ two 'mainstream' community midwives on a part-time and short-term basis to develop their experience of Sure Start, and; second, to consider installing NHS information systems in children's centres to reduce the time that community midwives spend travelling to the Countess of Chester Hospital and, therefore, free time to mainstream innovations such as the Pampering Group.

Overall, significant achievements were made in developing the capacity and culture to conduct high quality monitoring and evaluating practice during 2003. This places Ellesmere Port Sure Start in an excellent position to develop its monitoring and evaluation work in 2004 and includes an improved capacity to include staff as evaluators. The Parent Satisfaction Survey and Service Evaluations have also indicated some key challenges for Ellesmere Port Sure Start. A further challenge in 2004 will be to ensure that local families are included in conducting evaluation.

4. Evaluation in 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 of Contact Monitoring Systems Report

A second edition of this report will be produced to provide an up-date on progress with the monitoring system and recommendations for future work.

4.2 Three Year Evaluation Report

This report will present the key findings of the CPHR's monitoring and evaluation work. It will also provide a biography of the programme, present a 'snapshot' of the structure of the services, mainstreaming activities and the capital programme to date. This project will be used to reflect on programme development and to synthesise recommendations for the future.

4.3 'Reach' Report

This report will draw on contact monitoring data to analyse the 'reach' of the programme. In particular, it will consider the proportion of families 'reached' by Sure Start, the pattern of 'reach' in different areas according to family type and the 'depth' of involvement within families, A key aim of this report will be to assess whether the local programme is serving families who are 'hard to reach'.

4.4 Cost Effectiveness Survey

This survey will draw on the method for assessing cost effectiveness recommended by NESS.

4.5 Parent Satisfaction Survey

This work will develop on the experience of conducting the Parent Satisfaction Survey in 2003.

4.6 Service Evaluation: Narrative Therapy

This project will generate a description of the local programme's speech and language strategy and evaluate one particular narrative therapy intervention.

4.7 Evaluation: Early Learning Services

This project will consider how early years education roles have been developed within the local programme and the impact this has had on mainstream early years education. It will also seek the opinions of users about the services being offered. As part of the capacity building element of the evaluation, service providers and users may be trained to participate as evaluators in this project.

4.8 Evaluation: Adult Learning/Lifelong Learning Services

This evaluation will consider how Sure Start's adult learning services have developed and impacted on local families. In particular, the process of integrating this work into the local authority's lifelong learning activities

will be evaluated and key 'learning points' for partnership working will be identified. Both service providers and users will be included in this work.

Appendix 1

Table of Contents from the November 2003 edition of
'Audit of Contact Monitoring Systems at Sure Start Ellesmere
Port: Progress to Date and Recommendations'

**Table of Contents from the November 2003 edition of
'Audit of Contact Monitoring Systems at Sure Start Ellesmere Port:
Progress to Date and Recommendations'**

	Title page	
	Table of Contents	i
	List of Tables	ii
1.	Introduction	1
2.	Review of the System for Learning about the Eligible Population	2
2.1	Review of the quality of the Child Health Database (CHD)	2
2.2	Relationship between Sure Start information systems and the CHD	3
2.3.	Distinction between the CHD and the Sure Start Database	4
3.	Review of The Sure Start Database	4
3.1	System for registering families with Sure Start	5
3.2	System of recording contacts with Sure Start	12
3.2.1	Recording contacts with groups	12
3.2.2	Recording individual contacts	13
3.2.3	Recording contacts with partnering agencies	14
3.2.4	Recording contacts with non-eligible families	16
3.3	Review of the MCA Database	17
3.3.1	Brief outline of the structure of the MCA Database	17
3.3.2	Review of the process of working with the MCA database	17
3.4	Progress to date in populating the Sure Start database	20
3.4.1	Inputting registration details	21
3.4.2	Inputting contact data	21
3.5	Proposals for maintaining and utilising the Sure Start Database	22
4.	Summary of Recommendations	25

