

# **Evaluation of Sure Start Howdon 2001 – 2004**

## **Final Report**



**North Tyneside Council**

Policy, Performance and Communications Unit,  
North Tyneside Council

Contact: Chris Lanigan, 0191 200 6679  
Maggie Fitzsimons 0191 200 1190

## Contents

	page
Executive Summary	2
Key conclusions and recommendations	3
• Community Involvement	3
• Improvement to local services and local outcomes	4
• Views of Local People and Frontline Staff	5
• Management of the Programme	6
• Recommendations	7
Context and Background	9
• Introduction	9
• Project History and Service Outline	10
• Objectives of Howdon Sure Start	12
• Key Research Questions	19
• Sources of Data	20
List of Research Reports	Appendix 1
Detailed Findings, Conclusions and Recommendations	Appendix 2

## Executive Summary

Sure Start Howdon has made a significant impact on its community in the three and a half years since its inception. It has significantly improved the quality, range and attractiveness of services for children in this deprived area. It has also made a positive impact on community capacity through the involvement of a core group of parents in the project Board and in delivering some activities. The project is led by a committed and effective management team. Staff from different organisations are working together and have been able to break down professional barriers and increase the impact of some services as a result. The partnership executive shows a willingness to identify and tackle problem issues.

The programme will be even more effective if it can develop additional ways to promote effective parental involvement and communicate with the wider community. The programme must also continue to work at developing a shared culture and new ways of working between people from different professions. Some organisations have engaged more in the operation and management of the programme than others. This is an issue that will require attention at the strategic level as new Locality Planning arrangements are devised.

While there is a strong consensus among both parents and professionals involved in Howdon Sure Start that it has made a significant and positive impact on the area, data collection has not been robust enough to provide reliable evidence on whether many of the key targets are being met. Central Government funding begins to taper off in 2006 and will end completely in March 2009. To protect and build upon the gains that Sure Start has brought to Howdon, the key partners must clearly identify whether key outcome targets are being met. They must also start to quantify the savings that Sure Start's early intervention is bringing to schools, Children's Social Services, Health Visiting, acute and mental health services and others so that the programme can become part of the mainstream, base budgets of the relevant organisations. These tasks are not just for Sure Start's Executive Board or manager – they require commitment and vision from senior managers at North Tyneside Council, local schools, North Tyneside Primary Care Trust, the voluntary sector and Northumbria Health Care Trust.

## Key conclusions and recommendations

### Community Involvement

It is not clear to what extent a program of this nature and structure could ever be 100% community led because of its reliance on staff employed by other organisations which have their own priorities and lines of accountability.

However it is clear that services are moving towards being community-led. In some cases service design has clearly been shaped by the community.

Representatives of the partner organisations recognise the importance of parental involvement. The Executive are acting to increase the numbers of parents involved. The programme needs to ensure that all parents elected to the Executive develop the capacity to participate meaningfully in discussions and decisions.

There is a reasonable level of parental involvement in service delivery, but this might be increased if there was clearer appreciation and recognition of the role and status of volunteers.

We do not have robust information on the wider community's understanding of Sure Start. If that understanding is poor, then "myths" about the project could discourage parents taking up the services provided. It is likely take-up and involvement could be increased if more attention was paid to communicating to future parents and to the peer group and older family members of current parents. Such communication could include newsletters, use of the local press and ensuring that midwives and health visitors hand out information about Sure Start to parents to be, and continue to hand out information after birth.

The quality of the programme's facilities and services has led to demand outstripping supply, particularly for the Nursery. The announcement that the programme will become a Childrens' Centre will allow this problem to be tackled.

**Improvement to local services and local outcomes**

There have been huge improvements in the quantity and quality of childcare available in the area with the provision of a nursery, crèche, a pre-school playgroup and four creative playgroups. This has been facilitated by the construction of a high quality, accessible and attractive building which hosts many of the programme's activities.

There has been an increase in community cohesion as the various projects within the building (e.g. the creative playgroups, the breast-feeding support group) have provided a meeting place for parents and an opportunity for them to work together with a common focus.

The new building has also provided new amenities and services to the community e.g. a café, child-centred library, training / IT facilities, a multi-sensory room. Existing services have become more accessible e.g. educational psychology, speech and language therapy. There are also outreach services, most of which were not available locally prior to the project.

Specific support and information relating to parenting is now available to a much greater number of parents. There has been a 14% reduction in the number of children registered on the child protection register due to neglect.

National best practice developed elsewhere has been implemented locally, and in a few cases innovative services such as the breastfeeding support group have been initiated, which shows an ability to identify local issues and develop new services in response.

There are several good examples of professionals working across boundaries. The Request for Service process is an important spur for this as it encourages a holistic, cross-agency approach that produces care packages that fit individuals' needs rather than producer-led boundaries.

However, despite the volume of “soft” evidence in some cases it is hard to tell whether the project is achieving the outcomes it hopes for because of unreliable hard data collection by some agencies.

Where the hard data exists, some specific improvements have been outlined e.g. in the numbers of babies being breast-fed, in the speech and language development of young children and in a reduction in low birth weight babies from 17.8% in 1999/2000 to 8.5% in 2002/2003.

However there is insufficient evidence to show whether there is any improvement in the numbers of children registered with dentists or a reduction in the number of children admitted to hospital due to certain specific causes.

Data does show also that some targets have not been met. Despite the increased training provision in the community there has been a slight increase in the level of long - term unemployment and in the numbers of children living in non-working households.

Where there is sufficient evidence of improved outcomes, partner agencies are gradually learning from examples of effective inter-disciplinary working, and tentatively mainstreaming such practice into other areas of North Tyneside. Such action may need to be accelerated as it should lead to cost-effectiveness gains, and help release the revenue funding required to sustain the current levels of early-years provision in Howdon.

### **Views of Local People and Frontline Staff**

Local parents are mostly very enthusiastic about Sure Start. They believe that they are getting high quality services that meet many of their needs. There are also some gaps in service provision (e.g. evening / weekend outdoor play area), and lack of capacity to meet demand in some cases (e.g. nursery). Providers who are at management / board level believe that the project is working well and delivering well for the local community.

Among frontline staff, initial high levels of satisfaction and motivation reduced somewhat because of high staff turnover / staff shortages (concentrated in the Nursery) in the second year of the programme. This was caused by a number of factors, some of which have been addressed, leading to lower turnover, but some of which (e.g. pay levels and lack of progressive pay scale) remain an issue.

### **Management of the Programme**

The Partnership Executive is generally working well, and those who regularly attend have developed a strong collective spirit. There is a demonstrable commitment to self-assessment and improvement. However, there are weaknesses around the commitment and attendance of some key partners and the knowledge base / confidence of some professional and parental Executive members.

Inductions have worked well in creating a sense of belonging to Sure Start among people employed by different organisations. There has been enthusiasm for cross-agency working from much of the workforce, and evidence that skills and knowledge have been shared across previous professional boundaries.

Progress on breaking down historical boundaries is partially reliant on continued communication between different professions – there have been times when staff shortages and pressures of work have created obstacles to such communication. Examples include people dropping out of team meetings and not finding time to enter client information into databases.

The programme's management have had difficulties in working with partner agencies to establish robust data collection systems. This is a key issue, as hard data is needed to allow them to prove that the programme is delivering improved outcomes for the community. This will make it more difficult to persuade those agencies to continue to support the programme when the government grant to the programme ends.

The programme's management team have been at the forefront of regional efforts to determine the unit costs of individual Sure Start services. This is helping to generate Executive Board discussions on current spending patterns, and will soon allow comparisons to be made with other Sure Start programmes in the North East.

