

SURE START FOLKESTONE
UNIT 4-8 FOLKESTONE ENTREPRISE CENTRE.
SHEARWAY ROAD. FOLKESTONE. KENT. CT19 4RH



***ANNUAL EVALUATION
SUMMARY
2002-2003***



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JANUARY 2004

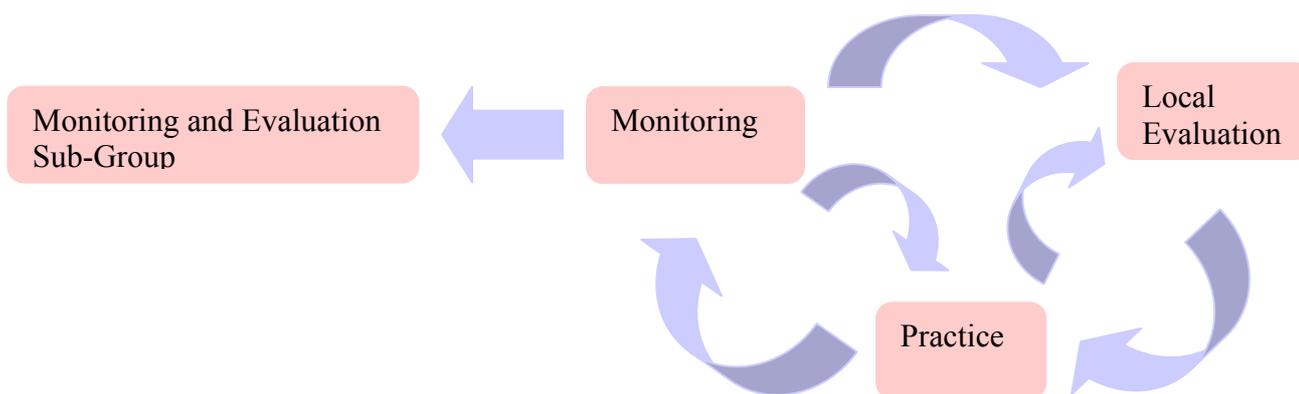
Integrated Evaluation, Monitoring and Database Systems.

Within Sure Start Folkestone emphasis has been placed upon integrated monitoring and evaluation from the outset. The reason for this has been to ensure that individual projects and the organisation itself is responsive to current matters and indeed the needs of parents, children and the wider local community. Alongside monitoring and local evaluation exists a Monitoring and Evaluating Sub-Group meeting monthly to rigorously monitor and evaluate the progress of projects on a rolling rota to assess their accordance and achievement of Sure Start objectives. This lends substantially to any monitoring figures that are collected on the attendance of the various projects and groups whilst assessing their expenditure and value for money.

Hence, whilst local evaluation is a key component in the evaluation and implementation of Sure Start Folkestone, it does so alongside those mechanisms that already exist within the organisation. These, three themes of Local Evaluation, Monitoring and Organisational Practice/ Implementation are collaboratively linked to ensure that the programme and projects can be pro-active in eliciting information from parents. This ensures that Sure Start Folkestone can grow alongside and in reaction to the needs of parents, continually evaluating to implement necessary changes. Once this has been done it is possible to reflect on these changes at a later date, continually assess their impact and make any other changes to practice driven by parents.

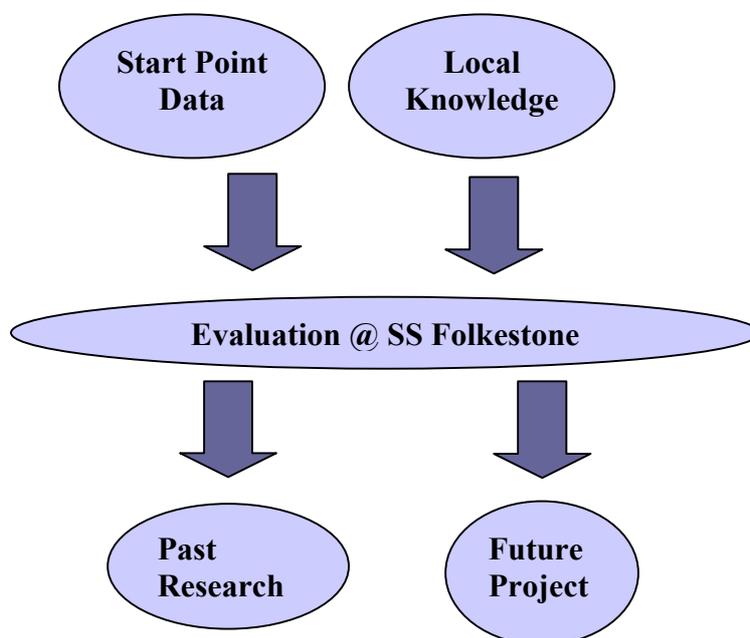
Cycle of Implementation, Monitoring and Evaluation

The figure below highlights the integrated cycle of monitoring, evaluation and implementation. The light blue arrows depict the continual flow of the evaluation process. The practical organisation of SS i.e. contacts etc is picked up through monitoring figures. This information is then used in two ways. Firstly, information goes to the Monitoring and Evaluation Sub Group whereby decisions (with parent representation and input in the form of parental feedback evaluations) can be made that will go full circle and influence the practice of this organisation. In addition to this, monitoring figures are routinely scrutinised to provide local evaluation with a focus or derive any other research projects that can be added on to the local evaluation. For example, generic project evaluations are carried out whereby parents are questioned on their ownership of the group and what they derive from groups and how they can be adapted to best suit their needs. In this way the local evaluation is driven by practice and monitoring, yet to the same extent aims at modifying practice not solely within Sure Start but partner organisations too. This takes the form of a cyclical process of interaction between Monitoring, Evaluation and Practical Functioning.



Tying together strands of information.

The information in this annual evaluation report highlights the findings from our Start Point data leading to comparisons of need within our wards. This then highlights how this research shaped services and future research and evaluation. In addition it goes on to outline how we came to go about our local evaluation and what we learned from it. The implications this had on Sure Start Folkestone services will then be demonstrated before explaining future research and conclusions that have come from this within the year. At this point it is necessary to outline the research in progress tied to local evaluation as well as set out a strategy concerning our next local evaluation.



In discussing the main evaluations carried out within the year it is important to discuss 4 main areas. Firstly, it is important to see the **background** to the research; what was it that called for the evaluation to be carried out. This will enable us to put the findings into context. Secondly, in outlining the **main findings** it is important to take note of what we have learned from the research – how have we benefited from the knowledge gained. Thirdly, how has this

information been **implemented** or intended to be implemented, i.e. looking at the impact of the evaluation to guide practice. Lastly, it is important to see whether, if any **further research** was taken or is planned to be taken to explore the topic in greater detail.

Start Point Data

The foundation of the local evaluation concerns the Start Point Data analysed just before December '02. This information provided a building block for the research that followed. Hence, as an introduction it is important to discuss the findings of this Start Point Data.

Start Point Data is information that has been generated from the caseload of Health Visitors serving the **Sure Start area**. Those that are represented within the following data are a sample of those that live within our parameters rather than families that are registered with us. Consequently the **707 families** are more representative of all families in the area rather than those we have already engaged

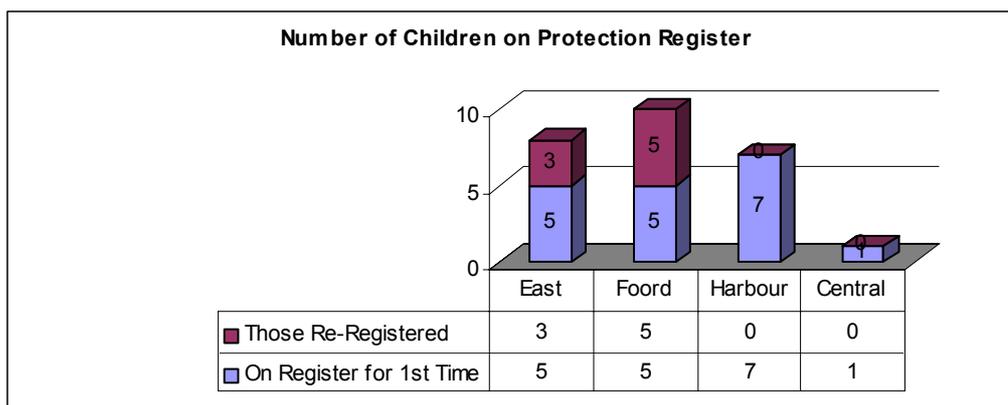
Being base line data the background to this research was to provide a needs assessment of the area. By looking at diverse indicators regarding both adult and child well being a profile was obtained of the area. However, over and above obtaining a generic profile of indicators regarding the area it was possible to gain separate profiles of each of the wards within our boundary. This enabled complex comparisons to be made between wards regarding different indicators, showing us which wards had greater needs in which areas than others.

Within the sample 2.7% of the families were of another nationality than British. Regarding the four wards, representative of their populations Foord ward was the largest ward, followed by East, Harbour and finally Central.

There were several issues to come from this data. **Housing** was one area that a number of families reported problems with. 1 in 7 of the sample reported that they had problems with their accommodation i.e. dampness, location, neighbours steep stairways, child friendly. Almost 40% of those within the Central ward experienced problems; however the sample from the Central ward was smaller and constituted 8 parents. However, just over 20% of those within the Harbour ward (sample consisting of 132 parents) reported the same – possibly owing to the large concentrations of bed and breakfast accommodation in these areas. Around 1 in 7 of those from East and Foord wards reported housing as a problem constituting an identified need within the area.

Some of the families within the sample were labelled as having **child safety concerns (CSC)**. These were families where the health visitor was unsure of whether the parent understood age appropriate behaviour; i.e. kept medicine out of reach from toddlers etc. 15% of the total sample were identified as having CSC. Similar to housing problems the concentrations were highest amongst the Central and Harbour wards (both around 1 in 5)

Relating to child safety concerns could be admissions to **Accident and Emergency**. This was an area where there were diverse needs within the area. 152 visitations were made within one year at one hospital by 40 families; mainly for head and limb injury– an average of just under four visits each within the year. This is comparable to 6% of the total sample accounting for 30% of visitations. The bulk of these admissions were within the Foord (47%) and East (37%) wards. Of these 40 families only 4 of them were recorded as having CSC. This may be because they visits were coincidental or that they were not being picked up and recorded as such by mainstream services. Continual appearances at A&E may arouse fears of neglect and abuse which concerns those placed on the **Child Protection Register**.



The abuse was largely physical and emotional rather than neglect. However, in terms of sheer numbers this figure was deemed as being extremely under proportionate. This is because those children on the CPR are least likely to be identified in Health Visitors notes due to the high incidence of DNA's. Moreover, they are more likely to change address and GP's and thus are difficult to locate. However as a percentage of all of those located it is seen as Foord and East wards that have the highest level of need. However, it is true that there is a gap in information on those families placed on the register

7% of the sample had **speech concerns** between the ages of 18 months and 2 yrs. This figure decreased to 2% at the 3yr check up.

It is evident that in terms of identified language need; between 18 months and 2yrs the highest total numbers were from the Foord and East wards. This decreased only a little at 3 years. Indeed it is apparent that total numbers decreased less in the East Ward exemplifying little responsiveness to referral onto SALT.

	East	Foord	Harbour	Central
Speech concern at 18-24 months	12	11	7	2
Speech concern at 3yrs	8	3	3	0

This too may indicate an inability of services to get and keep families engaged to have an impact upon the speech of their child – whether through long waiting lists or for families being hesitant to become engaged. The same is also true regarding those parents with children with challenging behaviour.

6% of the whole sample population had **Child Behaviour** problems resulting in 2% (i.e. 1/3 of all those with problems) being referred to the DCPR.

	East	Foord	Harbour	Central
Child behaviour problems	0	12	11	13
Referral to DCFP	0	1	6	3

Need seems to be highest in total numbers in East, Foord and Harbour. Between them there seems to be a tendency for those within Harbour to be referred more readily. This may signify more unmet need in East and Harbour. Moreover, this isn't taking account that even after referral there are those families that **Do Not Attend (DNA)** due to their time, location, motivation to attend and external factors.

Emphasising unmet need within the East ward in particular is the extent of those children identified as having **special needs** (10%) – whether mental, physical, sensory or medical. This figure was of similar size for those families within the Harbour ward. For these families there may be even greater emphasis on reaching services and getting necessary support.

The information so far has highlighted different types of need both overall and within the separate wards. Whilst there is considerable need identified within the Central ward, SSF only incorporates a small section of this into its boundary, thus in terms of total need this is considerably lower. Whilst tackling need within the whole area, it has been essential to note that in terms of total population and total need large demand rests within the Harbour, Foord and East wards. Incorporating this information with local knowledge it is evident that most services operate within the Central, Harbour and lesser extent Foord ward. This leaves those within the East ward without any nearby services. This factor is especially important when not only is the east ward further away from services but built upon a steep gradient that makes access without a car to the town centre problematic. Considering that 30% of the East ward do not have access to a car or van (50% higher than the rest of Shepway), there is an overall need to be closer or put in contact with services rather than the other types of need already identified both for children and parents.

Parental behaviour was another area that our Start Point Data focused on. 39% of the sample (2 in 5) breastfed within 10 days of birth. There is little variation across the four wards. However, the figure may be lacking information on those who moved into Folkestone after this stage. Furthermore, this figure concentrates on those Breastfeeding within 10 days of birth, thus a fall out rate is expected after these 10 days where complications could exist and when there is often less support.

An estimated 26% of the samples (Over 1 in 4) were reported to be smokers. However, this figure is under estimated as it was only counted if there was the appropriate form attached in the file. Moreover, due to the priority of other issues smoking cessation and reporting may take a back seat.

However, in terms of total numbers East and Foord wards had the largest amount of Smokers.

Frequency of PND and Relationship problems were highest in the East and Foord wards. Regarding experience of PND, a total of 26% of the sample were identified. This is an under estimation due to the number of Health Visitor case notes that did not have this information included. 23% of sampled families specified that they had experienced relationship difficulties. The total number of those experiencing difficulties was more evenly spread between East, Harbour and Foord.

