

**Middleton Sure Start
Interim Evaluation Report
Year One**

**School of Health and Community Care
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The Evaluation team would like to express their appreciation of the involvement and cooperation of everyone involved in Middleton Sure Start in the evaluation so far. We look forward to continuing to work with you in the future.

INTRODUCTION

The evaluation team started work in April 2002. The original team comprised three members, Dawn Taylor, Sheila Kershaw and Kate Karban, all based within the School of Health and Community Care at Leeds Metropolitan University. During the year the team has been joined by a fourth member, Mary Green, also based in the School of Health and Community Care.

This report sets out our progress so far and raises issues to be considered in the forthcoming year. General comments and feedback on the progress of Sure Start Middleton will also be included.

OVERALL AIMS OF EVALUATION

This evaluation was originally designed to meet the needs of Middleton Sure Start as a local evaluation of the project's activities and progress. It was intended to complement the national evaluation of Sure Start and to provide feedback and information during the three year period as a contribution to the development of the programme.

Key issues were drawn from the Sure Start Middleton objectives and the national targets and the following areas were highlighted in terms of the evaluation:

- Providing support for families, including relationships, play and language development, health and development
- Involving people in the local community as active participants in the future development of services; as contributors to the provision of a safe and supportive environment and as employees and potential employees
- The importance of partnership and collaborative working in the agencies involved in order that integrated services can be delivered

Since the Evaluation team has begun work, four objectives have been established within the programme and these have now been embedded into the evaluation.

OUR APPROACH

An essential element of the evaluation design was that the work would be underpinned by principles which are seen to be integral to the Sure Start philosophy.

Involvement and Inclusiveness

This includes user involvement and participation in all aspects of the process and a respect for the individuals and communities served by the project. In particular this the work was to be informed by a perspective which recognised strengths and avoided labelling, for example in valuing the efforts made by individuals and families towards meeting their responsibilities, often in adverse and disadvantaged circumstances.

The notion of inclusiveness has also influenced an approach which has prioritised the building of relationships with everyone involved in Sure Start Middleton. The intention has been to become an accepted and recognisable element of the programme without compromising the role and tasks of the evaluation.

THE FRAMEWORK

The original framework identified three key areas as follows.

1. Family Interviews
2. Community Survey
3. Interprofessional and Multi Agency Working

Additionally there is now a requirement for each Sure Start programme to evaluate cost effectiveness and the role of the evaluation team in relation to this is currently under discussion.

Detailed reports on the first two areas are included in the following sections of this report. The work to evaluate interprofessional and multi agency working issues was not scheduled to begin until Year 2 but will be informed by the work already undertaken and will include contact with key stakeholders and local agency representatives.

FAMILY INTERVIEWS

In total 26 families were identified for inclusion in a small-scale longitudinal survey. The survey was designed to follow through families before the birth of their child, until the age of two. First interviews were undertaken with parents at the anti natal stage and second interviews will take place as soon as the babies reach six months.

The questionnaire was designed for use with families, with questions designed to elicit both qualitative and quantitative data. The intention was for it to be used as part of the interview process in order to gather feedback on the support offered by Middleton Sure Start as well as the use of their facilities and services. In line with Sure Start objectives, the questionnaire also addressed issues breastfeeding and cigarette smoking before and during pregnancy. Ethical Approval for the work was also obtained from the local Ethics Committee

All women interviewed were accessed via the community midwife and in the last trimester of pregnancy. Twenty two were case studies living in Middleton plus 4 families who form a small comparative sample of similar families outside the Sure Start area. All families were assured of confidentiality and all gave their consent prior to interview.

Data analysis from the case study families and control group questionnaires

Location

All the 22 case studies in the Middleton area were white British. Three women in the control group were also white British, the fourth born in the East Asia. Interestingly all case families were born in Middleton and whilst they had lived at several addresses within the area, on average they had lived at their current address for three and a half years. This compared to the control group who on average had lived at their current address for two and a half years.

Family structure

In the case families, seven out of the twenty-two were lone parents, three of whom had other children living with them. All the control group had partners living with them.

Work

Eight of the women in the case studies were in work compared to 50% of the women in the control group. In both groups 50% of others living in the household were also in regular work.

Main source of income

A regular salary was the main source of income for *% the case families whilst the remainder claimed Income support and other benefits. This compared with the control group where 50% received a regular salary, 50% received benefits.