It is not yet clear whether there have been cost-efficiency gains, and whether Sure Start is a more cost-effective way of working than traditional approaches. However, the evidence that will allow such questions to be answered is being developed. In areas where there is sufficient hard or soft data to prove that the Sure Start approach is more cost-effective than traditional working practices, the partner agencies may need to accelerate mainstreaming of such practice elsewhere in North Tyneside. This will help to release the revenue funding required to sustain the new, higher levels of early-years provision in Howdon once the grant taper commences in 2006.

## **Recommendations**

R1. The Chair and Programme Manager should discuss the poor attendance of some agencies with senior Council officers and with the PCT representative on the Executive to agree a way forward. The new North Tyneside Strategic Sure Start Partnership may be the appropriate forum for these discussions.

R2. Partnership Executive members must ensure that the taper issue is raised in their own organisations' budgeting and service planning processes, and include it as an issue in service-level-agreements

R3. The executive should develop an induction pack and consider holding an annual induction event for new Exec members

R4. The Executive should develop a communications plan that includes measurable indicators of success

R5. The Executive should use their influence to ensure that *all* participating organisations help their staff to understand the importance of accurate data collection

R6. Programme Managers should carry out exit interviews to produce evidence on main causes of staff turnover

R7. Programme Managers should bring staff and volunteers together to work out common solutions to status and access issues – the subsequent effect on the numbers / hours of volunteering should be monitored

R8. The program should hold team-building events and employ other methods to encourage both new and existing staff to overcome professional and cultural boundaries

## Context and Background

### Introduction

Howdon is one of the most deprived areas in North Tyneside. According to the Index of Deprivation 2000, Howdon is ranked 705th most deprived ward in England out of a total of 8,414. 91% of wards in England are less deprived than Howdon. Child poverty is significant in Howdon, 58% of children aged under 16 live in households that are income deprived (for which Howdon ranks 521st in the country).

39% of residents are income deprived (ranked 579th) and 23% are employment deprived (467th) – Howdon also is also the 583<sup>rd</sup> most deprived ward in terms of health in England. Only education (ranked 1,134th), housing (ranked 4,325th) and access to services (ranked 7,737th) partially alleviate this picture of deprivation.

Although Howdon did already have a modern community centre and a Barnados project in place, there was a clear need for a higher quality and greater quantity of early years' provision in the area. This explains why Howdon was chosen as the site for a Trailblazer Sure Start project.

Howdon Sure Start was one the first round of Sure Start programmes that was set up by the government to help families with children under the age of four. As with all Sure Start programmes its aim was:

**To work with parents and children to promote the physical, intellectual and social development of pre-school children – particularly those who are disadvantaged – to ensure they are ready to thrive when they go to school**

(1999–2002 Public Service Agreements)

This was to be achieved by:

- **Improving Social and Emotional Development**
- **Improving Health**
- **Improving the Ability to Learn**
- **Strengthening Families and Communities**

Like all Sure Start Programmes, Howdon Sure Start aims to provide the best possible services to young children and their families living in the locality. The involvement of parents is crucial in ensuring that services are shaped to fit the needs of the locality. The programme also needs to influence other service providers in the area such as the Council and Health Authority to ensure they provide the type of services people need in a way that is both supportive and helpful at a time that they are needed.

## **Project History and Service Outline**

Howdon Sure Start was one of the first round of Sure Start programmes that was set up by the government nationally to help families with children under the age of four.

A purpose built building was constructed and was opened in February 2001. It now houses a number of facilities and services:

- **30 place nursery**
- **Crèche**
- **16 place playgroup**
- **4 Creative Playgroups**
  - a) for children 0-9 months
  - b) for children 9-18 months
  - c) for children 18 months –2½years
  - d) for children 2½ - 3 years
- **Multi-sensory room**

Provides a stimulating or relaxing experience for children and for parents and carers. Used as part of other group sessions to encourage speech and language development, in work with children with behavioural problems, in the development of motor and other skills including colour recognition and tracking.

- **Training facilities**

Used by local training providers to deliver training courses to meet the needs expressed by parents and carers. Includes a training kitchen designed to meet the needs of disabled people.

- **Café**

The Orchard Café provides light meals and a meeting place for parents, carers and their children.

- **Library**

Provides a focus for core services such as book loans to families, reading, storytelling sessions and family literacy and is also available for general use by children in the nursery and playgroups. Some specialist toys are available for lending to families.

In addition three **community playgroups** have been established in centres outside the Sure Start building: in East Howdon, Howdon and Willington Quay. (Development of Howdon as a Children's Centre has enabled the area to be extended to include Percy Main and following consultation the group which was at East Howdon moved to Percy Main in January 2004.)

Several teams of staff operate either within or from the centre:

- **Childcare Team**

Includes nursery nurses, crèche staff, playgroup staff and library assistant.

- **Family Support Team**

Incorporating the volunteer co-ordinator and the parent involvement worker.

- **Health and Education Team**

Includes speech and language therapist, education psychologist, midwife, clinical psychologist, nutritionist, Relate (relationship guidance) counsellor, and a health visitor (shared with Sure Start Wallsend).

- **Finance and Support Team**

includes finance, admin, cleaning, catering and caretaking staff

## Objectives of Sure Start Howdon

Any assessment of Sure Start Howdon must take the programme's own objectives as a starting point. These objectives take the form of a mixture of nationally and locally inspired targets. These are:

### Objective 1: Improving Social and Emotional Development

National targets:

- To reduce the proportion of children aged 0-3 who are re-registered within the space of twelve months on the child protection register by 20 percent by 2004.

**This target was not particularly pertinent to Howdon as no children were re-registered in the year prior to the commencement of Sure Start (1999-2000), nor in the first two years of its operation. Unfortunately 1 child was re-registered in 2002/2003.**

- All local Sure Start programmes to have agreed and implemented, in a culturally sensitive way, ways of identifying, caring for and supporting mothers with post natal depression.

**The programme's clinical psychologist has provided training for health visitors in the Edinburgh Post Natal Depression Scale. This includes developing data collection systems. However the data at present does not provide evidence as to whether all mothers with PND are being identified.**

- 100 per cent of families with young children contacted by local programmes within the first two months of birth.

**This target was achieved every year from 2000-2003.**

- Parenting support and information (including breast feeding) available for all parents in Sure Start areas.

**The percentage of parents receiving such support and information rose steadily from 32% in 2000/2001 to 83% in 2003/2003.**

#### Local Targets

- Reduce by 20% the number of children in the Sure Start area registered on the child protection register due to neglect.

**There has been a 14% reduction in the number of children registered due to neglect in the three years between 2000 and 2003.**

- Ensure that 100% of women known to be taking drugs in pregnancy are provided with appropriate help and support.

**In 2000/2001 75% of these women received support. The figure rose to 100% in 2001/2002 but no data is available for the year 2002/2003.**

- Set up a peer group for victims of domestic violence.

**Rather than developing their own group, the programme works with Avenues, a borough wide support group for victims of domestic violence.**

### Objective 2: Improving Health

#### National Targets

- Achieve by 2004, a ten per cent reduction in the number of women who smoke in pregnancy.

**Very little data available on this subject: 3.9% of pregnant mothers stopped smoking during their pregnancy in 2000/2001 and 1.79% stopped in 2002/2003: there is no data available for 2002/2003.**

- 10 per cent reduction in children in the Sure Start area aged 0-3 admitted to hospital as an emergency with gastro-enteritis, and respiratory infection, or a severe injury.

**There is insufficient data available on this subject.**

#### Local Targets

- 100% of children in childcare in the Sure Start area and accessing Sure Start services to be registered with a dentist by the age of 2 by 2004.