12% of the total sample was regarded as having Self-esteem concerns, 9% having Anger Concerns and 5% having Drug or Alcohol concerns. Drug/ Alcohol concerns were highest within the East Ward with almost 8% of the East caseload being identified with a concern.

Self Esteem Concerns were highest among the Harbour Ward with almost 18% reporting concerns. Regarding anger concerns, Central Ward had almost 15% of its population reporting problems.

Most interesting of all were the correlations between certain indicators of parental behaviour. This emphasises the inter related nature of multiple need all of which affect parents and children

- ❑ Correlations were strongest between those with relationship problems made up 92% of those with anger issues.
- ❑ Those with PND made up 79% of those with Self Esteem Problems.
- ❑ Those misusing alcohol constituted 5% of the total sample. However, they went to constitute 15% of those with anger issues and 13% of those with self-esteem issues.

Implementation of Start Point

A number of projects and strategies were set up in accordance with this data. Primarily, the area with the highest numbers and levels of deprivation (East Ward) was focused upon in terms of resources. Previously under-resourced and far from centralised services making service inaccessible, a community flat was purchased. From this more accessible location a number of drop in sessions are provided as well as being a base for partner services to provide their services in for those located far from centralised services.

Exemplifying increased partnership, integrated services have been provided to target interrelated problems discovered within the Start Point data. Effective links have been forged between several agencies such as Health and Education service, KCA Harm Reduction, Police Service, Family Support, Kent Libraries, Employment and Training services and Providers and Migrant Support. Such agencies have played an integral part in identifying and working together to provide services responsive to local need from ground level to representation on Partnership Boards and Implementation, Early Years and Health Topic Groups. Central to this partnership has been the representation and consultation of parents through Needs Assessment upon joining Sure Start Folkestone. Some Projects and areas that have been formed and targeted as a result of these links are as follows

- **Healthy Eating** – for many of the reasons as described above our families do not always benefit from healthy diets. Indeed this a national issue. To this end our project workers and Health Education Partners have run healthy eating groups, which have been well attended. These groups focus on actual meal preparation and families sitting down together to eat their meals.
- These groups are also linked to infant nutrition in the form of Baby cafes and Bumps and Babes.
- A Slimming Club has been a well-attended and successfully enabling participant to reduce weight considerably.
- Most project groups discuss healthy eating and all project workers take every opportunity to promote ways of developing healthy life styles. The real problem and barrier to our success has been the lack of a consistent venue. This has meant that childcare need has been stretched beyond our resources leading to fewer groups being run than is really needed. This issue will be addressed by the completion of the new Children's Centre, combining a multi-agency facility with a crèche, day nursery, community café, therapy rooms, multi sensory room and further consultancy rooms within an accessible environment.

- **Health Visiting Partnership with the Community Parent project.** This has been particularly successful in terms of visiting the newly born babies in our community. At each visit the Health Visitor leaves a registration form for SSF and our Community Parents (link workers) engage the new family with our organisation.
- Health Visitors also make referrals to our Community Parent Project when a family is in need of our services. We have now employed a G Grade Health Visitor to enhance this process.
- There is still much more to do to reduce the numbers of DNA's and abortive home visits. It is hoped that our Link Workers will be more involved in the Health Visitors Clinics that will be developed at the new Centre.
- **Reduction of the number of children being hospitalised for injuries, enteritis and respiratory problems.** Although much work is being done through the programme to provide preventative projects there is a serious issue of GP access for our families. To this end we have employed an experienced Nurse Practitioner specialising in minor illnesses, injury prevention and general health issues. Currently she is undertaking the Nurse Prescribing Course and will be ready and fully qualified by the time the new Centre is completed. We expect that this service will greatly reduce the hospitalisation figures and generally improve the health of our families.
- **Ante and post natal care.** Our families report high levels of smoking during pregnancy but low numbers of mothers breast-feeding. We always include healthy living advice in all our work with groups but realise that smoking and breast-feeding are low on the agenda of our families. We have to facilitate and encourage our families to experience family life as an enjoyable situation before we can engage them in certain healthy practices. From our user satisfaction survey it is clear that we are making a difference in this area. We now expect to engage them in reducing smoking and increasing their confidence in the ability to breast-feed. There are however surprisingly low levels of babies born as "small for dates". This presumably reflects good ante and postnatal care in the mainstream services of midwifery and health visiting. Smoking and breast-feeding are linked to the wider issues of well-being and we expect to see a change in these figures in due course.
- **Substance abuse.** Our families report high levels of drug and alcohol related behaviour either directly or indirectly. Although we have tried to address this issue we have found that we have made little impact and intend to review our practice in this new financial year.
- **Early Years Groups.** We have had some success in developing new groups and strengthening existing groups over the past year. This work has developed over time and has benefited most children within our database. Due to the need to run these groups from diverse and often inconsistent venues we have not always succeeded to respond to growing demand. In fact demand has outstripped our resources. Our success in engaging our families has put much stress on our limited resources and we have had to admit that the demand can only begin to be satisfied when the Centre is complete and functioning at the end of March. However this is not to say that we have failed as we have successfully engaged our parents in the importance of early years

development. With successful communications in promoting the facilities at the new centre we will capitalise on this success.

- **Speech therapy.** Our Speech Therapist and her Link Worker have made good progress this year in raising awareness with regard to the importance of the parents' role with their children in developing language. They have successfully run special language development groups and made great strides in reaching isolated families from their outreach work. This has been proved through the Language Measurement Evaluation Tool. When the Centre is functioning this work will make a greater impact, as the "One Stop Shop" concept will enable the team to integrate all their relevant work.
- With the development of the Sensory Room we will have accessible facilities for our children with special needs. To date we have only been able to contribute financially to the Social Services for children with special needs but have not seen any evidence of outcome for this financial input. From March 2004 we expect to see positive outcomes from our own work.

Related Research

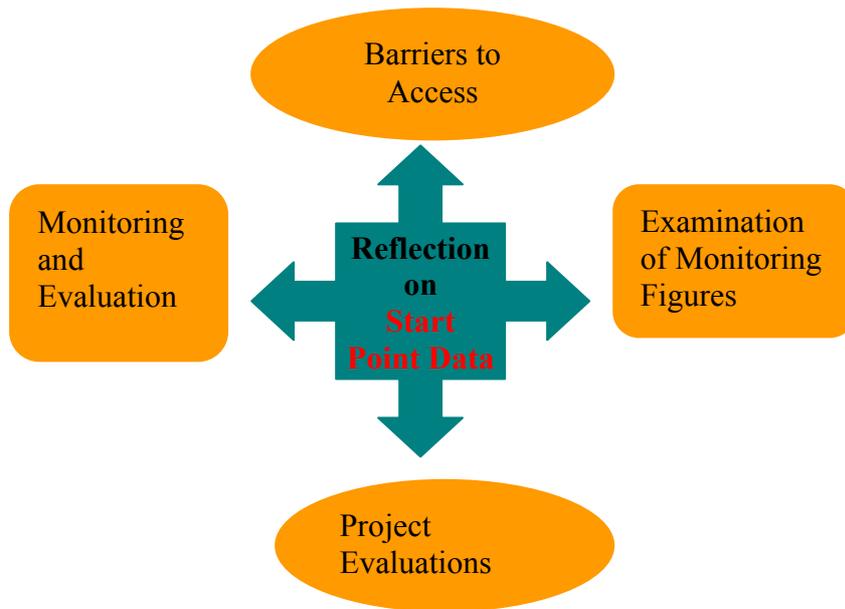
In addition to this implementation Start Point Data alongside Monitoring Figures and Practical Experience gave a focus area for the year's main body of research.

This centred upon the barriers that some parents face within the area towards using services. Through Start Point Data it was evident that there was a general discrepancy of need. This need tended to be across all wards but it was specifically the East ward where most need was evident. Not least as this ward is the furthest away from services with 30% not having private transport.

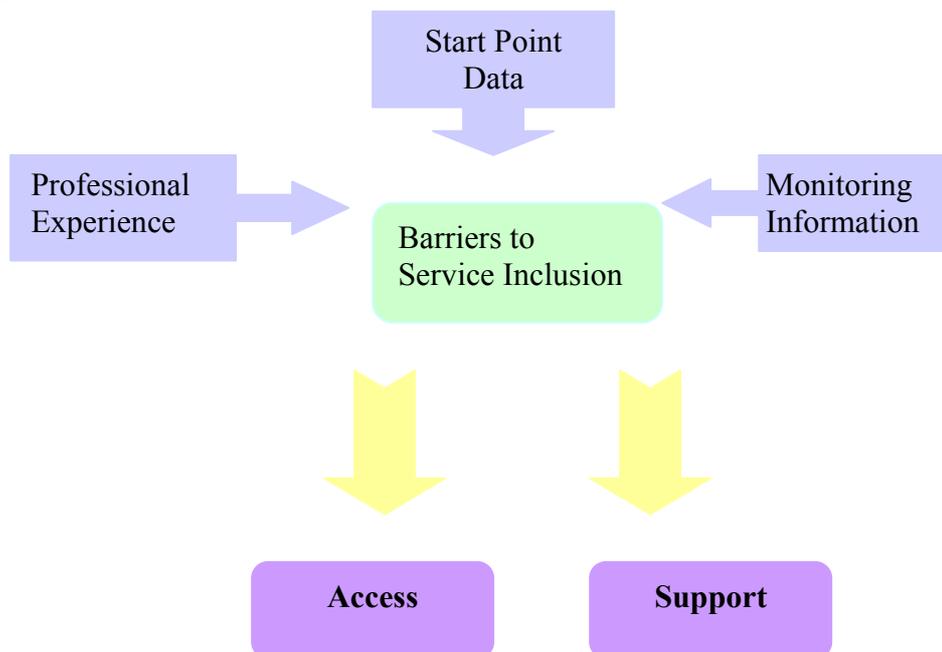
In addition to monitoring figures and professional experience it had been widely noted that there seemed to be large numbers of cancelled or missed appointments. However, this was a problem across the area. Hence even if services were evenly spread and accessible there were still factors standing in the way of families in reducing indicators and producing positive outcomes. To this extent it is necessary to identify the barriers that exist and examine support networks so that they can be addressed not just by SSF but its partners in ensuring that all families from all wards can have improved access to services and outcomes. This will in turn have some impact upon start point data as parents in the area will find services more accessible and reap the benefits of using them.

Other research related to this Start Point Data was the information collected by individual projects to see whether parents and children are benefiting from their services. This is carried out on a rolling rota and asks users to evaluate particular services on the grounds of whether the services have impacted upon them or their child and how. Users are also asked to give details of anything that would increase their usage of SSF services as well as comment on whether they felt supported, informed and listened to.

In addition to this information there is that collected through monitoring mechanisms on how many children and adults have been attending services. This is in conjunction with the Monitoring and Evaluation sub-group who meet also on a rolling rota to discuss the progress of SSF projects.



The next research piece to be focused upon is that regarding barriers to service inclusion. In scrutinising project attendance figures we were aware that some families accessed services more than others, and some not at all. From organisational knowledge and information from our Start Point Data it was acknowledged that there was a great deal of hard to reach families, also families that would frequently DNA appointments. The direction of this body of information suggested that more research ought to be carried out exploring the reasons behind their exclusion from Sure Start and some mainstream services. In exploring these barriers of attendance it was felt that information could be fed back into Sure Start Folkestone to improve sensitivity to the hard to reach. Furthermore, it would also go to explore further ways in which the hard to reach are effected and affected by services and their various social support systems around themselves.



Local Evaluation

Background

The main aim of this evaluation is to add qualitative information to quantitative information already gathered through Monitoring and Start Point data. Through previous evaluations and area specific knowledge it is evident that some parents are more tied in and more apt at using services. Consequently, they reap the benefits of services whilst those in need may not be having their requirements met; thus increasing the gap between those that do and do not use services. Sure Start Folkestone through this evaluation looks to explore the reasons behind this so that findings can inform service development to ensure they are more sensitive to those not accessing services and have an impact upon their inclusion.

Suggested barriers were formed collaboratively between myself, parents and the programme manager to ensure a wide coverage of factors. These were covered with a set of 12 parents over 1.5 – 2hr interviews to probe the factors in depth. The main themes we went onto probe are outlined below along with reason for their inclusion

Use of Services – It is firstly important to identify which groups are using services and whether there are any common characteristics. This will allow us to differentiate between different groups and allow us a generic platform to understand common themes behind their usage.

Awareness of Services - If services exist but families are unaware of them they will have very little impact. Some families may become informed through less reliable sources or have difficulty piecing together information. Hence, it is important to investigate the processes concerning awareness to see how information can be strengthened amongst those in greater need.

Asking for Help - Families may be aware of services but still not use them due to their own pre conceptions about accepting help. Some families may not see themselves as warranting support whilst others may find receiving this support stigmatising and so remain self-supporting with little outside help. Hence, for services to have more impact it is important to understand the processes at work that prevent families from accepting external support.

Organisation – Another barrier to families asking for and accepting help is organisation. The ability to construct formal services around the family requires some mixing and matching of services and organisational ability (i.e. work around childcare and health appointments etc). Organisational problems can lead to missed appointment affecting both parent and child well being and outcomes of services.

Budgeting - This is a key aspect of organisation, and one that impacts greatly upon family life. Budgeting clearly has financial implications; however, it also affects other aspects of family life. Whilst Budgeting correctly may leave some families feeling in control and able to navigate services; it may leave others lacking confidence and feeling constantly troubled which impacts upon other support systems.

Training and Employment – Like with Budgeting, this is another area that has benefits outside of the financial. Access to these services provides many families with an extra social outlet. However, many families may be deterred from using them, which may be detrimental. By

looking at these barriers (as with those previously mentioned) it may be possible to see how to target services so they are more sensitive to parents.

Helplessness - Finally, it is also essential to look at how parents feel - in terms of being helpless, lonely and isolated from support networks. These feelings are heavily intertwined with daily routine and thus affect how parents interact with those around them; including their ability to become engaged with the community. It is therefore important to understand emotional barriers that parents may have so that this engagement can be facilitated.