Appendix 2

Summary of Recommendations from the November 2003
edition of 'Audit of Contact Monitoring Systems at Sure Start
Ellesmere Port: Progress to Date and Recommendations'

**Summary of Recommendations from the November 2003 edition of
'Audit of Contact Monitoring Systems at Sure Start Ellesmere Port:
Progress to Date and Recommendations'**

- 1 Negotiate with EPNPCT and CWPCT to begin a systematic review of the quality of the Child Health Database.
- 2 Obtain a new list of eligible families from the Child Health Database.
- 3 Produce a list of non-registered families by comparing the list of eligible families with the list of registered families.
- 4 Conduct a 'drive' on registration. This should prioritise the families whose details are stored on the Sure Start Database but who are not registered. A date should be set after which these details will be deleted if the family does not register with Sure Start.
- 5 Pilot the recommended registrations forms and contact forms.
- 6 Amend and pilot the Information for Parents leaflet, as recommended.
- 7 Bulk print forms and leaflets in colour.
- 8 Establish a process that will ensure that an Information for Parents leaflet is always given out with registration forms (we recommend that they are stapled together by administration staff).
- 9 Produce marketing materials to accompany the registration forms. This should include a timetable of events in the forthcoming week/month and a list of contact details.
- 10 Keep family details up-to-date by inputting changes of address reported by the CHD, designing a change of address form, contacting women for their baby's details after birth, making an annual contact with families and archiving families with children aged over four years old.
- 11 Produce a written archiving policy and ensure this is referred to in the Information for Parents leaflet.
- 12 Produce Sure Start membership cards.
- 13 Train staff in the purpose of monitoring, using the new forms and the Sure Start Database.
- 14 Develop new data protection and confidentiality procedures. Specifically: (i) ensure that the 'hanging files' used to store registration and contact forms in the Sure Start office are housed within a locked cabinet; (ii) produce literature and training on the data protection and confidentiality obligations of people handling registration and contact data and seek written commitment to these policies from staff, partners and volunteers.

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- 15 Nominate and support individuals to negotiate access to contact data from partners.
 - 16 Develop the policy for recording (or not recording) contacts with 'non-eligible' children and families.
 - 17 Pursue MCA to develop upgrades to their system as recommended in this report, as part of the service maintenance agreement.
 - 18 Keep data entry into the Sure Start Database up to date.
 - 19 Modify and use the welcome letters and address labels that can be produced from the Sure Start Database.
 - 20 Ensure that the database is used to inform services, including those of partners.
 - 21 Appoint a monitoring officer as soon as possible.
 - 22 Establish clear lines of responsibility for pursuing each of these recommendations.

Appendix 3
Ellesmere Port Sure Start Parent Satisfaction Survey 2003
Executive Summary

Ellesmere Port Sure Start Parent Satisfaction Survey 2003 Executive Summary

The 2003 Ellesmere Port Sure Start Parent Survey was conducted by the Sure Start Evaluation Team in the Centre for Public Health Research (CPHR) at University College Chester. It was commissioned and funded by Ellesmere Port 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, if they did not respond, by telephone and/or door-to-door. A total of 76 questionnaires were completed.

Key findings

Awareness of Sure Start

- Almost all families are aware of Sure Start.
- Four out of ten 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, although many families who use the library have not registered their Sure Start child as a member of the library.
- Between three and four out of every ten families have received the Sure Start Book Start Pack and/or the Sure Start Safety Pack. Take-up of Safety Pack was lower among lone parents.
- Individual Sure Start groups are attended by relatively small numbers of families. In some cases, this is because the group is aimed at a very specific group of families. The most widely used service is the Toy Library.
- Parent and toddler groups are accessed by approximately a quarter of families. As all families are eligible to attend these groups, there is potential for improvement here.
- Almost half of all children attended a play group or nursery, which is a high rate of usage given that only older children are usually eligible for these services.

Satisfaction with Services

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- Almost all families reported being “satisfied” or “very satisfied” with local services for families with young children.
 - Eight out of ten families said they thought that services for families had improved in the last year.
 - Satisfaction was high for 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. It is unclear whether dissatisfaction related to the quantity of the service provided or the nature of the service.
 - 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.