**In 2001/2002 47.6% of children were registered. No information is available for other years.**

- Increasing the number of women breast-feeding at 12 weeks by 10%.  
**The data on this subject is not available but there has been an increase in breast-feeding at birth from 26% in 2000/2001 to 37.6% in 2002/2003, a rise of 11.6 percentage points.**

### **Objective 3: Improving the ability to Learn**

#### **National Targets**

- Achieve by 2004 a reduction of five percentage points in the number of children with speech and language problems requiring specialist intervention by the age of 4.

**The data suggests that the percentage of children requiring specialist intervention reduced from 14% in 2001/2002 to 1.67% in 2002/2003, a reduction of 12.33 percentage points. However it appears that inconsistent measures may have been used so this data is not robust. Fortunately from this year on Sure Start Howdon will be using the Foundation stage profile as a measure: this should be consistent and enable meaningful comparisons to be made in the future.**

- All children in Sure Start areas to have access to good quality play and learning opportunities, helping progress towards early learning goals when they get to school.

**Although the Sure Start Howdon centre accommodates four creative playgroups for different age groups of children, a pre school playgroup and a nursery, and three additional playgroups are supported in the community, it is difficult to access data to indicate whether these represent sufficient provision to allow all children access to play and learning opportunities. However the programme is developing the capacity of families to identify and express their needs.**

- Increased use of libraries by families with young children in Sure Start area.

**From 2000/2001 to 2002/2003 there was an increase from 106 to 233 active library users among the under 4s.**

**Strong links were developed between the Sure Start library and the local lending library and an outreach library was established in the isolated community of East Howdon.**

#### Local Target

- Increase the number of users, professionals and others reporting evidence of integrated service provision for children and families with additional or special needs.

**The Family Support team and the Health and Education team at Sure Start together facilitate a small group (Play Pals) for children and their parents/carers with an identified need. The group focuses on enabling parents to plan and work towards reaching appropriate goals. Staff and parents have commented on the positive value of the group.**

## Objective 4: Strengthening Families and Communities

### National Targets

- Reduce the number of 0-3 year old children in Sure Start areas living in households where no-one is working by 10%.

**This target was introduced in 2001. The percentage of children living in non-working households has increased fractionally from 45.9% in 2002 to 45.96% in 2003.**

- 75% of families report personal evidence of an improvement in the quality of services providing family support.

**Specific data on this question is not available though a number of surveys of staff, parents, the Partnership board and the wider community have indicated a belief that services have improved with the development of Sure Start in Howdon.**

- All Sure Start local programmes to have parent representation on local programme boards.

**Parents have been involved in the Howdon Partnership Board from the beginning and the Board has actively sought to ensure it receives information from the Parent and Carers Group. At the most recent AGM, the number of parental members of the Executive of the Board was increased from 6 to 8.**

- All Sure Start programmes to develop local targets ensuring links between local Sure Start partnerships and Employment Service Jobcentres.

**The Sure Start training and support co-ordinator is a member of the Howdon partnership for Education, Training and Employment whose membership also includes**

**representatives of training organisations and other agencies including Job Centre Plus and the EYDCP.**

**As a consequence of such partnership working, a lack of registered childminders was identified and a training course was established. 5 local people passed the course and went on to apply for OFSTED inspection and police clearance so they could commence employment.**

**Accredited training has also been provided in CLAIT, holistic health and to train classroom assistants.**

**The Sure Start nursery offers free places to children whose parents are students at college or university.**

- All Sure Start programmes to work with their EYCDP to help close the gap between the availability of accessible childcare for 0-3 year olds in Sure Start areas compared with other areas.

**Fulltime day care in the nursery has increased capacity from 0 to 30 places. Numbers of places in the 16 place pre-school playgroup have increased from 0 to 160 sessions per week, with children being offered a minimum of 2 sessions per week. The number of places in the creative playgroups increased from 48 places in 1999 to 120 in 2002. There are now 8322 crèche sessions per year compared to 240 in 2000. Child minders have also been trained. The availability of accessible childcare in Howdon is greater than in many other areas.**

#### **Local Targets**

- With Employment Service and local employers hold jobs fair events in the Sure Start area.

**As a consequence of 2 jobs fairs that were held in 2000, 11 local people were recruited to join the Sure Start Howdon staff. A further job fair was held in partnership with Job**

**Centre Plus in October 2003 which focussed on caring careers.**

- Reduce the level of long-term adult unemployment in the 3 wards covering the Sure Start area to the North Tyneside average by 2004.

**There has been a slight increase in this figure: the average long term unemployment rate has been 22.5%, 20% and 23% respectively in the three years from 2000/2001 to 2002/2003.**

The above objectives, PSA and SDA targets have, during the life of the Sure Start programme, been reshaped and have changed several times. Trailblazer programmes were required to take account of such changes as they occurred.

As such, there has been a constant shifting or re-aligning of services to meet such demands. This highlights the fact that the Sure Start programme is a fluid, ever-changing policy initiative as well as a government led, 'top-down' approach to service delivery, which aims to tackle social exclusion and disadvantage.

## **Key Research Questions**

When beginning with the local evaluation, researchers in partnership with the programme itself began to shape the direction on the evaluation by determining the questions that the evaluation would attempt to answer. Initially, through discussions with all interested parties, a range of research questions were defined. Later four Key Research questions were agreed and formed the starting point for research activity.

### **1. Have services been shaped or improved by Sure Start Howdon?**

- 1.1 Are services provider-led or community-led?
- 1.2 How have services improved over the last 3 years?
- 1.3 Are innovative or challenging services being developed and/or delivered?
- 1.4 What do service users think about the services on offer?
- 1.5 What do service providers think about the services on offer?

### **2. To what extent is Sure Start Howdon locally led and/or inspired?**

- 2.1 How are parents involved in the design of the programme?
- 2.2 How are parents involved in the delivery of the programme?
- 2.3 What is the role of the wider community?
- 2.4 Why do some groups of people/people fail to access services?

### **3: At a strategic level, are the decision making structures operating effectively?**

- 3.1 How effective is the Partnership Board and other management structures?
- 3.2 Are Sure Start activities being included within mainstream budgets?
- 3.3 Are service plans mainstreaming emerging good practice from Sure Start?

### **4. How do professionals from different agencies work together?**

- 4.1 Have there been cost efficiency gains from inter-disciplinary working?
- 4.2 Have there been a re-aligning of professional boundaries
- 4.3 Has Sure Start been an effective 'one stop shop'?

## Sources of Data

There are two main sources of data for this evaluation. These are:

1. Data gathered by the evaluation team, through original pieces of research – i.e. “evaluation activity” that has already been reported to the Programme Board (see Appendix 1)
2. Data gathered by the programme – i.e. “Monitoring Information”

### Evaluation Activity

The discussion and recommendations of this report are based on data gathered through the use of the following methods:-

- Interviews with staff, parents, professionals, representatives of Partner organisations and members of the community
- Group Discussions/Focus Groups/facilitated workshops - as above
- Observations/attendance at meetings
  - (1) Share Group meetings
  - (2) Parent and Carers Group meetings
  - (3) Evaluation Steering Group Meetings
  - (4) Team Meetings
  - (5) Executive Board Meetings
- Surveys, Questionnaires
- Primary Research undertaken by parents themselves.

The strength of the evaluation programme has been the variety of methods used which has allowed some triangulation of research and increased the confidence that the Research Team have in the validity of the findings and conclusions.

Appendix 1 lists the individual research projects undertaken during the 3 year evaluation period. The detailed findings in Appendix 2 are cross referenced to the abbreviated titles of those projects.

This evaluation report seeks to provide a holistic view of the strengths and weaknesses of the programme, rather than combining the text and recommendations of the individual evaluation projects. However, the three year evaluation period has seen considerable upheavals in North Tyneside Council's Research Team in terms of management, place in the council structure and team members. The results of this are that there has been some losses in continuity over the three years.