Support Networks – Feelings of isolation may be closely related to access to alternative support networks (family, friends, partner etc). These networks provide important coping strategies in terms of practical and emotional help for parents. Hence, by understanding these different networks, and the amounts and types of support that parents get from them will help understand the role that Sure Start has to play.

Main Findings

Use of Services – It is firstly important to identify which groups are using services and whether there are any common characteristics. This will allow us to differentiate between different groups and allow us a generic platform to understand common themes behind their usage.

Within our geographical boundary some parents/ children exist that are not in contact with frontline services – i.e. Health Visitors, Midwives etc. This may be for many reasons and has several implications regarding Health, Education, Training and Employment. Primarily, it makes them 'hard to reach' for community services, as links with primary agencies are often sporadic. Indeed ties with formal services may exist (i.e. via GP's, Developmental Checks etc.) but are relatively loose.

These parents may sporadically attend some services and thus in many ways the first steps have been made in terms of engaging these parents/ children and promoting their involvement. However, problems may still be encountered regarding inclusion, as contact with services is still very much loose. Parents encountering problems with inclusion were classified as Group 1, of which there were 6 of.

On the other hand there were those a little further along the line of service inclusion through their increased use of Primary and Community services. Furthermore, this is done more independently, possibly through mixing and matching of services within the locality. Service use tended to be more established and frequent. These parents were classified as within Group 2, of whom there were also 6 of.

There are several characteristics demonstrating this inclusion. Firstly, there is the use of several services both relating to primary health and other front line services. Furthermore, this use is compounded by a variety of information from friends, primary health and other professional services such as social services. However regarding service use, in particular Early Years Service there seemed to be several factors influencing parents' options of access.

Awareness of Services -

By definition, those less tied in with formal services were less informed via this channel i.e. through Health Visitors, GP's. Furthermore, they did not have the opportunity to gain this information via playgroups and other support services. Hence those parents from Group 1 were more reliant on informal sources than those in Group 2 who were more likely to mix and match their sources for information. This would give them a wider network of information and possibly give them the opportunity to access and benefit from services. Likewise the more services they used the more likely they become to hear of other services.

As well as having a greater opportunity of being informed via services, those more familiar with services (and having their needs fulfilled) will be more apt at navigating them. Ability to navigate services seemed to be influenced by a go-getter attitude on behalf of Group 2 parents who were often informed through informal networks rather than services themselves. In part this was due to motivation but also to a large extent the self-confidence to navigate services.

It was evident that those parents in Group 1 did appear to have lower levels of confidence. This was manifested in a number of ways all of which affected their awareness of services. Parents did not feel as if they had the confidence to meet new people (especially in large groups), go to new places; some struggled to have the confidence to go outside their own homes. This clearly affects the extent to which families can reach out and become aware of services.

Less confidence at navigating services led parents in Group 1 to be more dependent on fewer sources for information. Whilst this is not necessarily a problem, some parents receiving incorrect information will have less opportunity to have this clarified and may become despondent after attempting to seek support. Furthermore, those parents in Group 1 were not only more likely only to be reliant on informal networks for information, but also on fewer sources of informal support. This problem of dependence becomes even greater when considering the fragmented nature of information on services. Those dependent on fewer sources will face a lesser chance of navigating these networks.

11 out of the 12 parents interviewed mentioned having problems in receiving correct information. Firstly, there were those who said that the information given by professionals (either in person or in writing) was in a language that was either too confusing or that it did not interest them. Either way this acted as a barrier for families using services before they'd even attended.

Firstly, if information was seen as not considering the emotions of the families, they will fail to be engaged and get support. Alternatively, information (written or verbal) may be worded in a technical language meaningless to some parents. This was reported to be a problem in the filling out of long-winded forms. In such circumstances motivation may already be low without having to negotiate technical jargon thus complicating the matter and decreasing the likelihood of families getting appropriate support. The same applies when information is not centralised. If families have to hunt down information for support, those with the least motivation or most barriers in their way (and possibly most in need) are the least likely to receive it thus widening the gap of need.

However, in some circumstances information is evident in the form of mail drops etc, this information is for some reason not reaching those families that do not access services. Those

from Group 1 were most likely to respond negatively to mail drops. A common theme indicated by parents was that flyers and leaflets often went ignored. One parent commented on letters that

'You just assume it's going to be credit cards, leaflets and all that sort of thing.'

There are problems with mail drops causing information overload whereby parents are bombarded with literature, resulting in parents not paying full attention to them and see them as junk mail. Information is often not read and gets put in the bin without even being read.

It must be underlined that services can be as good as they can and inform individuals as much as possible. However, there are question marks over parents' ability to do adopt a go-getter attitude. Whilst some may not be at the correct stage to become aware it must be said that they have to have this motivation. If they do not have this motivation or awareness the motivation will not be there to ask for support.

Asking for Help –

Whilst there are differences around processes in awareness within the area¹, this is further compounded by whether parents feel comfortable asking for support. Asking for support is vital in accessing services. Parents may well be in need and aware of services but if they are unable to ask for support then they are likely to be left isolated.

The onus rests on the individual to ask for it. People cannot be forced to ask for or accept support, but barriers are evident. If barriers make this process difficult, awareness is of little relevance, as there is no action or enquiry for support. Thus, limited support will be given. Similarly, effectiveness of services is circumstantial, as parents are not using them to gain any benefits. Indeed, the gap of need may be widened as those with lesser need are getting the support that should be concentrated on those not asking for support.

Some parents reported that the organisation of services made it more difficult for them to accept their support. In a recent Sure Start Survey², 20% of respondents suggested that they could use services more if given more choice with times of services. However, it must be borne in mind that there will generally be people excluded from the times of services, as not all times suit all parents.

This theme of service times as a barrier is especially the case for families who do not have access to transport. Walking to appointments, nurseries etc takes longer for those without cars, thus giving parents less time to accept support. Indeed, parents from Group 1 argued that they never had any personal time, much less time to think of what services may be able to help them. Hence, those without access to transport (and possibly services) may find it more difficult to accept support.

Location is also a key factor in whether families can take up support services. When dealing with location it is essential to realise that location and travelling inevitably chips away at the motivation that does exist. When dealing with groups that feel continually pushed for time and unmotivated, poor access to services may often mean that they do not seek or accept support that is needed.

¹ Contributing to an inequality of accessing services

² Sure Start 'End of Use Survey' – July 03

However, prevalent amongst Group 1 parents was the desire to be self-supporting. This is not necessarily a problem if families had informal networks to fall back on or the capacity to do so. However, this factor was more problematic for families in Group 1 who were more likely to encounter problems regarding transport etc. and need greater support in accessing services.

This feeling of being self-supporting often involved parents saying that they were in some way failing and being a burden if they needed support from formal services. There were underlying feelings that parents should be able to raise their child without any help from external agencies. Group 1 parent tended to value 'the harder route' without external help. To this end parents had pre-conceived ideas around services and their involvement, which acted as a barrier to accepting support. Part of this barrier concerns the stigma that may be attached to parents who accept help from services. This stigma did not only come from peers but services too.

Avoiding this stigma and being seen as self-supporting was a concern for many parents, especially the case for those groups who may be identified as being increasingly vulnerable. In this circumstance asking for help may seem an active submission that they cannot cope on their own, and so those that may be more vulnerable are least likely to ask for support.

Parents from Group 1 were also more likely to feel scared, embarrassed or as if they were a nuisance to services. Most noticeable was that parents were reporting that they felt fraudulent in accepting help as if they didn't really need or deserve the help that was on offer. Part of this may be due to the value placed on struggling through without support, making families less likely to accept support and access services in the future.

On the other hand those parents from Group 2 did not see accessing support services as an indication that they could not cope. Parents were more likely to view it as an extension of informal support and that it was there to be taken and thus more likely to ask for and accept support.

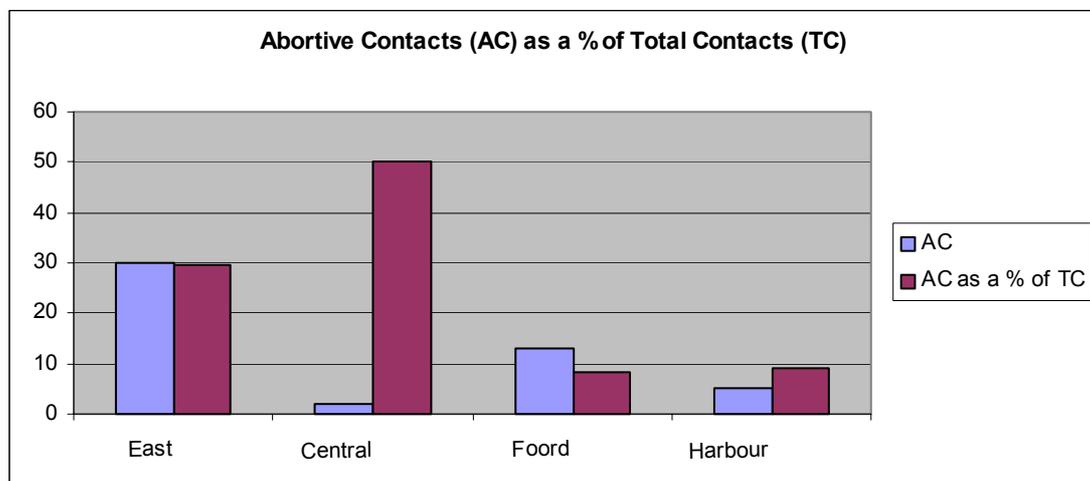
Parents who were more linked in found it easier to assert themselves over services. Furthermore, they were less likely to attach a stigma to their use. This made them more likely to access services and get their needs recognised. Furthermore, this frequent use made them more apt and confident at navigating services making them more likely to be informed and able to access other services in the future. Hence, there is a catch 22 situation whereby those not accessing services and possibly most in need are unconfident and so do not access them. This not only leaves them out of the information loop, but isolated parents lacking confidences are less likely to access services in the future and be supported.

Linked to this notion of confidence is the extent to which Group 1 parents felt that services were uninviting. Parents lacking confidence are less likely to attend services on their own. Especially concerning their lesser number of informal networks to attend services with. Parents from Group 2, despite feeling similarly daunted at attending services were more likely to put their own feelings of fear and anxiety on hold to attend services. Whilst there was the desire for Group 1 parents to attend the lack of confidence, support and time tended to make prioritisation difficult. Regarding prioritisation, some families faced organisational barriers to accepting support and taking up services.

Organisation –

Organisation of time may impact upon how much time parents feel they have for themselves. If parents have problems doing this they may get little respite and feel as if they have little control and that work is endless. Furthermore, organisation is key to making and sticking to appointments and is thus central to family issues such as health, education and child development. Hence, if organisation is poor, there will be a negative impact in that families will not gain the benefits of services.

Failure to attend services through cancellation or otherwise is expressed by services as 'Abortive Contacts'. This problem is not equally distributed across our Sure Start area. Indeed, taking Speech and Language appointments as an example, it is particularly a problem in terms of sheer number and proportion within the 'East Ward'. 30% of those contacts within the East Ward were aborted between May 2002 and April 2004. This is compared to around 10% for Foord and Harbour wards.⁴



Whilst this is a problem in itself in terms of service outcomes, Do Not Attends (DNA's) and poor organisation are part of a complex web of influencing factors. Factors underlying poor attendance and organisation include having access to adequate transport and the location of services.⁵

Likewise this is an issue within Sure Start Folkestone in relation to the East Ward, which is far away from central services on a gradient that makes navigation extremely difficult (especially with children and pushchairs).

Access to services (predominantly located in the Central Ward) is often more problematic for all families without access to a car⁶. Families are often discouraged from using bus services⁷.

³ Figures taken from 'ComCare' statistics on Speech and Language Service Attendance within the Shepway District

⁴ 50% were aborted within the Central Ward – However, this is statistically less significant as it concerns only 2 appointments

⁵ 'Poor transport contributes to social exclusion. It can be an important factor in restricting access to opportunity. For those who rely on public transport, getting to hospitals is particularly difficult, and can lead to missed health appointments.'⁵

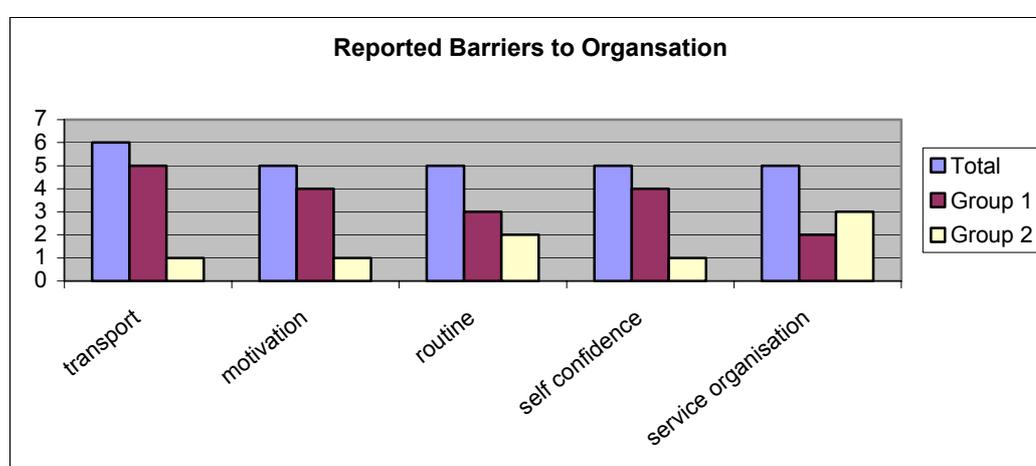
⁶ which constitutes 1 in 3 families in the Sure Start Area

⁷ Due to limited finances and practical reasons

Furthermore, walking for an estimated 45 minutes is unfeasible in bad weather. Even in decent weather parents may be discouraged due to steep stairways and inclines leading up to East Ward apartments that still have to be negotiated after using the bus service.

This problem of transport was largely seen as a barrier only to those parents that were not linked in with services. Outside of transport barriers to services there were other barriers affecting parents' organisation.

Those using fewer services reported barriers to organisation at a higher frequency than those in Group 2. This may well be at the root of their decreased usage of services. Alongside transport issues those in Group 1 tended to suggest that their organisation was limited due to their own self-confidence, motivation and problems with their daily routine. Consequently, attendance of services for those less tied in seems to be more problematic having implications on their support in terms of health, child development and social and emotional needs. .