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.
- Despite widespread access to family support, half of all families reported that they sometimes struggle to find childcare when they really need it.
- Lone parents have particular difficulty accessing the childcare they need.
- Families made specific recommendations about the help they would like to receive with childcare. This included help for family members to become registered childminders, a ‘babysitting’ vetting process and greater availability of flexible and affordable day care.

Recommendations

- The survey includes many practical recommendations made by families about how services can be improved.
- In addition, the CPHR researchers recommend the following to enable further progress towards the Sure Start targets and to produce greater engagement with the local community:
 - the 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;

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- families are consulted about the best media through which they can become better informed about local services;
 - the reasons for family dissatisfaction with a small number of services should be explored, with a focus on service development;
 - the take-up of Sure Start packs should be monitored, and followed-up, using the Sure Start Database;
 - Sure Start groups and parent and toddler groups should develop action plans to boost participation rates;
 - the Sure Start evaluators should explore some of the findings in the survey in more depth, using qualitative methods;
 - the 2004 parent survey should include some further questions, to explore issues that were not covered in this year's study.

Appendix 4
Template for Service Evaluation Reports

Service Evaluation of 'Name of Service'
**Conducted as part of the evaluation of Sure Start Ellesmere Port 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.

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*

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

-
- *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*

Appendix 5
Service Evaluation
Information Gathering Template

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?	

Appendix 6
Service Evaluation
Service Visit and Observation Template

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	

Appendix 7
Conclusion and Recommendations from the
Service Evaluation of Messy Rascals
September 2003

Conclusion and Recommendations from the Service Evaluation of Messy Rascals, September 2003

Conclusions

Messy Rascals is a popular service that is highly valued by its users. Its most obvious benefit is the developmental opportunities it offers to children but the social support it provides to parent/carers is probably of equal value. Its leader provides 'added value' compared to volunteer-led 'parent and toddler' groups by employing her training and experience to develop the group in a child-focused way and offering informal support to parents/carers. The benefits she brings include: actively recruiting participants; developing a welcoming atmosphere that is not dominated by any 'in group'; planning and leading structured play activities that give both the children and the parent/carers a focus for their time; providing social support to parents/carers; taking responsibility for organising the material resources, and; signposting to other Sure Start and mainstream services.

Recommendations

1. Retain Michelle Lovelock as the leader of Messy Rascals. She is clearly successful in running a positive 'stay and play' group and her strong relationship with the attending mothers is a key element of this success.
2. Ensure that a volunteer or paid helper (either an ex-volunteer or neighbourhood worker) is available to support the Senior Childcare Worker in running the group and, in particular, making parents/carers feel welcome. Note that these staff will need appropriate training and the Senior Childcare Workers will need to be supported in developing less qualified/experienced assistants.
3. Extend the 'outreach' service performed by the Senior Childcare Workers by naming a 'key worker' for each family whose role it is to help them engage with this and other services. This may be an appropriate role for the Neighbourhood Workers.
4. Make the community centre a more welcoming setting by providing promotional information and (perhaps) lively photographs of the group's activities on outside notice boards. This should particularly emphasise that the group has an 'open door' policy and staff employed to welcome new members. The information could be

displayed on the community centre's fixed notice board and on a mobile board placed outside during sessions to welcome parents/carers walking past.