### **Monitoring Data**

Programmes have been required from the outset to routinely collect information re take-up and progress of services delivered.

Monitoring data is collected and quarterly figures are reported to National Sure Start Unit. Such data should, in theory, be a major source of evidence for this evaluation project.

However, there are some issues with the monitoring data for the Howdon project that limit the usefulness of this for our evaluation activity.

These issues include:

1. In the first years of Sure Start Howdon, the programme manager and other staff worked closely with Newcastle programmes and the Health Authority (as it was then) to establish systems to make the annual collection of data simpler and to clarify the requirement. Unfortunately these systems were not totally effective and were not always fully supported by the programme's partners. A monitoring officer post was created in May 2003.
2. Baseline data which was needed from the outset to help understand and measure impact has not always been available.
3. As Howdon was a trailblazer programme, it has witnessed the changes in targets more than once. Thus data collection methods and ways of recording have also changed several times.

4. There have been difficulties associated with the quality of the data collected in some areas, particularly that collected by the NHS.

This means that for many of the programme's objectives, we can only rely on the quality of outputs, and impressions that local people and project managers have of the impact they have made.

It is important to state that the reasons for this problem are complex and affect several organisations. It is not the case that this problem is solely attributable to the project's management and board.

However, the lack of hard, reliable data on some outcomes will make it more difficult to justify continued funding for the programme once the taper kicks in. It is important that all agencies involved recognise the importance of reliable monitoring data, as they cannot make evidence based decisions without it.

**Appendix 1 – List of Research Reports 2001 – 2004**

<b><u>Abbreviation</u></b>	<b><u>Report</u></b>
SS1	Part 1: Staff Satisfaction Survey: Report of Consultation (August 2001)
SFG1	Part 2: Staff Focus Groups: Report of Consultation September 2001
SS2	Staff Satisfaction Survey: Report of Consultation: September-October 2002
SFG2	Working for Sure Start Howdon in 2002: Qualitative Study
BFG(I)	A Case Study of "Up Close: A Breast-Feeding Support Group" Part 1 : Report of In-Depth Interviews with 2 Members of the Support Group
BFG(F)	A Case Study of "Up Close: A Breast-Feeding Support Group" Part 2 : Report of Focus Group Discussion
BFG(S)	A Case Study of "Up Close: A Breast-Feeding Support Group" Part 3 : Health Professionals "Up Close" Awareness Survey
CSQS	Part 1: Community Perceptions of Services for Families with Children Survey (December 2001)
CS1	Part 2: Community Perceptions of Services for Families with Children Survey (February 2002)
OCS	Awareness of Orchard Café Customer Survey
CS2	Survey of Parents/Carers of Children Under 4
PCG	Parents and Carers Involvement in Parental Participation Groups at Sure Start Howdon
PTC	Parent Training Course
PRP	Evaluation of Feeding and Changing Facilities Available to Service Users of Sure Start and their outreach Centres in the Howdon Area
BTL	Book and Toy Library
IR1	Interim Report of Local Evaluation: Year 1
IR2	Interim Report of Local Evaluation: Year 2
CE	Cost Effectiveness
PB	Evaluation of Partnership Arrangements February 2004
AR1	Annual Report 2000/1
AR2	Annual Report 2002

Requests to examine any of these reports should be made to:

Janette Brown  
 Programme Manager  
 Sure Start Howdon  
 11a Howdon Lane  
 Howdon  
 WALLSEND NE28 0AL

Tel 0191 200 6666  
 Fax 0191 200 1384  
 e-mail: "Sure Start.howdon@northtyneside.gov.uk"



## Appendix 2 – Detailed Findings, Conclusions and Recommendations

### KEY Q1 Have services been shaped or improved by Sure Start Howdon?

Outcomes	Findings	Conclusions	Recommendations
<p>1.1 Are services provider-led or community-led?</p>	<p>Exercise classes for pregnant women, baby massage classes and a breast feeding support group were all initiated after their need was identified by the community in Howdon. (CSQS)</p> <p>The programme commenced with an audit of community needs and this has been used to help design services (PB)</p> <p>The number of parents on the Executive has just increased from 6 to 8 and a Parental Involvement Worker has just been appointed (PB)</p> <p>Parental Exec Board members feel that they do not always have sufficient understanding of technical detail and jargon to challenge Professional board members. There is also no formal induction process.</p>	<p>Services are moving towards being community – led. In some cases service design has clearly been shaped by the community.</p> <p>The Executive recognise the importance of parental involvement and are acting to increase this. There is, however more that could be done to empower parental representatives on the Executive.</p> <p>It is not clear to what extent a program of this nature and structure could ever be 100% community led because of reliance on staff employed by other organisations which have their own priorities and are accountable to their own boards etc.</p>	<p>The Executive should develop an induction pack and consider holding an annual induction event for new Executive members</p>

Outcomes	Findings	Conclusions	Recommendations
<p>1.2 How have services improved over the last 3 years?</p>	<p>There have been huge improvements in the quantity and quality of childcare available in the area with the provision of a nursery, crèche, pre-school playgroup and a number of creative playgroups. This has been facilitated by the construction of a high quality, accessible and attractive building which hosts many of the programme's activities.</p> <p>There has been an increase in community cohesion as the various projects within the building (e.g. the playgroups, the breast-feeding support group) have provided a meeting place for parents and an opportunity for them to work together with a common focus.</p> <p>The new building has also provided new amenities and services to the community e.g. a café, child-centred library, training / IT facilities, a multi-sensory room. Existing services have become more accessible e.g. educational psychology, speech and language therapy. There are also outreach services, most of which were not available locally prior to the project.</p> <p>Specific support and information relating to parenting is now available to a much greater number of parents. There has been a 14% reduction in the number of children registered on the child protection register due to neglect.</p> <p>National best practice developed elsewhere has been implemented locally, and in a few cases innovative services such as the breastfeeding support group have been initiated, which shows an ability to identify local issues and develop new services in response.</p> <p>There are several good examples of professionals working across boundaries. The Request for Service process is an important spur for this as it encourages a holistic, cross-agency approach that produces care packages that fit individuals' needs rather than producer-led boundaries.</p> <p>However, despite the volume of "soft" evidence in some cases it is hard to</p>	<p>The new building has improved the quality and range of services available to parents and the wider community in Howdon. Examples include the nursery, training / IT room, multi-sensory room, and child-centred library.</p> <p>There are also outreach services, most of which were not available locally prior to the project.</p> <p>Data shows that targets have been met for:</p> <ul style="list-style-type: none"> <li>• Breast feeding</li> <li>• Speech and language development</li> <li>• Reduction of cases on child protection register</li> </ul>	<p>The Executive should use their influence to ensure that <i>all</i> participating organisations help their staff to understand the importance of accurate data collection</p>

	<p>tell whether the project is achieving the outcomes it hopes for because of unreliable hard data collection by some agencies. One illustrative example is the lack of “pink” monitoring forms returned by midwives, which means the partnership has very poor quality data on the proportion of pregnant women giving up smoking. (PB)</p> <p>Where the hard data exists, some specific improvements have been outlined e.g. in the numbers of babies being breast-fed, in the speech and language development of young children and in a reduction in low birth weight babies from 17.8% in 1999/2000 to 8.5% in 2002/2003.</p> <p>However there is insufficient evidence to show whether there is any improvement in the numbers of children registered with dentists or a reduction in the number of children admitted to hospital due to certain specific causes.</p> <p>Data does show also that some targets have not been met. Despite the increased training provision in the community there has been a slight increase in the level of long - term unemployment and in the numbers of children living in non-working households.</p> <p>Where there is sufficient evidence of improved outcomes, partner agencies are gradually learning from examples of effective inter-disciplinary working, and tentatively mainstreaming such practice into other areas of North Tyneside. Such action may need to be accelerated as it should lead to cost-effectiveness gains, and help release the revenue funding required to sustain the current levels of early-years provision in Howdon.</p> <p>Measuring the project’s impact is often difficult due to incomplete or unreliable data. Programme managers are aware of this problem, but have not been able to persuade the organisations who supply much of the data to increase the priority given to data collection (PB)</p> <p>Sure Start, Connexions and Extended Schools have agreed to share some targets and data in the future.</p>	<p>However, in some cases it is hard to tell whether the project is achieving the outcomes it hopes for because of unreliable data collection by some frontline workers (e.g. midwives)</p>	
--	---	---	--