Whilst both groups suggested that finding a routine and maintaining one affected their organisation, there seemed to be a strict divide between the two groups on the basis of self-organisation. On the one hand those in touch with services tended to be increasingly able to manage their own time and construct frameworks to do this. On the other hand those in Group 2 were less likely to use these systems, also reporting more problems with keeping up to date with chores and housework. Problems with daily routine/ chores made some parents feel under motivated which can affect the extent appointments will be stuck to. Furthermore, if parents do not write down when appointments are they are less likely to remember them – especially if they are stressed or overloaded with housework⁸. Hence, they are less likely stick to appointments (or arrange them), which could be detrimental to health, development and support.

Parents using more services were more likely to be critical of services in terms of their organisation. Commonly mentioned was that parents could never get appointments with their GP when necessary for themselves or their children. Some noted that services operated outside of times that parents were free and available or did not have adequate child care provision running alongside them. The lack of breastfeeding facilities in town was also seen as a barrier alongside the spontaneity of babies feeding in missing appointments. The spontaneity

⁸ This is more likely to be amongst those in Group 1.

of children in terms of being unwell, needing the toilet etc also was seen as being a barrier (albeit unchangeable) to parents missing appointments.

Families on the fringes of services were more likely to suggest that their lack of motivation was key in finding it hard to make and keep to appointments concerning family health and well-being. Many felt that they didn't have enough time in the day often leaving them feeling tired, worn out and under motivated to keep up with household chores etc... This in turn had a knock on effect in regard to organisation and keeping track of important times and dates of developmental checks. Furthermore, this motivation is further tested if a family does not have access to transport. Decreased motivation means that parents will be less motivated to make and stick to appointments if services are located far away and have to be walked to

Parents in Group 1 were in general less motivated and also less confident. Some did not attend appointments, as they did not want to approach services to arrange a mutually convenient time/ date through fear of rejection. Indeed, relating to self-esteem many parents had experienced periods where they would not leave the house much less arrange and organise appointments with services.

Budgeting -

Organisational skills have implications on how families arrange their finances. Whilst efficiently organising time does not necessarily cause families to effectively budget, there are a number of factors that influence how parents organise their finances. The ability to budget has implications on several areas of family life

*'Money is a key to the ability to control one's life. The more money the greater one's options, the more choice and the more easily most problems can be overcome.'*⁹

As well as implications on food and bills etc. difficulties budgeting has implications on accessing services.¹⁰ Firstly, parents maybe excluded from services where a fee is required. (Nurseries before 3yrs, play activities and other recreational activities for parents and children). Secondly, if Health, Employment, Housing Services are located away from parents there may not be the money there to access them by public transport. This is before motivational factors are taken into account; as previously discussed walking limits the extent to which families access services.

Further social isolation may occur. If families do not have access to phones, not only do they lose an integral way of communicating with services and a method of enquiring about local activities also lessened is the ability to staying contact with social support networks. This is coupled with the stress that having no money or being in debt may have as well as the self-esteem issues that go hand in hand with not being able to join in and have the same things as other families.

⁹ Pp 182 Wilkinson, R.G 'Unhealthy societies.' London, New York, Routledge, 1996.

¹⁰ Wilkinson R.G 'Commentary: A Reply to Ken Judge' BMJ 1995; 311: 1285-1287 (11 November)

Theme	Group 1	Group 2
Negative Experiences	4	1
Positive Experiences	1	4
Factors Facilitating Budgeting	3	6
Service Problems	3	1

Those more isolated from services (Group 1) tended to have more negative experiences around budgeting. Feelings of not being very good at budgeting, being trapped by it or that it was an area difficult to get round to organising were more frequent. Some parents found that the task of budgeting and paying debt off so large that it stripped them of motivation to get back on track.

Debts and money worries were clearly central to other anxieties and issues that parents saw as needing sorting. However, thinking of the task necessary to pay them off and resolve problems caused parents to despair.

Characterising Group 1 was the view that money worries and budgeting difficulties combined led to parents feeling that there was no way out, especially when considering other difficulties that parents faced. Parents reacted to this by feeling resigned to fact that it was either too bad, or in the case of some spending more money to cheer themselves up; causing a vicious circle. This in turn may have a negative impact upon finances, self-esteem and the ability to become included within services. Alongside this despair were other practical implications on budgeting in the future. Regarding debts and repayments

At low-income levels, repayments can seriously undermine the ability to costs (of basic necessities). Thus expenditure on debt and credit commitments has a double impact: they are a means of securing goods or services not necessarily achievable on regular income, but over the longer term cut into the resources available for daily living.

Theme	Group 1	Group 2
Gaining Informal Advice	1	2
Learning through Experience	2	2
Gaining professional Advice	0	2
Total	3	6

These experiences of budgeting were not as evident within Group 2, who on the whole tended to comment more positively. This self-reliance can increase confidence and maybe influence the way in which parents navigate services. Through being in control of a budget parents found a starting block with which to exert control over other areas. However, not only did these parents have more positive experiences of budgeting but they tended to have systems or support in place that made budgeting easier.

Some parents experienced problems in accessing important information on entitlements to benefits, credits and grants. This tended to be amongst those parents that were less informed in general and less tied in with services. This deprivation of information gave these families less money to deal with; making budgeting increasingly difficult and laying them open to related problems. Regarding awareness it is likely to be a combination of fragmented information and parents not actively looking for information. Furthermore, it resulted in bringing about increased or decreased choices for those families depending on how skilled parents were. One parent that was linked in commented

'We budgeted accurately; we put money away 2 years before (the child's) birth so we would have some money and I would not feel pressured into going back to work. If I hadn't have had those savings then that choice would have been taken away.'

This in turn afforded some parents time to stay at home with child and concentrate fully on interaction and development, also affording the time to assess different early years settings. However, just as budgeting can afford choices, those who may not have the means or skills to do this may have choices taken away from them. Those who were not in such a strong financial position may be more likely to take low paid work, with longer hours and possibly less sociable hours. Hence there may be a greater risk of informal support networks suffering.

Clearly these situations cause great anxiety and have an immediate effect on all those involved, even close friends and family. It is vital for families to have support from those networks around¹¹. Whilst networks must be there to support these situations it is likely to put increased pressure on these networks and disrupt them and possibly hinder those who are most in need of it.

Training and Employment –

One way of providing parents with life skills as well as increasing informal networks is through the training of parents within the area. Furthermore, by increasing their capacities there may be an increased likelihood of employment; this has clear implications on the amount of money that parents have to budget with as well as the social networks it can bring.

Firstly there are financial benefits for both the individual and the rest of their family; this can afford parents a number of benefits regarding health, housing, diet¹², utilities and access to services. However, the benefits reaped through training and employment extends beyond the financial.¹³ One benefit is through investing in people to improve their own skills and abilities towards a career they desire; or even obtaining the skills they desire for their own sake impacting upon self-esteem.

When outlining their views concerning training parents did not seem to differ greatly according to whether parents were linked in with services or not. Training was seen as positive in terms of equipping parents with skills as well as providing parents with an opportunity to get out and meet new people; especially if it was geared towards employment. However, despite this perception (albeit amongst a small number of parents) the take up rate of training initiatives was relatively low in most of Sure Start Folkestone's wards – mostly ranging from between 3 and 10%. This may have been a product of a number of barriers.

The first barrier to work concerns a lack of educational qualifications¹⁴ This was unevenly distributed amongst the parents interviewed with a lower number of those from Group 1 attaining GCSE qualifications. Fewer people from this group went on to further academic or vocational qualifications, all of which failed to complete the qualification. This is not only a

¹¹ However, those most at risk of these situations may be at amore risky position in terms of support networks.

¹² Smith R, *Unemployment and Health* OUP, 1987

¹³ Warr P, *Work, Unemployment and Mental Health.* OUP, 1987

¹⁴ Pp 41 Rahman, M. et al *'Monitoring Poverty and Social Exclusion.'*, York. JRF. 2001

barrier to employment in terms of skills but may indicate barriers that some parents may have in regard to learning.

Previous training had not engaged parents, or in vocational areas has not given pupils enough control over their experience, many had been treated as an extra resource to do unwanted tasks when training on the job.

Secondly, parents saw learning as very dry and classroom based, something that was far removed from the real world and how it would benefit them in their jobs. This may be especially daunting for those parents that did not enjoy schooling who may be lacking in confidence within the classroom. This was for a number of reasons. Some parents did not feel comfortable being dictated to by a teacher, others were uncomfortable being in large groups whilst some were daunted by attending sessions on their own.

Going back to learn/train takes a considerable amount of motivation, and confidence. Unfortunately, problems with arranging childcare can cause motivation to decrease; indeed consistent attendance may become a problem, resulting in missed coursework. It is this barrier of childcare that many parents touched upon. Similarly, the limited amount of job opportunities may have decreased parents' motivation in becoming trained.

It was clear as with training, that employment was something that a lot of parents were keen to start, often for reasons that weren't financial. Employment was seen as opening up a whole other social sphere. Often providing parents a way to go out and take control of things for themselves. However barriers still existed, preventing parents from working. Childcare was the largest factor, which not only prevented parents from working but often dictated the kinds of work that parents were available for.

Many parents aspirations centred on a 'dream job' that above all was flexible around their childcare arrangements. In many cases it is the mother who shouldered this burden of having to mix childcare with employment¹⁵.

Much of this work is just over minimum wage and does not necessarily require training outside of induction. Hence, necessary training may not be seen as fitting work that is needed or in some parent's eyes even available. 8 of the 10 parents not working suggested that a main barrier to their employment was the fact that there were not many jobs that they were suited to at the moment. Aside from childcare issues; many were disenchanted with the jobs that were being advertised. Regarding the advertisement of local employment there were other concerns.

This area was mentioned more frequently by those linked in with services – largely that it was fragmented and in short supply¹⁶. Hence, parents felt unsupported in making informed choices about whether they would like to re skill, what they'd like to re skill in and what they would like to do after.

¹⁵ Jackson. S (1993) 'Women and the Family' in D. Richardson 'Introducing Women's Studies.' 1993, London. Macmillan

¹⁶ And the choices brought about by this information

Another topic frequently mentioned by parents was that of transport. Transport can restrict people's choice of job opportunities and mean that they remain unemployed longer than otherwise might be the case¹⁷. One parent commented

'If you haven't got transport it's a nightmare... very difficult, particularly if you're going from nought. If you haven't done anything and then you launch yourself halfway across the county that's not going to be easy.'

Thus making the transition into employment an even bigger problem for parents. There are issues around the transition of going to work full time and the demands that will be placed on the individual and the family. This will be in relation to time spent with family and available time to help out with household chores as well as other pressures. One thing limiting the extent to which parents can partake in training and employment, even become aware of services and ask for support is the extent to which they felt helpless or alone.

Helplessness –

Feeling lonely, unable to cope and lacking confidence clearly has an impact on how parents relate to both informal and formal support networks around them. Indeed, if those feeling isolated and unsupported are unconfident at dealing with services then there is a reduced chance that they will get the help and support needed. In understanding whether families feel isolated it is important to see in what ways they are affected by related feelings.

This feeling of loneliness and anxiety has been widely documented by many researchers such as Gavron (1966)¹⁸, Oakley (1974)¹⁹ Ginsberg (1976)²⁰ etc. There are clear implications on self-esteem, daily routine, motivation and relationships with informal networks. These themes were mentioned with similar frequency across the two groups showing that these feelings still can exist if tied in with services. However, it was only parents that were on the fringes of services that mentioned that they often felt there was no way out.

By feeling supported, parents in Group 2 were less likely to feel as if they had no control over their lives. Those parents that were less tied in with services, and less supported by formal (and as we shall see informal) agencies were more likely to feel overwhelmed with childcare and their daily routine. These parents often felt stretched for personal time and as if they had no control over the situation. Opportunities of respite were relatively low which impacted upon family life, sometimes between the quality of relationship between child and mother. Some parents retreated further into the house, completely cutting off ties with the outside world. Whilst decreasing chances of getting support the amount of pressure placed on the family becomes much greater as other members must assume larger roles.

Feelings of isolation and loneliness become acute characteristics of those who have the least amount of support to deal with it. Whilst being more pronounced amongst those least supported by services, feelings of loneliness and isolation were common themes expressed by parents. This was especially the case for those who were young, single or indeed both. Whilst being single made it more difficult for parents to arrange child care in order to socialise with friends; being young made it less likely for parents to have stepped back from the social arena.

¹⁷ 1.10 Making the Connections; Transport and Social Exclusion. London. Social Exclusion Unit. 2003

¹⁸ Gavron. H 'The Captive Wife', Harmondsworth. Penguin. 1996

¹⁹ Oakley A. 'The Sociology of Housework', London. Martin Robertson. 1974

²⁰ Ginsberg, N. 'Women, Work and Conflict', Uxbridge, Brunel University. 1976

Young parents tended to feel excluded from their friends who didn't have children and had a more active and spontaneous social life; something that often has to be adjusted in becoming a parent.

This feeling of isolation and loneliness meant that parents felt they were often physically trapped and devoting all their mental energy to their child but receiving very little mental stimulation in return. This was more often the case for those less tied to formal services and receiving less informal support. This was not beneficial to parent, child and wider family. Furthermore, this physical isolation meant that parents had fewer outputs to voice worries and anxieties. Often overburdening themselves, some parents' anxieties meant they became more isolated and found going outside increasingly difficult. With 'the home' becoming an entirety for some, parents found it increasingly problematic when chores/ housework went unfulfilled. This left some parents feeling unmotivated to catch up. Those that fell behind with housework, found that they weren't doing enough in the day to feel tired at night. Parents reported that this caused trouble sleeping and tiredness in the morning. This in turn negatively impacted upon the motivation, doing housework, and getting to sleep the next day and so the vicious circle was perpetuated.

Support Networks – Feelings of isolation may be closely related to access to alternative support networks (family, friends, partner etc). These networks provide important coping strategies in terms of practical and emotional help for parents. Hence, by understanding these different networks, and the amounts and types of support that parents get from them will help understand the role that Sure Start has to play.