5. Investigate whether the relatively early start is a barrier to attendance for some parents. If it is, consider supplementing the group with an afternoon session or moving the start time of the group (although not without consulting established users).
6. Overcome the potential stigma associated with Sure Start services by emphasising in all promotional activities that Messy Rascals is available to all local families and, indeed, aims to include as many families as possible, rather than just the 'disadvantaged'. It may also help to create some 'case studies' of 'normal' parents who have benefited from engaging in Sure Start.
7. Consider how the group could be adapted to better serve babies and carers with babies. Also, develop marketing materials that make it clear that the group seeks to include babies and their carers.
8. Reflect on why fathers (or other male carers) and childminders do not attend the group more often. What barriers may there be to their attendance and how might these be removed? Is there a need for a 'stay and play' group for dads that takes place on a weekend?
9. Do not assume that the tea and coffee time is a waste of time. Plan this so that it is valuable in developing peer relationships but does not leave the staff with responsibility for all the children at the same time. Discuss the value of the tea and coffee time with the users before changing it.
10. The Senior Childcare Workers should continue to discuss their concerns about the procedures for recording low grade 'child welfare' incidents with senior staff in Sure Start. In particular, it may be helpful to explore the idea of working alongside a Health Visitor or Sure Start's Child Protection Officer to approach parents when such recordings are made. Also, Sure Start could consider making the system for recording such low grade 'child welfare' incidents a cross-cutting focus for the evaluation.

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11. Develop a plan for mainstreaming innovations in 'stay and play' groups by approaching existing groups to offer support and seeking sustainable funding. The mainstreaming plan should include a timetable and an analysis of the resources required to focus on mainstreaming (e.g. support to the Senior Childcare Workers when negotiating access to existing groups).

 12. Search the Sure Start and NESS (National Evaluation of Sure Start) web-sites to find other evaluations of 'stay and play' groups and early years play provision more generally. Consider conducting a literature review to find evidence in practitioner magazines and early years journals about these issues. Subscribe to key early years journals and magazines.

Appendix 8

Executive Summary of the Service Evaluation of the Pampering
Group at Ellesmere Port Sure Start
January 2004

Executive Summary of the Service Evaluation of the Pampering Group at Ellesmere Port Sure Start, January 2004

Background

- The Pampering Group is a weekly antenatal support service that has been run by the Sure Start midwife since December 2002.
- A complementary therapist and volunteer assist in the group.
- All pregnant women are welcome, but the group is targeted at those in need of additional support. It is a woman-only group.
- After birth, users may return to the group for up to four weeks.
- A crèche is provided, although newborn babies are included in the group.

Aims

- This Pampering Group did not have written aims prior to the evaluation. Verbal reports indicated that the service was primarily aimed at giving emotional and social support to pregnant women who are vulnerable. It does this by providing a 'safe place' for them to discuss their feelings, develop peer support and access 'pampering' therapies. It is hoped that this support will help to prevent postnatal depression (which, until recently, was a key Sure Start target).
- Complementary therapy (including massage and nail care) are also provided to attract women to the group.
- The Pampering Group forms part of the Sure Start midwife's wider role, which includes providing support with smoking cessation and education on breastfeeding, labour and caring for an early infant. The Pampering Group has the secondary aim of providing 'soft access' to these services.

Venue and Time

- The group is held weekly. Community midwives and Sure Start staff provide holiday cover but the group has been cancelled on some occasions.
- The venue has changed twice, due to problems with finding suitable crèche provision and an appropriate space.
- The group runs between 12:30 and 14:30. This schedule has been revised from an earlier end time of 3pm to allow women to leave in time for the school run.

Description of the Pampering Sessions

- The group is largely informal but includes more focused 'slots' when complementary therapies are provided or discussed or the Sure Start midwife provides a short talk on an issue identified as of interest by the group.
- Conversation is free-flowing, sometimes including all users and at other times in small groups. A particular effort is made by the staff and volunteers to make all women feel welcome and included.
- Mothers with newborns are encouraged to breastfeed.
- A drink and healthy snacks are provided.
- The Sure Start midwife invests about an hour in preparation time.