	100% of Executive members at the evaluation workshop strongly agree that services for children in Howdon have improved, and 78% strongly agree that services for the whole community have improved (PB)		
--	---	--	--

Outcomes	Findings	Conclusions	Recommendations
<p>1.3 Are innovative or challenging services being developed and/or delivered?</p>	<p>The "Request for Service" process represents a step change from pre Sure Start arrangements. All requests for services delivered by any agency involved with the project are made on the same form and are discussed by a multi-agency panel, who design a holistic care package which will often involve the input of more than one organisation.</p> <p>Up Close breast-feeding support group initiated and delivered.</p> <p>There is an outreach library service, and the internal library is innovative in that it is designed for small children rather than adults.</p> <p>Internal murals painted by local community to ensure ownership.</p> <p>Creative Playgroups encourage parents to take an active part in their child's play so that they can transfer these skills to the home environment.</p> <p>The "Idea Originator" process allows innovative ideas from staff and parents to be discussed by the Executive, and taken forward / supported if the Executive backs them.</p>	<p>Sure Start Howdon has been willing to try out approaches that are new to this locality</p> <p>The development of the Breastfeeding Group and other projects show an ability to identify local issues and act on the project's own initiative.</p>	

Outcomes	Findings	Conclusions	Recommendations
<p>1.4 What do service users think about the services on offer?</p>	<p>The Howdon Community Survey showed that, of the health services, most use was made of the Health Visitor, midwife, GP and baby/child clinic and least use was made of the District nurse, specialist services and School nurse. 63 respondents used the NHS Help Line and Sure Start. Satisfaction with all services was very high, ranging from over 80% satisfaction with Midwives, Sure Start, District Nurse and NHS Help Line to 64% for GP and Specialist Services. (CS2)</p> <p>Fewer than half the respondents used the other services available for children including the Children’s library (43%), Parent and toddler groups, Play groups, Day nursery and Nursery classes (27%). Fewest used the Pre-school and the toy library (6%). Many of the services used by the respondents were provided by Sure Start e.g. 64% of the play group users, 33% of the toy library users. Irrelevant of who provided the service, 96% of the users were satisfied with the service provided. (CS2)</p> <p>Half (9) of the parents interviewed as part of the qualitative survey claimed that during their pregnancies they were unable to access enough qualitative information about their own or their unborn babies’ health needs. This situation had changed after the birth when the majority of mothers said such help, advice and support was much more accessible, especially from midwives. However the majority of first time mothers felt that instead of the daily visits immediately after the baby’s birth, followed by no visits at all, they would have preferred less frequent visits over those initial two weeks and an extension of visits over the following months. This was not the view of mothers who already had older children: they did not see the need to extend the midwives’ visits beyond the first weeks of the babies’ lives. (CSQS)</p> <p>The majority of mothers stressed the importance of having a good relationship with both midwife and health visitor: a poor relationship can adversely affect information, advice and support received and consequently confidence levels. All participants recognised the importance of midwives and health visitors to introduce courses, services, “approaches”, support and advice to pregnant mothers and new parents. They believed these</p>	<p>Local parents are mostly very enthusiastic about Sure Start. They believe that they are getting high quality services that meet many of their needs.</p> <p>However, there are some mismatches between what parents see as their priorities and the actual content of some services. There are also some gaps in service provision, and lack of capacity to meet demand in some cases.</p>	

	<p>professionals also had a responsibility to ensure that options are understood so that mothers could make their own choices: these factors affected levels of self confidence and self –esteem. The options on breast feeding were seen as particularly important in this respect, as it was seen as too late for some to make the choice once they were in hospital. (CSQS)</p> <p>After the birth, information and advice from health professionals was also seen as particularly important in the specific areas of feeding, sleeping and weaning, which mothers thought were not satisfactorily addressed in parent craft and ante-natal sessions. (CSQS)</p> <p>Several mothers cited negative experiences of different health professionals giving them conflicting information. Their self confidence as parents was knocked by such incidents and they would have valued an independent accessible source of information like Sure Start on such occasions. (CSQS)</p> <p>Among the services provided in the community for children the most frequently accessed service (apart from health services) were toddler groups. Parents valued both the positive benefits the groups had on children and the opportunity for social intercourse they provided for parents. (CSQS)</p> <p>Two thirds of the 19 people interviewed for the qualitative survey accessed Sure Start and they all agreed that the programme benefited both themselves and their children; some claimed that it had had a profound impact upon their lives. There was praise for the building, for the supportive staff in employment, for the way services were delivered. The impressions gained on the initial visit were particularly important in encouraging parents to use the programme. The social and educational opportunities offered to children were highly valued. (CSQS)</p> <p>Parent and Carers’ Group also had positive views, e.g.</p> <ul style="list-style-type: none"> <li>• The nursery was seen as a value for money, safe place</li> <li>• Nursery seen as positively impacting on children’s language development and confidence</li> <li>• The crèche has enabled parents to take up training opportunities (PCG)</li> </ul>		
--	---	--	--

	<p>There were some areas of dissatisfaction however:</p> <ul style="list-style-type: none"> <li>• The lack of childcare places out of hours and at weekends.</li> <li>• The perception that not enough places were available (e.g. nursery and crèche).</li> <li>• The perception that not enough staff were employed to satisfy demand for the majority of childcare places on offer.</li> <li>• Lack of places for older children who were not yet at school.</li> <li>• Lack of places for school aged children during school holidays.</li> <li>• The way in which childcare places were allocated.</li> <li>• Concern was expressed that some parents were accessing both nursery places at Sure Start and nursery places at church schools and that others were accessing places at Sure Start when they did not even live in the area.</li> <li>• Some parents were booking crèche sessions but then not cancelling the place when it was no longer required (CSQS, PCG)</li> </ul> <p>Some of these issues have been addressed since these findings became known – e.g. playgroup sessions increased from 7 to 10 per week with priority for “older” pre-school children; joint work with Youth Services to provide teenagers with summer activities (including crèche support for teenage mums), and work with Extended Schools</p> <p>However, crèche booking remains a problem, with national Childcare Regulations reducing flexibility to respond to “drop-ins”. Proposal for a “pay” drop-in “shoppers” crèche have been made but not yet actioned. Nursery under capacity will be partly addressed when Sure Start Howdon becomes a Childrens’ Centre –10 extra places will be provided to create a total of 40.</p> <p>2 of the 19 mothers said they had experienced postnatal depression that had not been noticed by health professionals for a period of time. (CSQS)</p> <p>Some indications that training opportunities are not being widely advertised (e.g. local press) and some people feeling they missed out as a result. (PCG) However, the programme now employs a Training Support Co-ordinator who works closely with Job Centre Plus to train eligible people and get them into work.</p>		
--	---	--	--