Family

Regarding support from family those who are not in touch with formal services were less likely to not only be in close contact with family members but also less likely to receive support from them.

In many ways this creates a double inequality with regard to need. Those getting support from formal services are also getting more help from family members who they tend to remain in close contact with. Those more isolated from formal services also seem to have a gap in having their needs fulfilled by family members. This creates a range of difficulties for these parents in regard to accessing services.

Through not being in close contact with families some parents felt a little resentful. This lack of contact could on its own decrease parental self esteem and make them feel as if they had less to offer, and less likely to approach services for help.

On top of this there are other implications for those families who are less in touch with services and receive less support from families. Those families receiving support from formal services were more likely to use their families for a range of support. One such type was support regarding respite. If those not using formal services are not using their families for respite then there is little chance that they will get a break away from their children. This may mean that their identity becomes centred on their child and their own needs do not get met through informal contacts. Getting less respite may mean that they have less opportunity to see their friends, which can provide a social release and increase motivation. If parents feel trapped within the same environment with little social stimulation this is likely to impact upon their daily routine. Parents then become tired easily and this may result in a decrease in motivation to do

things within the house, this makes accessing services and organisation of appointments more difficult. Hence, there is less chance of gaining formal support.

Alongside less support in terms of respite, families were less likely to get practical support from families. This practical support could come in the form of lifts into town to get shopping etc. This could also impact upon the extent they could get access to town in general to attend services. This practical support could also have been in the form of DIY. This may mean that living environments could be in more disrepair. If more time was spent in the home for this group, parents may find themselves feeling even lower if things needed fixing, impacting yet again on motivation to get things done both inside and outside the home. Practical support also took the shape of help with budgeting. If families needed support with this but did not get it there are several implications previously discussed with regard to accessing services (due to fees and being able to afford transport). There are also implications on utilities and buying food for the month. In general having little money also impacts upon motivation and this could impact upon motivation even more. Hence those less isolated from services face more barriers regarding finances and motivation.

This is further increased if those less in touch with services receive less support in terms of being informed of services by their relatives. Furthermore, in having less contact with relatives in the area there is also less opportunity to have a 'buddy' to go a long to services with (something which many parents said prevented them from accessing service for the first time).

Finally, those less in touch with services reported receiving less emotional support from family members. Having this lack of support may cause parents to feel increasingly isolated as their problems have decreased outlets to be aired and solved. This may lead to an increase in anxiety, which in turn can influence motivation and also those networks that parents do have around them; thus affecting the support that parents do already have around them. This is in addition to the barriers that may be created in becoming aware, organised and asking for support.

However, whilst these needs were not fulfilled through the family, this does not mean that these needs were not fulfilled at all. Indeed, for many having a comprehensive network of friends may well be able to fill the gap of a family in terms of the types of support they could provide. For example, emotional support may be preferred to be obtained by friends as they may be more impartial than family. It is in this way that a great deal of support informally can fill gaps in formal and family networks.

Friends

Alongside formal networks and family are friends as a source of social support. The support of friends may well come into play when parents do not wish to seek the help of formal services, or for various reasons do not want/ have the help of family. Furthermore, friends may be more readily available and at hand to provide support more often.

Those that are less tied in with services not only received less support from family but also received less support from friends. In comparison with those that that were more involved with formal services, those on the fringes seemed to have a lower amount of what they labelled 'close' friends and also kept in looser contact with them. This decreases the amount of informal support that is available to them. When family support is taken into account those that are isolated from services do not seem to be having their needs recognised informally.

Furthermore, there seems to be a huge gulf between the support received by those using formal services and those receiving very little.

If friends are an informal link towards accessing services, by having fewer sources those that are not in touch with services are less likely to find out or be put in touch with services through friends. Furthermore, in the case of attending services there are less informal links to attend services with. Parents are unlikely to attend services on their own (especially if lacking confidence in the first place) and so those less in touch with services face an extra barrier to becoming included.

Most parents commented that these ties were necessary for parents to have their own identity, as a social release from being a full time parent. It was frequently commented that this provided stimulation for the parents rather than spending all time stimulating the child. For those parents that do not get this, there are implications on feeling that they have little external worth and can offer very little for themselves or others. This decrease in confidence as previously stated acts as a barrier for parents in becoming aware, accepting the support of and accessing services. In some circumstances having informal networks can improve access to employment etc.

However, there is less chance of this opportunity if informal networks are limited. Furthermore, it may leave parents feeling lonely and isolated, shouldering their own problems by themselves, and possibly causing both physical and mental health problems. This increased pressure with no support is likely to leave parents feeling trapped in the mundanity of housework with little stimulation. Thus, it is likely to have a negative impact upon motivation and organisation around services too. One way of safeguarding parents against this in providing a network of community links was in the engagement of a faith organisation. Those that were in religious organisations commented upon the networks it had brought about in addition to the security brought about by having a stake in a collective organisation. This principle may well be applied to belonging to a community organisation²¹. This involvement in community is seen as a key way of fighting social exclusion

*'Improve the poorest neighbourhoods and encourage local people and agencies to work together to overcome the problems of multiple deprivation.'*²²

However, those not accessing formal services reported a number of barriers to using friends as informal support thus decreasing the extent to which they can become included amongst the wider community. Main concerns were around not having enough money to socialise, being too busy, and also that the very nature of being a parent decreased spontaneity and the extent you could meet up with friends. Young and Lone parents seemed to be affected by these barriers more than others. Both were limited in terms of finding childcare, whilst young parents found they were being left out of their group's spontaneous plans. It was commented there could be tensions with younger parents in stepping back from their busy social lives they had before becoming a parent. These feelings of being left out may have further consequences of young parents' motivation and feelings of isolation making it harder to access services.

²¹ Farnell, R. 'Faith in urban regeneration? Engaging faith communities in urban regeneration' London. Policy Press. 2001

²² 4.36 'Saving Lives: Our Healthier Nation - Reducing Health Inequalities : an Action Report'. London. HMSO. 1998'

Those with less support from friends, on top of facing these motivational barriers also reported that tasks within the home became increasingly difficult to get done. This in turn sometimes led to tensions within the family regarding roles and what members were expected to do. Consequently, support from services, family and friends impact upon relationships within the home. In many ways the relationship with a partner is the most vital form of support in terms of finances, emotional support and practical support. Hence, if those not accessing services are not having their needs fulfilled through families and friends this link is vital.

Partner

Alongside support from formal services, family and friends is that derived from partners. Partners are often the last people seen at night and the first people seen in the morning, combined with children and other responsibilities within the family unit the issue of receiving support is crucial. Partners are expected to fulfil a number of needs from physical, emotional, practical, financial etc. If stable support is given parents may be equipped with confidence and motivation and self security to deal with a variety of demands. Alternatively, if left unsupported by a partner, parents may feel anxious, unconfident and even more isolated not knowing where else to turn. Indeed, there are many facets to partner support that cannot be replicated by other agencies such as friend's families or formal services. One parent commented

'It's the sharing. Nobody else can experience that, so a lot of the time what we are feeling, what our anxieties are individually they're often joint.'

Hence, there are benefits in sorting through anxieties with someone else that close. Without this, parents may feel as if they are dealing with all of their problems on their own – especially if unsupported by friends, families and formal services.

Those parents who were not in touch with services received less support from formal services, family and friends also reported that they had less support from their partners. In general parents were least likely to receive emotional support from their partner's than financial and practical support.

Theme	Group 1	Group 2	Total
Financial	3	5	8
Practical	3	5	8
Communication	-2	3	1
Emotional	1	5	6
Total	5	18	23

All of these types of support put extra demands on those parents who are not receiving it, whether it be emotional, budgetary or in terms of time parents get to themselves. Whilst support by a partner is beneficial those mums that were single commented several times on feeling liberated in terms of controlling their own budgets and doing things for themselves. However, relationships can also be a form of great support in terms of a possible extra income, housework, parenting and a range of other daily supports. Support from partners can in many ways increase the extent to which parents can access services i.e. through increasing income and time to partake in services, increasing confidence and providing an extra person to go to services with. Furthermore through the provision of support, relationships can decrease the extent to which services may be needed (i.e. emotional support, having someone to talk to). However, this is not always the case; some mothers did comment that they felt unsupported in

one way or another. Furthermore, this was against a backdrop of receiving limited support from formal services, friends and family. This limited amount of support does have the potential to impact upon whether families can draw on other areas of support – for example the amount of time parents have to access services or even meet up with friends.

Those families receiving less support from other agencies were less likely to receive practical support from their partners. This could take on several forms. Half of those parents from Group 1 reported that they received little practical help in the form of shopping, childcare and housework. As support was rarely divided, these parents (all mothers) found themselves being exhausted with little time for themselves. Hence, this impacted upon the extent to which they could see friends, which in turn may impact upon their own self-esteem and motivation to access services. Some parents also received transport to and from appointments; which is directly linked to accessing services as well as relying on their partner for informational support. Consequently, if this support is not given accessing services will be increasingly difficult. Other parents were more likely to access services due to the informational support given by partners i.e. having someone to fill in forms and attend services with if they wanted.

Other parents received DIY support from their partners, which could improve the extent to which they feel unmotivated and depressed within the home as well as possibly saving money through avoiding costly professional repairs. Indeed, having their partner to help fill in forms and being aware of benefits etc those parents were supported in their budgeting, which in turn may make accessing services easier with regard to fees and transport.

Related to this is the extent to which parents received financial support from their partners. Those less tied in with services also reported less financial support affecting not only access to services but also diet, gas electric etc. On top of this budgetary support, those families more linked in with services are less likely to have the stresses that come with. If parents are supporting with their budgets there may be a greater likelihood that finances are and anxieties are shared. Alternatively some parents may feel as if the anxieties of having little money and possibly debt may fall on one parent. This may create increased anxiety, which may cause tension in one of the only areas that parents receive support in, thus placing more stress on informal networks. As previously indicated single parents may be more likely to experience problems regarding finances as were young parents with less experience of budgeting. However, one single parent reported feeling liberated as she could now control her now budget which was empowering. More support from partners regarding budgeting was also linked to parents in Group 2 not only being able to access more services, but also make more choices with regard to employment and childcare (both of which acted as a barrier for Group 1). Another barrier to parents accessing facilities was that of received emotional support from partners. This form of support seemed to be where there was the biggest difference between those families that were and were not accessing services.

This may have been partly due to communication problems; with some parents from Group 1 not feeling as if they could communicate their worries with their partners. These parents felt they were receiving their partner's anxieties but getting little support in return. This combined with the decreased amount of emotional support that Group 1 parents received from families and friends would highlight that emotionally they had far fewer sources to receive emotional support from. This may have several effects on parents' own sense of self-esteem and motivation to access formal services. Furthermore, having fewer outputs of anxieties may be detrimental to physical and mental health parents may feel helpless with nowhere to turn. This helplessness in turn affects parents abilities to access formal and informal networks and seems to be central in creating problems regarding confidence, motivation and self-esteem. When

tackling motivation, and self esteem we may also be dealing with why some families are accessing services and have supportive informal networks and why others that do not have these in place are not using support services.

Implementation of Barrier to Inclusion Evaluation.

(Main evaluation)

As part of Sure Start Folkestone's strategy to focus upon hard to reach groups a number of strategies and initiatives were implemented in accordance to this evaluation of local barriers in meeting need.

- Our Community Parenting Project Workers have worked hard to provide sensitive and responsive groups and have gained the trust and confidence of our families also evidenced from our User Satisfaction Survey.
- Similarly the Community Parenting Project have, in partnership with Home start, Health Visitors and other Health and Social professionals successfully engaged "Hard to Reach" families gaining their confidence and inclusion in our organisation.

A number of findings have been implemented concerning key areas of the local evaluation.

Awareness

Extensive efforts have been made to improve the local social networks of families owing that word of mouth is an effective vehicle of communication and awareness of services.

Communications publicising our services needed to be more appropriate and more sensitive to our target group. We have addressed this through the employment of a Mainstream Communications Team and have already seen success through more diverse and appropriate ways of communicating with our families and partners.

This has taken into consideration key points regarding engaging, user friendly information, that is eye catching and sensitive to parental needs. It has also been noted not to bombard parents with literature causing information overload, keeping parents interested in our information.

Finally with the opening of the Children's centre there is great emphasis on the provision of a One-Stop shop service where fragmented networks are brought under one roof reducing the chance of parents getting lost between sources. Furthermore, this is in an accessible location for those parents who face most problems regarding transportation issues.

Asking for Support

Some families felt reluctant to ask for help. Much of the problem is linked to the need for services to be provided in a "One Stop Shop" environment where families feel part of the establishment and can confidently access different resources at any one time. This issue will be addressed again by the Children's Centre where sensitive services, consistent and appropriate staff as well as informal family friendly activities go hand in hand. Furthermore, with the location being more accessible, there is a greater chance of parents being able to physically go to the service to ask for support when they need it., rather than having service problems acting as a barrier.

Regarding service problems acting as a barrier, emphasis has been on being increasingly responsive towards parents needs regarding the times of services, the operation of crèches and transport to services. This has meant that when families do approach services it is made as easy as possible for them to attend.

In response to a number of parents feeling unconfident in asking for support there has been the provision of assertiveness courses equipping parents with the confidence to approach services and ask for support.

Emphasis has also been placed on parental ownership of groups. This is with the hope of making parents feel more self supporting rather than passively accepting the support of an organisation that could sometimes be misconstrued as charity. This has partly been through ensuring that services are inviting, friendly and un-stigmatising.

Organisation

Some families had problems organising their life to take up services on offer and need more attention and sensitive assistance. We have responded to this need through the use of our Sure Start Bus, outreach work by our Parent Involvement Worker, Community Link Workers and in particular our partnership with Homestart and the Rapid Response Services. All our project workers have responded sensitively and have built up good trusting relationships with many families who have hitherto been reluctant to tie into projects and services.

As outlined above, to help parents tie into our services more easily a crèches are provided alongside services as well as frequent consultation on the most suitable times for parents to attend.