Education and Qualifications

Twenty of the twenty-two case studies left full time education at the minimum school leaving age of 16 whilst the two remaining left at 17 and 18 years respectively. Two of the women in the control group also left school at 16, whilst the third left at 16 and the fourth at 17years.

Twelve of the twenty-two case studied gained GCSE compared with only one of the control group. Eight of the case studies went on to further education and gained NVQ's whilst two of the four controls gained vocational qualifications.

Services

Both the case studies and control group tended to access only medical services i.e. GP's midwives and health visitors. Those with children at school also used educational services. However, there were two exceptions where one woman in the case studies had used the drop in centre, whilst another had used a job centre. Clearly the case studies including those with other children were not accessing Sure Start services.

Smoking History

50% of the case studies smoked and only one had given up during this pregnancy. One of these women smoked 40-50 cigarettes per day. The remainder who smaoked said they had made an attempt to reduce their smoking. Whilst reducing the number of cigarettes smoked is beneficial (CESDI Report 199?), none the less, these findings still give cause for concern.

Health

Overall, the women in both groups seemed unconcerned about their general health. Neither were they concerned about any aspect of their health in relation to their current pregnancy. This might be expected given the average age of the group. (WHAT IS IT?).

Support

Finding from the questionnaire suggested that in all cases, the women had support from either their partner or extended family and they did not feel they needed any further support from any agency at this time. Having said this, the majority identified they might require some help and support from the health visitor once their baby had arrived. They did not identify any other form of support they might need following the birth of their child.

Feeding Advice

Whilst breast-feeding is generally encouraged by health professionals, when the women were asked if they had received any advice on breast-feeding, only 50% of the case studies and 75% of the control group confirmed they had. The remainder hadn't. Furthermore, having thought about the advantages and disadvantages of breast-feeding, only 33% of mothers in the case study and 75% of the mothers in the control group said they intended to breast feed antenatally. From the women who already had children (14 in the case studies) only two had previously breastfed compared to two of the three mothers in the control group. The two women said they also intended to breast feed their next child.

Other information re: pregnancy

Over and above breast-feeding, nine of the women from the case study group said they had received other information about pregnancy and labour. The midwife had given out this information in all cases. The remainder of the women in both groups had not been offered any other information..

The next section considers responses to questions asked of women with other children.

In response to the question 'did you smoke in pregnancy?'

Eight of the women who already had children admitted to smoking whilst pregnant. This information was considered alongside the birth weight of their child. It was noted that five of these eight women had had 'light for dates' babies. These findings compared with finding from the CESDI research (199?) i.e. women who smoke have a greater risk of having small babies.

Support during pregnancy.

Findings were as before, i.e. support to the women in both groups had been given by health professionals (i.e. health visitors and midwives).

Work

Twelve of the fourteen women in the case study had worked whilst pregnant. Only one in the control group had worked during her previous pregnancy.

Support whilst pregnant.

Asked about identifying any changes in support since their last pregnancy, only 4 of the women said their support networks had changed i.e. either they divorced, remarried or for one woman, her mother had died. In the control group, only one woman said her support network had changed since her last pregnancy.

Hospital admissions for previous pregnancies

Four of the fourteen women in the case study group said that their child had been admitted to hospital, (all for chest infections). Similarly one child from the control group had also been admitted to hospital, also with a chest infection.

Depression

The women were asked if they felt they had suffered depression following the birth of their last child. Four women said they thought they had. Similarly one of the three women in the control group also said she'd felt depressed.

Services

All mothers in the case study had at some time or other accessed health care services (Health visitor GP Midwife) one had also received support from Social Services. Seven families had used Education provision (nursery and school) one, Sure Start 'Story Time', five, Sure Start Baby clinic. When the control group were asked the same question, they said they had all accessed health services and one had also attended a Sure Start Instep group, but this wasn't in the Middleton area.

Conclusion

For many of these women, Sure Start was not available during previous pregnancies. However their responses to our questionnaire indicated that they were now becoming more aware of the availability of local support services for their next child. Having said this, the women were still not fully utilising current provision, nor did it seem they were being encouraged to do so.

Smoking continues to be an issue, as does the promotion of breast-feeding. If the number of 'light for dates' babies, and hospital admissions due to gastro enteritis and chest infections/asthma are to be reduced, more information needs to be made available.