Outcomes	Findings	Conclusions	Recommendations
<p>1.5 What do service providers think about the services on offer?</p>	<p>One of the most important factors in job satisfaction identified by the majority of the staff who completed the Staff Satisfaction Survey in August 2001 was the “feeling one has accomplished something worthwhile,” 91% of those who had identified this factor indicated that employment by Sure Start provided this very well. (SS1)</p> <p>Staff felt that Sure Start services had been well received by those who received them in the community. (SS1)</p> <p>A year later, while the majority of staff still expressed satisfaction with their job, levels of satisfaction had dropped from 88% to 74% and there was rising staff concern about high staff turnover. This had contributed significantly to a lowering of morale and impacted upon workloads, the quality and level of service in some areas and undermined many of the mechanisms put in place to aid communication. (SS2, SFG2)</p> <p>There was also concern that staff meetings were held outside of work time and staff did not have time to read the minutes, there was insufficient time to update databases as often as was needed and conditions of service had deteriorated. (SFG2)</p> <p>Staff were more concerned than previously about “good pay” as an important job factor and one third of them felt that Sure Start did not do well in this aspect. A few expressed concerns that the job was too stressful and unrealistic expectations were being placed on them. (SS2)</p> <p>Nursery Staff turnover has reportedly reduced since the staff survey research. (information from Programme Manager)</p>	<p>Providers who are at management / board level believe that the project is working well and delivering well for the local community.</p> <p>At the frontline level, initial high levels of satisfaction and motivation reduced somewhat because of high staff turnover / staff shortages (concentrated in the Nursery) in the second year of the programme. This was partly caused by levels of pay that are below that offered by some other nursery providers in the area, but there were also other contributory issues, which have now been tackled leading to reduced turnover.</p>	<p>Carry out exit interviews to produce evidence on main causes of staff turnover</p>

**KEY Q2 To what extent is Sure Start Howdon locally led and/or inspired?**

Outcomes	Findings	Conclusions	Recommendations
<p>2.1 How are parents involved in the design of the programme ?</p>	<p>The programme ultimately works towards national PSA targets, which means that the ultimate aims of the project have not been developed by local parents. (PB)</p> <p>There has always been at least 4 parents on the Board Executive, and this has recently risen to 8 (early 2004). Some efforts made by professionals to maximise involvement. One or two decisions taken by board where parents “won” against officers (e.g. café prices) but big decisions involving resources or management of staff really down to whether individual agency agrees. Parents feel they sometimes lack the knowledge to challenge technical Executive agenda reports, but research team observed over time that parents who were a little reserved and withdrawn became noticeably confident, chairing meetings, successfully engaging others in discussions, etc. (PB)</p> <p>Parents feel that the lack of attendance by some agencies further reduces the parents’ opportunities to influence programme design. 2/3 of Exec members who took part in self assessment “slightly disagree” with the statement: “Local People have the biggest say in Executive Decisions” (PB)</p> <p>Parents and Carers Group, Events and Planning Group and the wider Partnership Board meetings allow Parental Executive Board members to discuss issues with a wider range of parents. (PRP / PB) The Parental Involvement worker is now helping to extend involvement to more parents. (PB)</p> <p>Prior to the opening of the Orchard Café a number of parents surveyed potential users to identify the most appropriate opening times, menus etc. After 3 months of operation, in April 2001, a follow up questionnaire was developed by Parent Volunteers to determine the level of satisfaction with the operation of the café. (OCS)</p>	<p>There is a good level of parental involvement in the design of the programme. The Executive has responded to local parents’ needs.</p> <p>The professional officers on the Executive have made genuine efforts to support and increase parental involvement, but may need to focus more on developing the capacity of parents to engage effectively with an Executive Board member type role.</p> <p>There are structural issues around control of staff and resources, and national target setting which place natural limits on the role of parents in project design.</p>	<p>The executive should develop an induction pack and consider holding an annual induction event for new Exec members</p>

	<p>The programme has responded to the findings of earlier evaluation work in which local parents identified unmet needs. In the qualitative survey mothers were asked to reflect on the range of services that they would have liked to have been available to them during pregnancy and early motherhood. They highlighted services which have since become available through Sure Start e.g. exercise classes for pregnant women, baby massage, parentcraft sessions and a breast feeding support group. (CSQS). These services are now provided.</p> <p>In an early evaluation report, five mothers confirmed they did not breast feed as a direct result of the lack of support available to them to help them to do so. (CSQS). This finding was confirmed by parent-led research (BFG(I)) BFG(F)). A breast-feeding support group has since been developed. (BFG1 FG)</p>		
--	---	--	--

Outcomes	Findings	Conclusions	Recommendations
<p>2.2 How are parents involved in the delivery of the programme ?</p>	<p>Parents have taken over the facilitation and delivery of Up Close breastfeeding support group. Several mothers have trained to become breastfeeding peer support workers. (BFG(F) / PB)</p> <p>The project has been successful in attracting local volunteers (parents and carers in community). In 2003 there were 21 volunteers, reportedly giving up an average of 87 hours a week in total. Volunteers helped with the following centre based activities:</p> <ul style="list-style-type: none"> <li>• Waddlers</li> <li>• Grandparents</li> <li>• 3Ps</li> <li>• Up Close (breastfeeding)</li> </ul> <p>Volunteers also helped with outreach work (e.g. East Howdon). They attend the parents and carers group.</p> <p>However, parental involvement is not always reflected in equal status. The parents' room is perceived to be poor. Parents are denied access to the childcare wings of the building, the staff microwave, coat hangers, kitchen etc. Some parents feel that more parents would get involved with service delivery if they received more recognition and higher status. (PB)</p>	<p>There is a reasonable level of parental involvement, but this might be increased if there was clearer appreciation and recognition of the role and status of volunteers</p>	<p>Centre management should bring staff and volunteers together to work out common solution to status and access issues – the subsequent effect on the numbers / hours of volunteering should be monitored</p>

Outcomes	Findings	Conclusions	Recommendations
<p>2.3 What is the role of the wider community ?</p>	<p>Some people in the community see Sure Start as a service for “problem” families or only for asylum seekers. There is a danger that such attitudes could be passed onto parents and reduce the proportion of children accessing services. (PB, CS2)</p> <p>The majority of respondents in the Howdon Community survey felt there was a need for support to families in areas relating to post natal depression and child development/ behaviour.</p> <p>The majority also recognised the need for families to have support on issues of children with special educational needs, childcare, speech and language development, healthy eating and stopping smoking. (CS2)</p> <p>When asked what additional play, early learning services or facilities should be provided for their children locally 18% suggested mother and toddler groups and 15% suggested parks, play groups and outdoor facilities. (CS2)</p> <p>When asked what other services should be offered by Sure Start there were many and various suggestions by 27 of the respondents including 5 who suggested a greater variety of courses and training and 4 who suggested weekend activities. (CS2)</p> <p>Participants in the qualitative survey said that attending groups in the community enabled them to access much needed support from other mothers to help them deal with the aspects of parenting in which they lacked confidence. (CSQS)</p> <p>Community well involved as “consumers” of new service, but only Executive Board members actively involved in decision making roles. Some parents have found role as providers of programmes (e.g. breastfeeding) (PB)</p> <p>Role of wider community in design and monitoring of program is limited.</p>	<p>We do not have robust information on wider community understanding of Sure Start. If understanding is poor, then “myths” about the project could discourage parents taking up the services provided. It is likely that this could be increased if more attention was paid to communicating to future parents and to the peer group and older family members of current parents.</p>	<p>The Executive should develop a communications plan that includes measurable indicators of success</p>