In addition the Sure Start Folkestone People Carrier has been used to great effect enabling families to access our services. The need for this service will be reviewed in the light of the completion of the new Centre, as most facilities will be accessible to our community. Initiatives regarding assertiveness and increasing motivation will hopefully aid families to become more empowered over services to make appointments that they can stick to but also cancel them rather than not turning up which is problematic and evident in high DNA figures. Finally, with the Children's Centre at a more accessible location this should make appointments easier to get to, needing less organisation to get to and improve the ability of parents to have their needs fulfilled.

Budgeting

Financial and budgetary problems were found to cause many of our families to feel isolated from the wider social arena. These families need much support and guidance and especially with regard to understanding their benefit rights. Whilst we have successfully supported one or two families much work needs to be done to link them with the CAB and Job Centre Plus. This will be facilitated through the new Centre where there will be a high profile presence of both services. Our staff now has a better understanding of our families' needs in this respect and are now confident both of the social and emotional impact of financial stresses on our families, how to support them and where to refer them for the necessary expert support. A number of families have been given support regarding their outstanding debts. Advice and guidance has also been given in contacting various organisations to help deal with their finances. In addition

to this services are still provided at discounted rates fully aware on the financial situation of some of our families and the implications this has.

Training and Employment

Many of our families have no formal qualifications for employment and although there are many formal training opportunities we have had to concentrate on providing informal training, which stimulates their confidence and involvement. This strategy has been successful and many parents are now eager to commence formal training leading to employment in this New Year. This will be provided in the new Centre, concentrating on real employment opportunities in our area. Our membership with the Chamber of Commerce and training providers enhances our work through appropriate training opportunities and links with employers. It was suggested that sessions in confidence building and assertiveness could be provided to give parents a more general grounding in areas that would help them in the classroom. Perhaps it is a question of providing more fun parent friendly training prior to these types of training so that parents feel at ease within a classroom situation. I.e. Baby Massage, Basic Health and Safety etc. This may be especially in aiding those who were less tied in with service who saw their confidence around learning as a barrier to training.

Helplessness / Support

Many women in particular have suffered from low self-esteem and often feel judged and estranged from mainstream services. We have responded to this need through the development of courses tailored to their needs. These courses have focussed on our families' interests such as parenting, health issues, baby massage, early learning and play. Special women's groups have been formed to consider the issues of emotional needs related to self – esteem domestic violence and family attachments. In addition special attachment groups have been delivered for parents and children.

Additionally progressive links have been made with Home Start and a scheme has been piloted and established entitled 'Rapid response' which provides near immediate support for families in a number of crises situations. This is in addition to the number of groups already established providing support for families. Furthermore, extra effort is provided by groups to welcome newcomers feeling vulnerable. In a community sense many initiatives have been established aiming to increase a sense of community within our wards and providing opportunities such as outings for parents to meet others in the area and receive mutual support.

Further Research

The main types of research that have stemmed from this project have been the project evaluation forms. Whilst these forms were already being constructed at the time of the evaluation they were adapted to incorporate topics dealt with throughout the project. i.e. awareness, how families felt approaching the service, transport and whether they felt informed, supported and listened to. This helps to ensure that those barriers that do exist are continually monitored. Furthermore regarding those barriers regarding training and employment, separate evaluations are carried out after training events to get feedback on parent's feelings of the training to see how it can best be adapted to suit their need. Additional questions may be asked regarding at this juncture regarding readiness for work or barriers that still exist.

Regarding barriers concerning helplessness and isolation a series of excursions were organised during long school holidays when families felt most isolated and under stimulated. These have also been evaluated to find out what these trips achieved from the viewpoint of our families and whether any barriers had been broken down.

Trip Evaluation

Background

In August 2003 four separate excursions took place. The summer outings were organised partly to thank parents for their support and partly to extend Sure Start services to those who still had not used services. In the organisation of these outings it was seen as a good opportunity to obtain information from parents as to whether they had used services, before, whether they had enjoyed the particular trip and why, and also what their ideas were for future excursions.

Main Findings

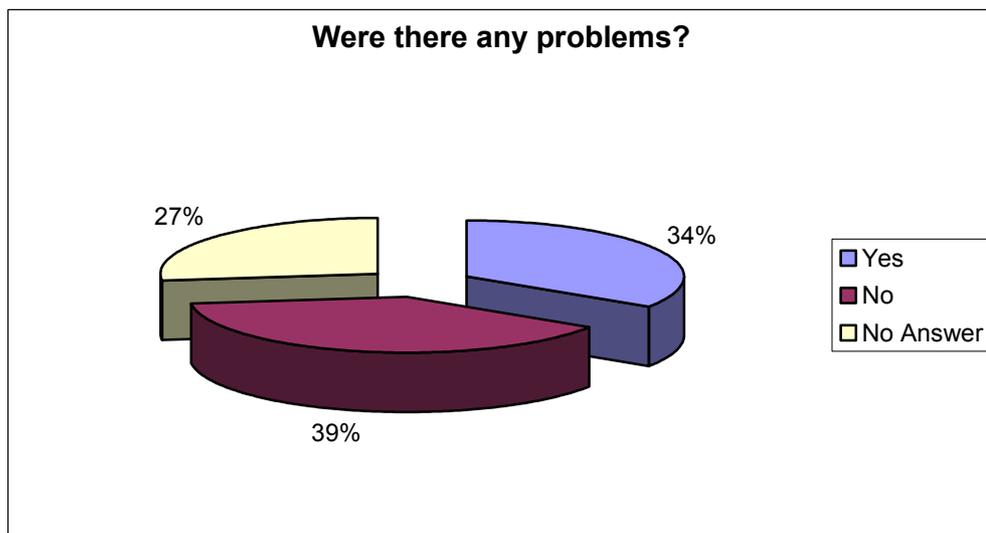
Of this evaluation 14% of attendees had not used Sure Start Folkestone before which was signalled that the trips were a good way of introducing new parents to services. Approximately 90% of those attending had a good day out on their various excursions



Parents highlighted a range of reasons as to why they enjoyed the trips that they went on. Most popular amongst these reasons was that it was nice to get out of Folkestone and have a change of scenery. Alongside this were comments that almost ½ of the families would not have had the chance to go to those places without Sure Start Folkestone, or that they would have found it very difficult. This may be in line with recent research highlighting that 50% of families in some of our wards do not have access to their own transport and so would find days out more problematic, especially concerning the cost to reach some destinations. Parents also commented that their children enjoyed the trip and that they saw familiar faces. Comparatively fewer parents indicated that they made friends on the trip or spoke and chatted to other parents whether unfamiliar or known to them. Rather than indicate that trips were unsuccessful in getting parents to mix with each other it may well be the case that parents saw it as an opportunity to go off on their own with their children to a place that was new to them and enjoy a day out of Folkestone and familiar surroundings

Explanation	% of parents commenting
It was nice to get out of Folkestone	81%
Children enjoyed the trip	58%
Saw familiar faces	47%
Wouldn't have had the opportunity to go	43%
Chatted to parents I didn't know	38%
Spoke to Other Parents	27%
Children met others	17%
Learned new things	17%

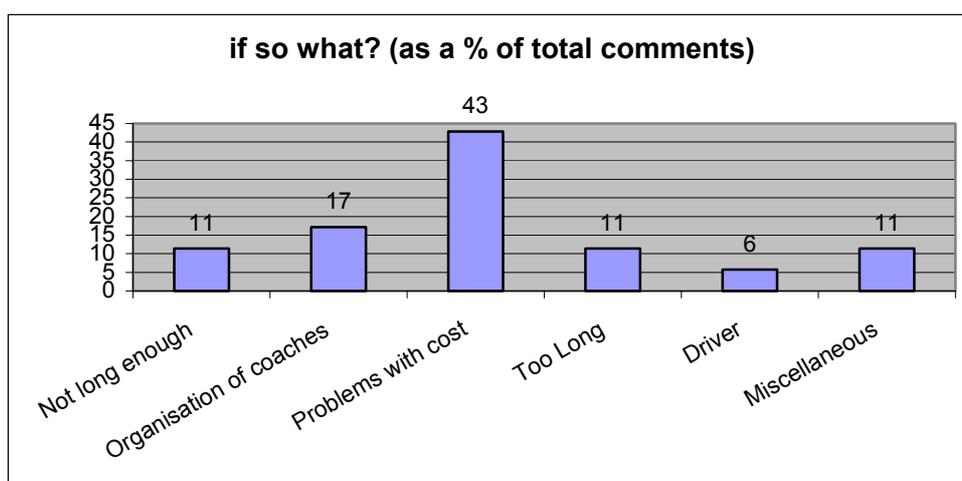
Just over 1 in 3 parents reported that they had experience problems which on one of the Sure Start outings. This is a figure that was only a little lower than the number of parents that reported not experiencing any problems at all. Whilst this number is relatively high it must be taken into consideration that most parents did still enjoy themselves and saw problems as something that didn't greatly reduce the amount of fun they had on the trip. With this in mind however it is important to take on board the comments that were made by parents to ensure that they are not encountered on future outings.



From those comments that were made regarding problems some related to the organisation of the coaches. Some parents reported that they were dropped off at the destination before the venue had opened. Others reported that facilities were not operation – for example the toilets which led to problems. On top of this it was commented that the drivers were somewhat unhelpful towards families requiring assistance with buggies. Some families commented that the trips either went on for too long, or not long enough. On the one hand some felt that they did not have long enough to look around attractions with coaches needing to come back too early. On the other hand some families noted that they were away too long and would have liked to have come back sooner. In such circumstances it was often the case that parents became stressed with children playing up when they had been away, and longer times added to increased stress for some parents.

However, the biggest problem reported by parents was in regard to the organisation of prices – especially in regard to the Hasting trip. Problems in the organisation of concessions and bookings left some parents on tight budgets having

Problems were also raised in regard to the size and suitability of the trips to parents with buggies. To overcome this situation it may be necessary to do a risk assessment of future trips not only in terms of exploring the suitability of settings for our families but also in confirming and if necessary reconfirming concessions and booking to ensure that organisation runs smoothly. As already suggested these problems did not cause dissatisfaction amongst most of our parents with the trips it is also the case that problems in organisation had an impact upon how much money parents had to budget with.



Implementation

From this we have learned a great deal with which we hope to implement in our forthcoming trips this summer. We are keen to keep what did work but also improve on things that could have run a little smoother. Parents mainly saw it as a nice way to get out of Folkestone as they may not have been able to do so otherwise. Hence, the trips will be excursions outside of Folkestone. In the cohesion of evaluation and practice the destinations will be those most popular with families taking into consideration budgets etc.

Whilst the majority of parents did enjoy the trip there was a small contingency of families that thought improvements could be made – Largely with the organisation of coaches and information on the costing of the trip. Regarding the organisation of coaches there was some confusion as to which coaches some families should travel on and where they were due to be picked up. This problem could be solved with a simple confirmation service whereby families would be contacted (by phone or letter) days before the outing to ensure the number of places, the time and place of pick up. Regarding the costing of trips, concessions should be confirmed on booking with the venue with a reference number as well as a little while before the day of trip.

Further Research.

Concerning further evaluation more is to be carried out during the forthcoming trips, possibly asking extra questions regarding service improvements, increased awareness and usage of Sure Start Folkestone services. A second service evaluation carried concerns that of a one stop shop / drop in centre that Sure Start part funds named the B48's.

Evaluation of B48's

The B48's is a project aiming to improve the quality of life for under 8 year old children and their parents in Shepway. It is a project that Sure Start Folkestone works in close collaboration with in delivering outcomes towards its own target population. It aims to work deliver outcomes alongside Sure Start Folkestone through providing a one-stop shop in terms of information on a range of local subjects and services. It's also host for many local support groups and venue to a number of drop in groups for children and parents such as migrant support, breastfeeding, Autism, Citizens Advice Bureau. Furthermore it is also a UK online centre and thus has a number of computer facilities for parents and children from CV building, Games, Specials Needs Packages, Job searches etc.

From SSF monitoring figures it was clear that the B48's was a very good means referring families to take up Sure Start Folkestone services, furthermore it was a project that had many facilities that our parents used. However, SSF wanted to explore the popularity of the B48's. This alongside discussions concerning the replicability of the B48's project at the Monitoring and Evaluation Sub-Group led to the decision to conduct a small-scale survey. The focus of the survey would be to determine why parents used the B48's facilities, what facilities were the most popular, and whether the B48's was the primary reason for parents making a trip into town. In addition, and with the aim of improving the service, questions regarding satisfaction were also included. The survey was conducted during a one-week period. The findings of the survey would then be used to reformulate the objectives of the project.

Main Findings

Over 50% of respondents had "discovered" the B48's through either passing by; reinforcing the view that the B48's is strategically located and thus accessible, or through friends. Around one third of respondents had heard of the B48's from their visiting health professional; supporting evidence of the partnership approach undertaken by the B48's and other organisations. However, interestingly it was word of mouth and a central location in the town centre that informed parents of the service and helped access aided popularity rather than adverts etc. This later had an impact on the communication process between SSF and parents.

The typical user of the B48's resource tends to describe herself as British, and a mother of one child. She typically visits the B48's between once and twice a week, making a point of travelling into the town centre with the sole purpose of visiting the B48's. Those individuals not significantly represented as users of the service include males; although perhaps they are at work, and members of other nationalities.