Recommendations

- More access / information required about antenatal classes.
- Raising awareness of services available to pregnant women (30 weeks +)
- More information/advice on the effects of smoking during pregnancy
- More encouragement and courses on "Quitting smoking"
- More access to information on benefits etc

COMMUNITY SURVEY

Two members of the evaluation team attended the launch of the Play and Learning Centre in July 2002. This was seen as an opportunity to begin to elicit parents' views about the programme and also as a means to try and recruit parents to become involved in the process of evaluation. This strategy has since been reviewed and it was decided by the team to concentrate on building relationships with staff and members of the community at this stage with a view to further work in year 2. It was also agreed that members of the evaluation team would have a presence at a number of key events and this has included a visit to the New Years Eve Party and attending the Partnership / AGM meeting in February.

During December 2002 and January 2003, 19 interviews were undertaken with workers in the team, mostly on a one-to-one basis with the intention of:

- Gathering information about the day-to-day experiences of Sure Start
- Gaining the perspectives of workers concerning their work and its effectiveness
- Building relationships with the Sure Start team

Broad interview guidelines were used to elicit information about the views of workers concerning the work of the programme and its success or otherwise, how the message was getting across and how the work was measured or evaluated. There was also the opportunity for any other comments to be offered. The responses were coded and fall broadly into two main themes, firstly that of the process of the work and secondly, the impact of the work.

Process

With regard to the process a key issue was the level of **enthusiasm** and support for the work voiced by many of those working for the programme. Many of those interviewed used expressions such as 'fantastic' and 'exciting', and referred to feeling proud of their involvement. One said 'Its the best job I've ever had' There was also a strong **sense of achievement** in the development of **new skills and knowledge** and a wider scope for the work outside of traditional service approaches. Alongside this a small minority of respondents referred to **some difficulties in establishing their role** and their place in the team.

An important factor was the level of **support and leadership** offered within the programme. The manager was described as the 'hub of the wheel' by one member of the team and as 'brilliant' by two others and it was generally recognised that her support was an important factor in the work. There were also benefits seen to result **from team and inter-agency working**, especially the possibility of making referrals and a greater **understanding of roles** of various team members. At the same time, some **difficulties** were identified concerning the physical accommodation, the logistics on within team communication and the need to be flexible. For some members of the team there was some slight degree of tension between their role within Sure Start and other expectations placed upon them.

In terms of working with families within the programme there were some concerns regarding 'hard to reach' families, and getting the message across to a wider section of the community. There was a sense from several workers that for some families, greater confidence was needed before they could get involved. This could apply to a sense of self confidence in terms of making the first contact, but also to a confidence that the experience would be positive in the light of previous experiences with statutory services.

As far as the impact of the programme was concerned there was a definite sense that there had been a number of achievements. There was a high level of interest and involvement in the various activities and a feeling that Sure Start was recognised locally. It was acknowledged that there was still a long way to go and that some families were 'touched' by Sure Start but not involved. Confidence building amongst parents was highlighted by a number of the workers interviewed and examples were given including the involvement of a local parents in a Pre School Learning Alliance conference in London, one of whom has also commenced a training programme. The fact that some parents felt able to use the child care sessions was itself viewed as an indicator of confidence. The evaluators observations of the AGM also confirmed a high level of involvement and commitment from parents. The range of activities and the enthusiasm for these was also evident on this occasion.

There were also specific areas mentioned by some of those interviewed who referred to the potential for earlier interventions to tackle difficulties, and fewer behavioural problems as there was now a greater level of support which could be provided for families.

KEY THEMES

The main issues are listed below:

- Strong and positive developments which reflect well on the team
- Some excellent examples of work with potential to support parents and families with good awareness of community issues in Middleton, eg. employment and training, work with fathers
- Examples of creative and innovative work such as the baby bonding project and work with dadz.
- There are some important areas which are highlighted for continuing attention. These include work to address the targets concerning breastfeeding and smoking cessation; ante-natal services; hard-to-reach families; and the impact of Sure Start on child protection work in the area.

PLANS FOR 2003/4

The family interviews will be continued as second and subsequent contacts are made with families now that the babies are reaching 4 – 6 months.

There are now plans to involve parents and carers in a community survey using a participatory research approach. This will involve providing training for staff and parents / carers to undertake the work.

Work is now beginning to focus on issues of partnership and multi agency working and will include a survey of agencies and stakeholders involved in Middleton Sure Start. The focus of this will be to look at the experience of working together.

An evaluation steering group is in the process of being set up and will include staff and parents /carers. This will facilitate communication between the programme and the evaluation team and ensure that the evaluation is responsive to the various aspects of the work being carried out by the different teams.

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