	<p>“Big” board meetings now run as theme events, but not well linked into development of the programme. Community involvement held back by gaps in communication – e.g. newsletter and Parental Involvement Worker only starting now (early 2004), and board meeting decisions not widely publicised (PB)</p> <p>The café is supported by the programme (£40k per year subsidy) in an attempt to make the building accessible to the whole community, and promote Sure Start among the wider community.</p> <p>The programme has worked with the local community centre to provide childcare support for teenage parents to facilitate their involvement in trips and activities. (discussion with Programme Manager)</p>		
--	---	--	--

Outcomes	Findings	Conclusions	Recommendations
<p>2.4 Why do some groups of people fail to access services?</p>	<p>Of the 99 people who responded to the Howdon Community Survey (1/5 of the parents and carers) the majority received information about events in the local community by “word of mouth” (63%) or local papers. (CS2)</p> <p>The 19 mothers interviewed for the Qualitative Survey also stated that word of mouth was the most important medium of communication and some suggested that midwives and health visitors were the best conduit of such information for pregnant women and new mothers. (CSQS)</p> <p>A substantial number of mothers also said that flyers through the door would get their attention. (CSQS)</p> <p>While some mothers saw notices in Doctors’ surgeries others said they were too busy controlling small children to read notices in doctors or supermarkets. (CSQS)</p> <p>While most of the 99 respondents in the community survey expressed satisfaction with the quality of information they received from the Health Service during their pregnancy and in the first 2 months after the birth of their child, only 54% were satisfied with the information they received during the first 4 years. (CS2)</p> <p>The majority of respondents had not attended parent craft classes and the main reason given for this (20 people) is that they were unaware of any in the area. (CS2)</p> <p>When asked what additional play, early learning services or facilities should be provided for their children locally, 5% suggested more information or better advertising of existing facilities. (CS2)</p> <p>Of the 54 respondents who did not use Sure Start services, 26% said it was because they did not need or want the service while 20% were unsure or unaware of the services available. 7% of those who did use Sure Start Services also referred to being unaware of what services were</p>	<p>Participation could probably be improved through improved communication. This includes newsletters, use of the local press and ensuring that midwives hand out information about Sure Start to parents to be, and continue to hand out information after birth.</p> <p>However, there are two other significant reasons for people not accessing services</p> <ul style="list-style-type: none"> <li>• Lack of capacity (e.g. insufficient nursery places for demand)</li> <li>• Alternative, family based care available to some parents</li> </ul>	<p>The Executive should develop a communications plan that includes measurable indicators of success.</p>

	<p>available. (This means a total of 14% of the total number of respondents were unaware or unsure of what services were available.) Other reasons given for non use of Sure Start services was that there were no places or the waiting list was too long (13%), shortage of time (7%) or inconvenient location (6%). (CS2) (The designation of Howdon Sure Start as a Children's Centre will result in the creation of additional nursery places.)</p> <p>In the qualitative survey mothers claimed they would be more likely to access services in the community if they did not have access to support from their families or friends. While many mothers accessed the community centre, more claimed they would use it if a regular crèche was available. (CSQS)</p> <p>Parents generally classified services available in the community into one of two groups: those that are for children such as toddler groups, nurseries etc. and those that are for parents such as Baby Equipment Loan Service and Safety Crackers. With regard to these latter services parents did not access them because they did not recognise a need for them, or because, after attempting to access them, they found they were not entitled to them. (CSQS)</p> <p>However particular services were found to be better known in the community than others, and data analysis suggests that some services might be better used if more people in the community knew about them. For example only 26% of respondents were aware of RELATE and counselling services while only 25% were aware of the Avenues Service. However this lack of awareness may also be indicative of the specialist nature of these groups and the small numbers who may need to access them. (CSQS)</p> <p>One of the reasons given for not accessing services in the community was that mothers could perceive no benefits either to themselves or to their children; everyone who expressed this opinion had a strong active network of friends and family with whom they interacted and socialised. Two of these parents also felt that they would not like to access baby groups and toddler groups in the area anyway.</p>		
--	--	--	--

	<p>One of the reasons given by those who did use the services, for the lack of use by others, was that they did not want to play with their kids or do activities with them. Another suggested reason was that they lacked the time. (CSQS)</p> <p>Another suggested reason for lack of use of services was a lack of awareness of them. This theory is supported by the research which shows that the 6 parents (of the 19 interviewed), who did not use Sure Start were poorly informed about the nature of the programme and the services it offered. (e.g. one of them thought it was only for underprivileged under twos). Another person was slightly put off because she had heard that a lot of refugees attended Sure Start. (CSQS)</p> <p>Similarly some of those who did use Sure Start explained that their initial perceptions of it were completely different from their experiences of it. They had expected the classes to be more basic and the child provision to be unstructured and were pleased to find out that those perceptions were unfounded. (CSQS)</p> <p>Two parents who did not access Sure Start said that they thought they would not get a place there; they had heard that the provision was very over-subscribed. (CSQS)</p> <p>Members of the Partnership Executive members are aware that they have not reached all parents and young children in Howdon. Their view is that the most likely reasons for this are:</p> <ul style="list-style-type: none"> <li>• Midwives not informing expectant mothers about Sure Start</li> <li>• Lack of communication (e.g. no newsletter or Parental Involvement Worker until early 2004) (PB)</li> <li>• Some parents perceiving Sure Start as only for “bad” families. (PB)</li> </ul>		
--	---	--	--

**KEY Q3 At a strategic level, are the decision making structures operating effectively?**

Outcomes	Findings	Conclusions	Recommendations
<p>3.1 How effective is the Partnership Board?</p>	<p>The Partnership Board is divided into an Executive and a wider board. The wider board has become a theme – led discussion and skills development forum for parents and the community. The Executive operates as the monitoring and decision making body (PB).</p> <p>There is a strong collective commitment to Sure Start among regular Executive attendees, with good team spirit and ability to develop consensus around decisions. It holds planning awaydays, and has approached self assessment in an open and honest way (PB)</p> <p>There are clear operating procedures and rules which are perceived to lead to clear understanding of what has been decided by the Executive. Its decisions are generally based on available evidence. They are recorded in minutes that are sent to executive board members. (PB)</p> <p>Existing community representatives on the Executive have increased in confidence and effectiveness over time with the help of other Executive members.(PB)</p> <p>There is a strong sense of direction, and ability to focus on strategic as well as operational matters (PB). Over 80% of staff think there is a clear management structure in place (SS2)</p> <p>However, Executive Board effectiveness is lessened by:</p> <ul style="list-style-type: none"> <li>• Poor attendance by some key agencies (e.g. Northumbria Health Trust, Schools and to lesser extent PCT and Barnardos)</li> <li>• Constraints on effective parental involvement caused by lack of understanding / confidence on some technical issues and jargon</li> <li>• New executive members do not go through any induction process</li> <li>• Some members may not always be well briefed on their own organisation’s position or have insufficient authority to take decisions</li> </ul>	<p>The Partnership Executive is generally working well, and those who regularly attend have developed a strong collective spirit. There is a demonstrable commitment to self assessment and improvement</p> <p>However, there are weaknesses around the commitment and attendance of some key partners, the knowledge base / confidence of some Exec members</p>	<p>The Chair and Programme Manager should discuss the poor attendance of some agencies with senior Council officers and with the PCT representative on the Executive to agree a way forward</p> <p>The executive should develop an induction pack and consider holding an annual induction event for new Exec members</p>