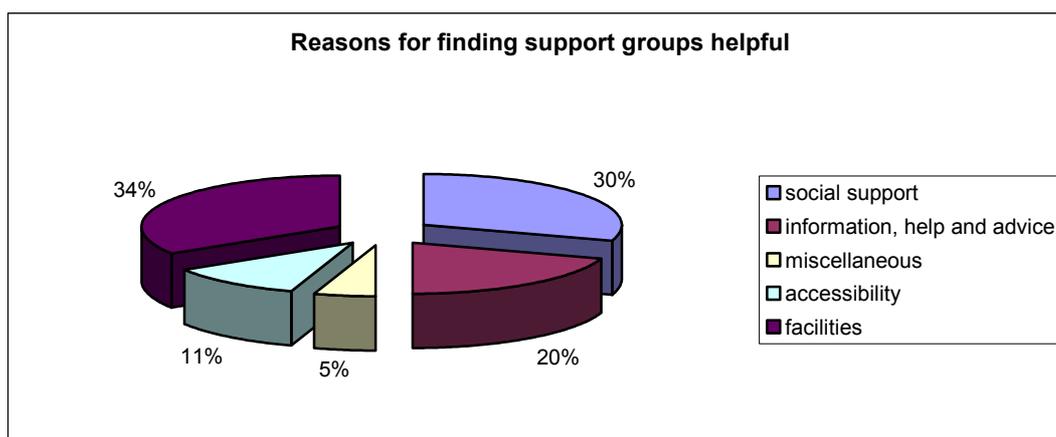
35 respondents indicated they used the B48's for the play facilities offered, whilst 28 respondents indicated using the B48's as a general drop in. Figures in black show the cross-reference of two services. 20 people indicated they used the B48's as a play facility and as a general drop-in facility, whilst a further 20 people indicated they used the service because of the play facilities and to gain information

As the pie chart shows, the vast majority of users rate the B48's as excellent or good. Mathematically, 94% of users responding to this question rated the service as either excellent or good, with 66% rating it as excellent, and 28% rating the service as good.

When asked why parents found the B48's useful there were four main themes of response

- Accessibility,
- Usage of facilities,
- Information, Help and Advice,
- Social Support.

The use of facilities and the social support available were often cited as reasons for finding the B48's useful, and to a lesser degree information, help, advice and accessibility.



The B48's is used for a number of reasons. Facilities were cited most frequently, especially concerning children's play facilities. However, themes did not occur in isolation. Alongside use of facilities other themes regarding Social Support, Accessibility and for Information Help and Advice were also cited. Social Support was the second most popular theme, frequently mentioned not just in respect for being a support for parents, but also providing the chance for children to make new friends and use computer software. Social support is also given through information, help and advice – not just in the form of literature but from staff and possibly other parents too concerning a number of matters including child development. The B48's location friendly atmosphere was also a pull factor. Just under half of the users currently do not use the ICT facilities.

Response	%
Never used them	42
Occasionally	38
Alot	19
No reply	1

Those that do, use them mainly for games, general information and emailing. 16 people indicated they used the ICT to access children's software, whilst 14 people indicated they used the ICT to find information. 12 indicated they used the facilities to find information and to use the e-mail chat.

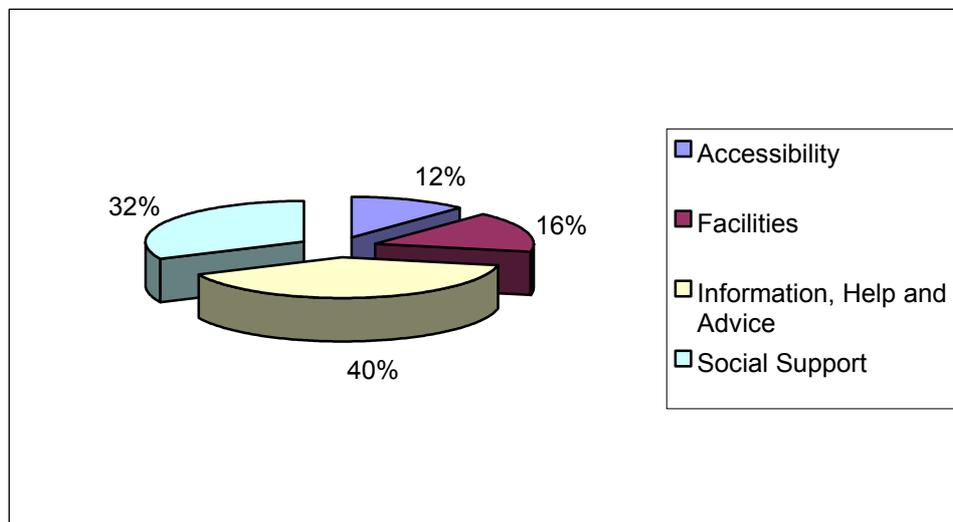
As well as being a form of support through providing information on relevant services the B48's also provides support through its activity groups. In essence, this is by providing practical support, for example in teaching English and in the helpfulness of staff. Finally, support groups

and the B48's have provided a stepping-stone for introducing parents and facilitating friendships, which is exemplified in the following comments.

Concerning the usefulness of Support Groups there were four main themes. Accessibility, Social Support, Facilities and Information, Help and Advice.

The most popular response to this question centred on the information, help and advice received. Respondents emphasised that the B48's offers useful information and advice. This includes both the information held and given by B48's staff and the information included within the support groups such as breastfeeding, sessions with the Citizens Advice Bureau.

This was closely followed by the social support received at the support groups. Support from support groups was two fold firstly there by providing practical support, for example in teaching English and in the helpfulness of staff. Finally support groups and the B48's have provided a stepping-stone for introducing parents and facilitating friendships



In addition to being accessible due to its central location, recurrent themes included the atmosphere of the groups, with respondents suggesting that they were relaxing. Staff were regarded as being very welcoming and friendly in an environment where parents could "take time out".

Respondents highlighted facilities such as computer software and other play materials as being useful in the support groups. This includes both the information held and given by B48's staff and the information included within the support groups.

Implementation

There were several proposed actions that came from this survey, all tying in with a refocusing of the B48's contribution towards Sure Start Folkestone's goals:

Social inclusion & strengthening families.

The B48's will help deliver this Sure Start objective by continuing to engage families and by encouraging take-up of B48's services, responsive to the expressed needs of parents.

Outcome Objective 1

To increase use of the B48's by the "marginalised" groups. Increase number of male and non-British users. Largely through the migrant support worker already working within the centre, and by concentrating more efforts upon dada and male carers.

Improving the overall health.

Providing more information and presenting the choices available to families on health related topics and co-ordinating support groups where there has been an expressed need by the users of the B48's.

Increasing abilities to learn.

The B48's will feed into this Sure Start objective by maintaining high attendance and satisfaction with all current education programs.

Outcome Objective 2

Increase the use of capacity building ICT programs amongst current users. I.e. CV Building, Job Searches, Educational Software, Service Searches.

Outcome Objective 3

Increase the overall use of ICT systems by 25%

Outcome Objective 4

Raise Profile of 'Learning Support Groups' i.e. Homework club.

Promoting Social and Emotional Development.

The B48's will add to this Sure Start goal by maintaining positive links with parents through drop in sessions and support groups, and children through play facilities.

Outcome Objective 5

Improve and sustain 'Parental Satisfaction' above 75% 'excellent' for next annual review
2 suggested actions were proposed in addition these objectives. These are not essential to the project evaluation; however it is recommended they be completed.

Suggested Action 1

Implementation of a 'B48s Newsletter' supervised by Kevin but written by and for parents. This will enable parents to work together and support other parents in informing on relevant issues/ topics. Thus resulting in information, social support and increased computer skills.

Suggested Action2

Continue seeking out the feedback and opinions of parents. This could be through the implementation of a 'Suggestions Box' or research probing into what parents want.

In addition to these suggested actions it was decided by SSF senior management that an extra person should be employed to help out with the undertaking of this work and to support that work already occurring at the B48's

Further Research.

From this survey it was noted that whilst formal sources such as Health Visitors etc were useful in informing parents of services, most parents became aware of the centre through passing by. From this on all further evaluation Sure Start Folkestone has actively sought out how parents become aware of our services. Stemming from this has been the deployment of a communication strategy to ensure that our parents on our database are effectively informed. Indeed part of the main research piece mentioned above regards awareness of services which was a direct response to what was learned through this evaluation.

Also central to project evaluations has been asking whether parents feel not only informed but supported through our services. This was also a direct response to this research piece as it was evident that parent use services most when they feel supported.

This research piece was also key in understanding; along with professional experience and knowledge that accessibility and transport is a key factor in fulfilling community need. The presence of transport difficulties for our users is also a key part of our evaluations, in addition to the provision of a transport service for families. Another example of a service evaluation that was carried out last year was the evaluation of our 'Huff and Puff' play sessions.

Huff and Puff Evaluation

To assess the viability of rolling out the 'Huff & Puff' play sessions over a longer length of time it was necessary to conduct a small scale survey. This survey was largely to gauge how parents had found accessing the service, whether and if so how often they had used the centre before our intervention and finally to find out suitable times and days for the parents. On top of this families were also asked to state whether they had met any new friends from the service and also whether they were in touch with any other Sure Start services.

As a profile it was most common that this child or one of these children were between the ages of two and four. Just under a third of the respondents had never been to the centre before our intervention, thus depicting an incentive to go under Sure Start Folkestone. Just over two thirds had already attended the centre. However, the frequency of their attendance is questionable.

Of those who had already attended the centre, just under 10% attended with regularity of once a week or over. Indeed, with a quarter only ever have attended once and 10% respondents having attended twice. Thus, just under half of our respondents had either only attended Huff & Puff once if at all.

It was discovered that some of our families had problems getting to and from the play sessions. Out of all those responding 14% suggested they had a problem in getting either to or from the centre. Out of these the majority regarded parking and/ or cold weather. Transportation was at first perceived to be a problem in our families' attendance. However out of the 29% that walked only 17% perceived it to be a problem. Indeed, a bias could be present in that those families that walked may have lived closer and perhaps did only attend because they didn't mind walking. Hence real problems of transportation would not be picked out, as those that would have found it difficult would not have attended.

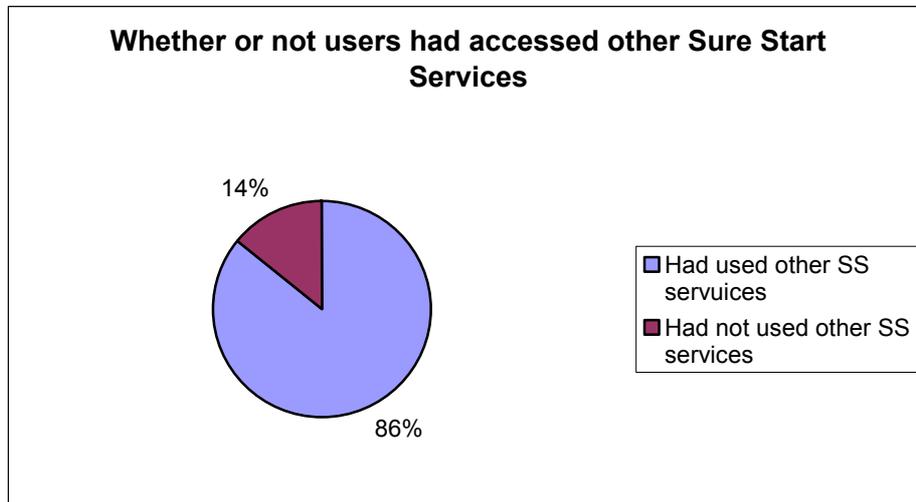
In terms of transportation 10% of families utilised the Sure Start Folkestone minibus, with another 29% of families walking – constituting 39% of the sample. Hence, the other 61% of the families had access to a car. It was questionable as to whether this was a true representation of Sure Start families where in most areas 33% of families do not have access to a private car or van at any time at all.

The time and the day of the session were also questioned – morning seemed to be the most popular time as was Monday along with Thursday. However this was amongst those attending on a Monday. This may suggest that if other samples were asked Monday may not have been the most suitable day for the project to run on.

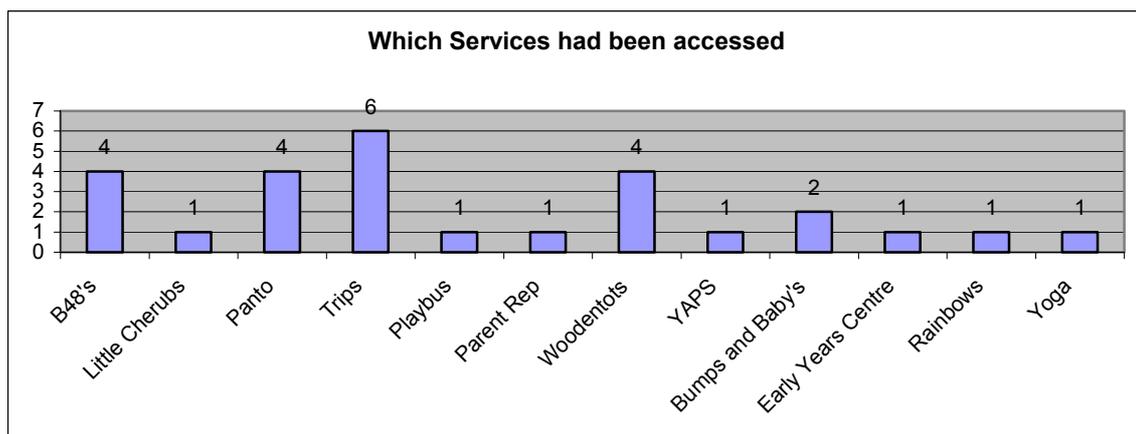
29% of respondents indicated that they had made new friends at the Huff & Puff play sessions which advantageous in terms of social support. The remaining 71% indicated that they had not which may be a consequence of respondents having infrequently (if at all) using the session. This figure could be improved upon with the rolling out of the play sessions whereby parents become more familiar with each other.

Most respondents felt able to make a contribution if Sure Start wanted to part subsidise their use of the centre. 24% expressed that they would be willing to pay the full price to attend Huff

& Puff. In terms of making a partial contribution 15% suggested that a total of £2.00 - £2.50 would be the upper limit they could afford to pay. However, in general most parents (64%) would be willing to cover half of their costs to use the service. Despite this large number, setting the discount at this higher rate would be counter productive by excluding the 15% who could not afford the rate. Indeed, any rate could potentially do this; hence an optional contribution may be more viable.



86 % of those questioned were already or had already been linked to other SS projects. Largely through trips, but also through other play opportunities and centres we are in partnership with. However, the remaining 14% remain a target to draw into Sure Start. Furthermore, those that had attended trips in the past aren't necessarily linked into Sure Start on a frequent basis. Hence, this play session provides the perfect opportunity to engage parents on the development of new SS initiatives as well as tying them in with those already existing.



Implementation.

This evaluation was carried out to establish who was using the play sessions and whether they had used it as a means to socialise with other parents in the area. It was also used to encourage interactive play between parents and children.