Recruitment, Attendance and Barriers

- Women are usually recruited directly by the Sure Start midwife during her routine home visits to all pregnant women. Other staff and agencies provide information about the group and referrals to the Sure Start midwife, rather than direct referrals into the group.
- The group has a maximum capacity of 12 women and an effective minimum of two users. Average weekly attendance between January 2003 and January 2004 was five women.
- Approximately a quarter of all pregnant women in the Sure Start area access the Pampering Group. Over a third attend only one meeting but those who return attend for an average of six times. The maximum attendance during the period for which monitoring data is available was 19 weeks.
- Of the 57 users, 23 attended postnatally with their baby. Most did so only once (probably to 'show off' their baby) but a minority continued to attend regularly after giving birth.
- Attendance was sporadic over the year. It seemed to decline after weeks when the group had been cancelled. Recruitment weeks were held every few months and this boosted participation.
- The Pampering Group attracted women of all ages and from all parts of the Sure Start area. There was high attendance from the most deprived wards in the Sure Start area.
- The primary barrier to engagement is apprehension about joining a group of strangers. Some users also felt there was insufficient information available to market the group.
- Further barriers include being unable to attend a daytime group due to employment and associating Sure Start with 'disadvantaged' families.

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- The Sure Start midwife makes repeated contacts to encourage vulnerable women to attend and to reassure them of being made welcome in the group.

Benefits and links to Sure Start targets

- The primary benefits of the group identified during the evaluation mirror the aims of the group: (1) providing social and emotional support to vulnerable women, and; (2) enabling 'soft access' to health advice.
- The group is clearly linked to Sure Start targets, particularly improving social and emotional well-being and improving health.

Sustainability and mainstreaming

- The Pampering Group is part of a range of midwifery services being offered by Sure Start. The community midwives refer women to the Sure Start midwife, who then engages them in Sure Start. The community midwives also have an occasional role in running the Pampering Group and report that they would like to run similar services, if time permitted.

Recommendations

- Develop written aims for the Pampering Group.
- Review the wide range of aims and work associated with the Sure Start midwife's role and consider whether this work needs to be supplemented with additional resources. In particular, review the midwife's role in making antenatal home visits to all pregnant women.
- Consider whether non-health professionals and volunteers could be involved in befriending women to relieve their apprehension about attending the group. In particular, consider whether users or former users of the service could play this role by becoming Sure Start volunteers.
- Develop an action plan for increasing participation and to avoid cancelling the group.
- Consider extending the volunteer's role to include some of the preparation for the group (particularly purchasing snacks).
- Develop marketing materials for the group and consider a system of informing community midwives about spare capacity so they can make direct referrals.
- Produce more physical signposts to the group and ensure all staff and volunteers arrive early, to maximise the welcome provided.

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- If further problems arise with the venue, research alternatives carefully and secure a written agreement about the availability of the crèche before moving the group again.
 - Consider holding a parallel group during the evening or weekend for women who are in paid work.
 - Research demand for a men only antenatal support service.
 - Discuss the need for, and format of, follow-up support with users.
 - Consider working alongside the community midwifery service to find ways to free some of their time to learn from this innovation and 'mainstream' this work.

Appendix 9
Supporting the Review of Health Visiting

Supporting the Review of Health Visiting

Since January 2003, Ellesmere Port and Neston Primary Care Trust (EPNPCT) has been undertaking a review of its health visiting service. This exercise has consisted of reviewing the role of health visitors in view of policy statements about health systems (particularly 'Saving Lives: Our Healthier Nation' and 'Making a Difference') and about children's services (particularly the Sure Start and Children's Centre agendas and the principles in 'Every Child Matters'). It has also included an analysis of the nature of the demand for health visiting services in the area and, in particular, a review of how well the spatial distribution of health visitor resources matches the geographical spread of families with young children in the area.

Both the Sure Start Programme Manager and Sure Start Health Visitor were involved in the health visiting review. In addition, the CPHR was contracted to:

- present the implications of the Sure Start and Children's Centre agenda to the health visiting team;
- help facilitate the health visiting team's strategic thinking about the direction of the service;
- help identify and resolve practical issues that emerged from the review;
- support the health visitor leading the review to prepare a report and presentation about the future of health visiting for EPNPCT's Professional Executive Committee (PEC).

This review resulted in the health visiting team making a recommendation to the PEC that their team should be restructured to serve 'geographical' neighbourhoods and to be based out of children's centres. These recommendations were accepted by the PEC and the health visiting team is now undergoing this restructuring.