Outcomes	Findings	Conclusions	Recommendations
3.2 Are Sure Start activities being included within mainstream budgets?	The Executive self-assessment identified a concern about the impending (March 2006) commencement of the taper. Although the PCT and Social Services have commenced medium term financial planning to deal with the taper, their financial situations may limit the scope to replace reducing Sure Start resources unless there is rapid take up of the more efficient cross-organisational working promoted by Sure Start. Locality Planning may help, but is at a very early stage. The lack of ownership of Sure Start among local schools make it unlikely that the schools that benefit from the early years work done by Sure Start will use their own budgets to fill any budget gaps that emerge.	Mainstreaming is not far enough advanced to ensure that Sure Start services will survive the taper, although budget planning to address this is now taking place	Partnership Executive members must ensure that the taper issue is raised in their own organisations' budgeting and service planning processes, and include it as an issue in service-level-agreements
3.3 Are service plans mainstreaming good practice emerging from Sure Start?	The consensus view of Executive members is that Sure Start has been delivered on top of existing services using "Sure Start money". New ways of working developed in the Sure Start area are yet to become widespread in other areas. There is little evidence of Service Plans containing commitments to change mainstream working practices to a Sure Start based model, although Sure Start is beginning to be seen as a useful model for the future development of Elderly People's services in North Tyneside. (PB / discussions with Social Services)		

**KEY Q4 How do professionals from different agencies work together?**

Outcomes	Findings	Conclusions	Recommendations
<p>4.1 Have there been cost-efficiency gains from inter-disciplinary working?</p>	<p>Howdon Sure Start have led the region in developing a cost-efficiency model. Howdon managers / finance staff have been actively encouraging other Sure Start projects in the region to carry out cost modelling using the Howdon apportionment rules. Once data from other Sure Start projects is available it will be possible to carry out cost-efficiency comparisons. It will also be possible to use PSA target data and key output data to calculate relative cost –effectiveness</p> <p>Howdon Sure Start’s own figures show that some services such as the nursery and café are significantly subsidised. Managers have shown that they welcome the opportunity to challenge current distribution of resources.</p> <p>High staff turnover in the nursery may have led to poor use of resources at times (e.g. benefits of staff training “leaking” to other organisations.) However, Sure Start could be said to have made local people more employable, which helps to tackle local issues of family and child poverty / social exclusion.</p> <p>Efficiency / effectiveness issues around the Café have been raised in the Executive and are being addressed. (PW)</p>	<p>It is not clear whether there have been cost-efficiency gains, and whether Sure Start is a more cost-effective way of working than traditional approaches. However, the evidence that will allow such questions to be answered is being developed.</p> <p>Improved cost information is starting to lead to internal challenge of current spending patterns, but this could develop further.</p>	

Outcomes	Findings	Conclusions	Recommendations
<p>4.2 Has there been a re-alignment of professional boundaries</p>	<p>The "Request for Service" process represents a step change from pre Sure Start arrangements. All requests for services delivered by any agency involved with the project are made on the same form and are discussed by a multi-agency panel, who design a holistic care package which will often involve the input of more than one organisation.</p> <p>Inductions of Sure Start staff include information on the different teams and members of staff working at the centre. In the first Staff Satisfaction Survey all staff found this information useful. Those not attending induction courses were seen as having a lesser understanding of the roles and responsibilities of others. (SS1)</p> <p>While 54% felt that knowledge and expertise are shared across the teams, one quarter of the staff disagreed. Some felt that members of different teams were not aware of each others' knowledge and that there appeared to be some segregation between teams. (SS1) By early 2004 there had been improvements in some areas but there were still problems in integrating midwives and local education professionals into Sure Start activity (PB).</p> <p>It was also suggested that better mechanisms were required to enable sharing of expertise: joint team meetings and joint training/information days were suggested as a means of both sharing knowledge and enabling a better understanding of the skills of others. (SS1)</p> <p>Communication methods were then improved (see programme manager's response Sept 2003) In the staff survey the following year fewer staff expressed concern that their knowledge was not being fully used. (SS2)</p> <p>While two thirds of the staff felt there was adequate communication within their own team, one quarter felt that communication was inadequate. Many more (43%) believed that communication between different teams was inadequate. Some felt that they were not being given enough notice</p>	<p>There are several good examples of professionals working across boundaries. The Request for Service process is an important spur for this as it encourages a holistic, cross-agency approach that produces care packages that fit individuals' needs rather than producer-led boundaries.</p> <p>Inductions have worked well in creating a sense of belonging to Sure Start among people employed by different organisations.</p> <p>There has been enthusiasm for cross-agency working from the workforce, and evidence that skills and knowledge are being shared across previous professional boundaries.</p>	<p>The program should hold team building events and employ other methods to encourage both new and existing staff to overcome professional and cultural boundaries</p>

	<p>of meetings or were not being informed of them at all. (SS1)</p> <p>Despite these problems staff appreciated the opportunity to work alongside staff from other agencies with over 90% indicating that it gave them the opportunity to expand their own knowledge. (SS1)</p> <p>Different terms and conditions of staff from different employing organisations has caused some tension (SS2)</p> <p>Surveys of new mothers showed that they often received conflicting advice from health professionals. However the breast feeding group which was established in the early months of 2001 was initially developed by two professionals working closely together: the Sure Start midwife and the family support worker. (BFG2) Midwives in the community also report that they have informed mothers about the group and half of them have referred mothers to it. (BFG(S))</p>	<p>On the other hand this progress is reliant on continued communication between different professions – there have been times when staff shortages and pressures of work have created obstacles to such communication (e.g. people dropping out of team meetings / not finding time to enter client information into databases)</p>	
--	---	--	--

Outcomes	Findings	Conclusions	Recommendations
<p>4.3 Has Sure Start been an effective 'one stop shop'?</p>	<p>The Request for Services form and multi-agency meetings that consider them, mean that it is much easier to access services from different agencies in Howdon than it would be in most places.</p> <p>The new building gives the project a physical presence in the community. The existence of a welcoming reception area means that it is clear where local people can go if they wish to contact / engage with the services based there. It should reduce the need to contact or visit agencies' officers located elsewhere in the borough (with consequent financial, time-saving and other benefits for parents as a result)</p> <p>Services located in the building include:</p> <ul style="list-style-type: none"> <li>• <b>30 place nursery</b></li> <li>• <b>Crèche</b></li> <li>• <b>16 place pre-school playgroup</b></li> <li>• <b>4 Creative Playgroups</b> <ul style="list-style-type: none"> <li>a) for children 0-9 months</li> <li>b) for children 9-18 months</li> <li>c) for children 18 months – 2½ years</li> <li>d) for children 2½ - 3 years</li> </ul> </li> <li>• <b>Multi-sensory room</b> Provides a stimulating or relaxing experience for children and for parents and carers. Used as part of other group sessions to encourage speech and language development, in work with children with behavioural problems, in the development of motor and other skills including colour recognition and tracking.</li> <li>• <b>Training facilities</b> Used by local training providers to deliver training courses to meet the needs expressed by parents and carers. Includes a training kitchen designed to meet the needs of disabled people.</li> <li>• <b>Café</b> The Orchard Café provides light meals and a meeting place for parents, carers and their children.</li> </ul>	<p>Although not all the services that a pre-school child and its parents would need are located under one roof, a significant range of services are.</p> <p>From the parents' point of view, services will appear to be provided seamlessly by Sure Start, rather than by several different agencies.</p>	

	<ul style="list-style-type: none"> <li>• <b>Library</b> Provides a focus for core services such as book loans to families, reading, storytelling sessions and family literacy and is also available for general use by children in the nursery and playgroups. Some specialist toys are available for lending to families.</li> <li>• <b>Health and Education Team</b> Includes speech and language therapist, education psychologist, midwife, clinical psychologist, nutritionist, Relate (relationship guidance) counsellor, and a health visitor (shared with Sure Start Wallsend).</li> </ul> <p>The centre does not incorporate a pharmacy or food store. There is a pharmacy and discount supermarket within 10 minutes walk of the centre.</p> <p>Parent research projects identified shortage of baby changing facilities in Howdon – particularly at weekends when the Sure Start centre is closed.</p>		
--	---	--	--