From this evaluation it was observed that some parents were already using the centre before Sure Start Folkestone offered discounts on it to encourage its use. However, those that had used the service were not frequent users hence it did not facilitate their usage. However, parents were not using the session for interactive play with their children as had hoped. Furthermore, parents were not using the opportunity to socialise and meet other parents. The session was used instead for parents to have time out. Whilst this may have been a useful outcome it was not necessarily the focus of the project that was funded by money earmarked for interactive play. In the light of existing projects already seeking to give parents some time out the funding was utilised to establish other projects encouraging interactive play.

It was also noted that transport to the centre was not necessarily a perceived problem. This was partly as many had access to a car – possibly more than the Sure Start Folkestone average, with few people taking up the offer of the free minibus provided. It was questionable as to whether it was focusing on harder to reach groups in the area that had problems attending services due to transport issues. Especially as most of the families that were using the play session were already tied in with Sure Start Folkestone services already.

The aim of evaluation at Start Folkestone is to gain valid accurate experiences from parents with a view to keeping what has worked, focusing on community needs and implementing what has been suggested. As outlined earlier evaluation is only one strand in the identifying community need. Alongside the scrutiny of monitoring figures, consultation from partner organisations, parental representation and the Monitoring and Evaluation Sub-Group the culmination of evaluation and implementation was evaluated in our User Satisfaction Survey.

User Satisfaction Survey

The user satisfaction survey was taken as an opportunity to find out from a cross section of our parents²³ whether they had utilised Sure Start Folkestone Services, what their views were, whether services had impacted upon their child's on their own lives, and to view where improvements could be made. It was also an opportunity to gauge what parents thought of local services.

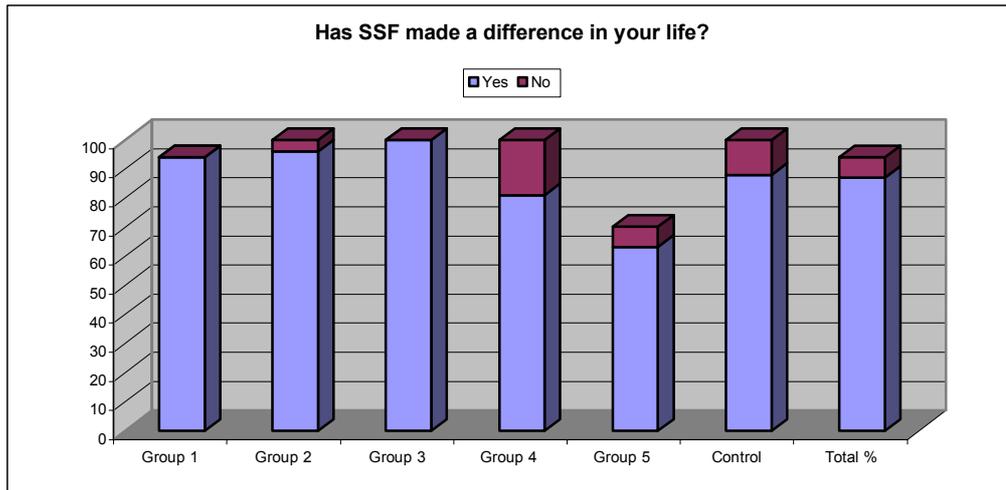
82% of the total sample reported that SSF had made a difference in their life. This figure however was higher for some groups than it was for others. Whilst 90% of those using SSF more than once a month (Groups 1, 2 and 3) reported a difference this figure was lower for those who had come to the end of their use of SSF (Control Group) and those rarely using SSF (Group 4).

Group Number	Service Usage	Number of Respondents
Group 1	Once a week	31
Group 2	Once a fortnight	26
Group 3	Once a Month	19
Group 4	Rarely Use	11
Group 5	Have Never Used	12
Group 6	Those who'd finished using services ²⁴	17

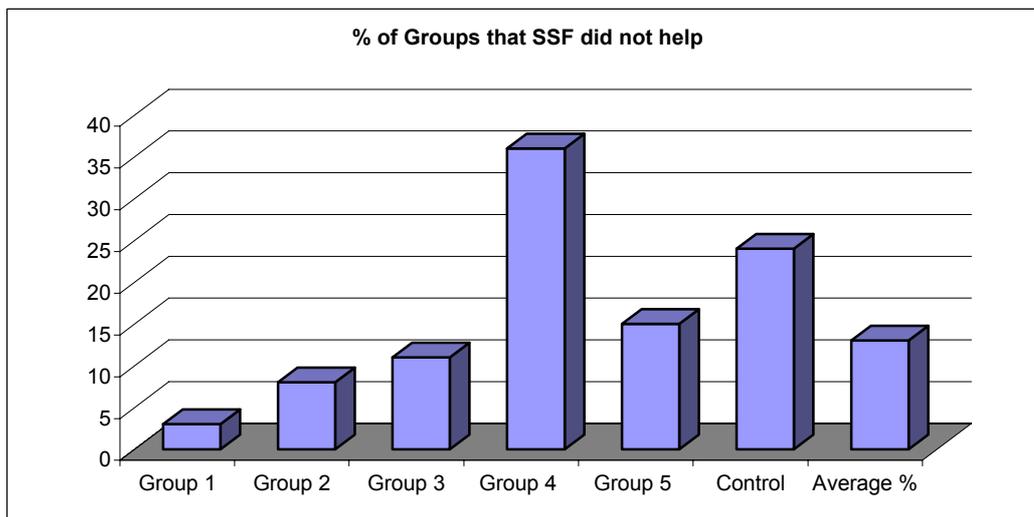
Those reporting the least impact were those who hadn't used SSF services before (just over 60% reporting a change). This may be because they had not used any sure start services properly to have an impact. This may also be part of the reason as to why those rarely using SSF services (Group 4) did not report much of a difference. Alternatively it may have been that services did not seem to make a difference causing them not to use services.

²³ Just under 25% of the 570 that are on the database

²⁴ Due to their child going on to school.



Indeed, as a percentage 34% of Group 4 (those 'rarely' using services) reported that SSF had not made an impact upon their lives, this is combined with just over 20% of those within the control group²⁵ in comparison with an average of just over 10%.

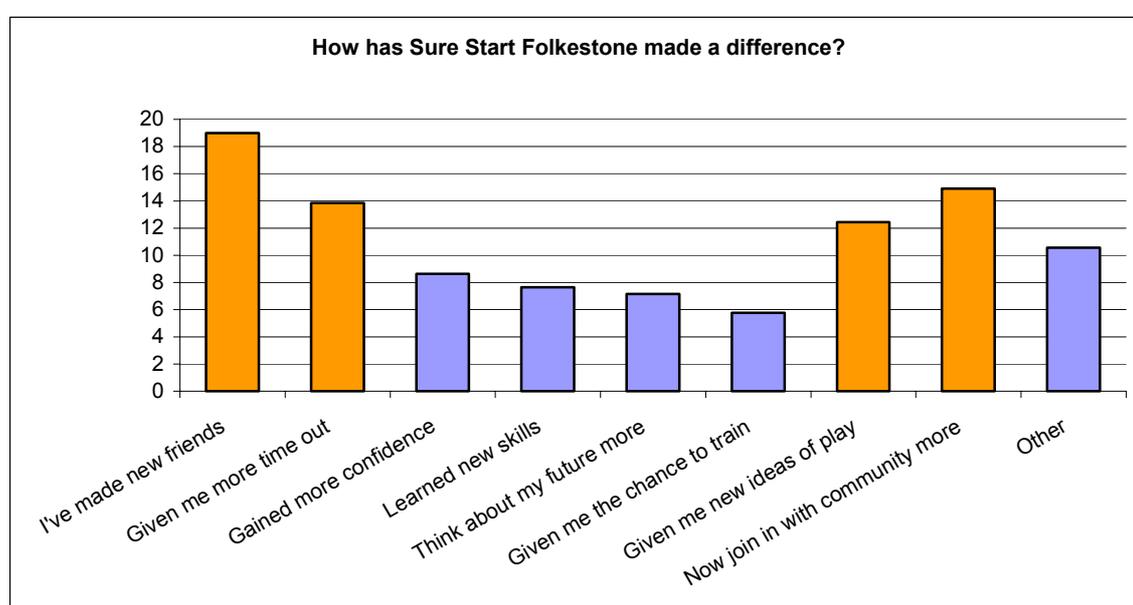


Concerning those reporting that SSF had not made a difference most comments centred on parents being OK in the first place. Aside from this, some parents felt confused with what services were provided (an issue regarding information), whilst others would have benefited from more convenient timings of groups or knowing someone familiar at the group/ having someone familiar to go along with.

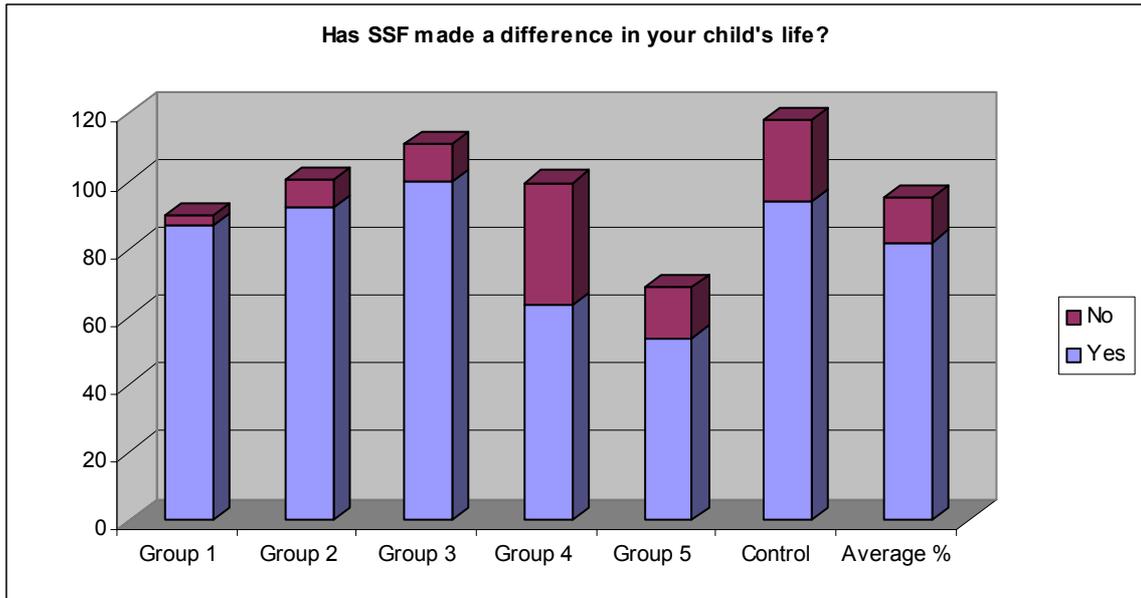
Reason for no impact	Number of comments made
I was OK before	8
I felt uneasy on my own	3
Staff were unhelpful	1
I was confused with what was on offer	5
I did not get what I needed from the group	1

²⁵ However, due to the size of the groups the actual number was 4 parents for each group

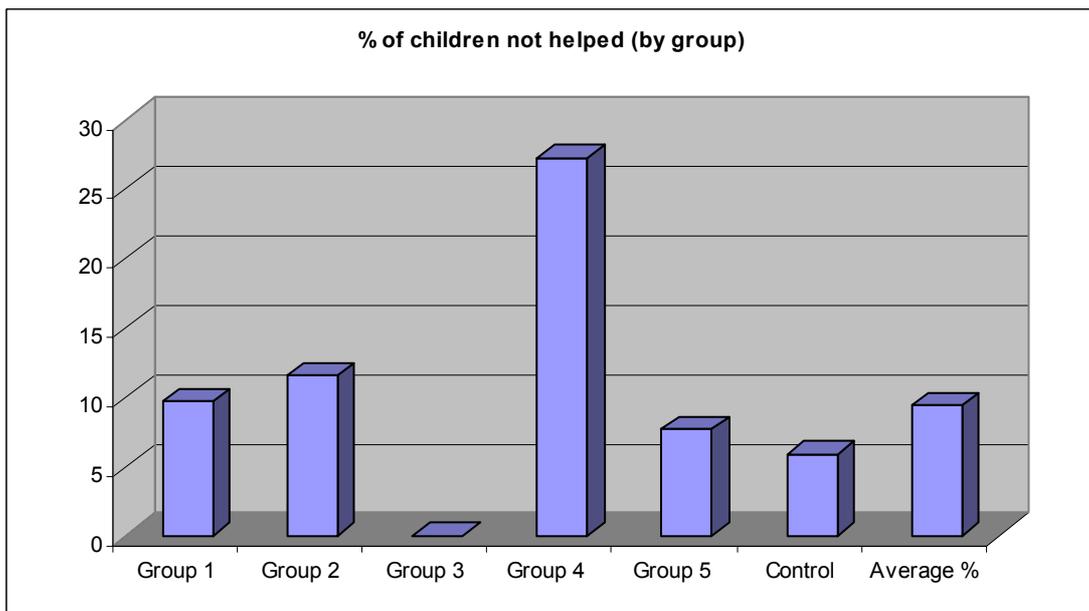
However, these concern just over 1 in 10 of the sample. On the other hand there were 82% of parents that reported a change in their lives owing to SSF. The reasons for this change were varied. Between 6 and 8% commented that they'd been given the chance to train, this was alongside learning new skills and thinking about their future more. Furthermore, 9% of parents reported that SSF had helped them grow in confidence. 1 in 8 parents said that SSF had given them new ideas of how to interact and play with their children, with 1 in 7 commenting that they now felt as if they had more time out now and felt less stressed as a result. The most popular comments were in regard to interacting with the community more. 14% of parents made comments regarding increased participation, possibly owing to a boost in confidence or through knowing more people. Almost 1 in 5 (19%) of parents reported that they had made new friends through Sure Start Folkestone. 11% gave other ways that SSF had made a difference in their life – for example providing and helping them access services that they otherwise may not have been able to.



In addition to having an impact upon the lives of 89% of parents, just under 80% of parents reported an impact upon the lives of their children. As with the impact upon parents, those more frequently using services (Groups 1, 2 and 3) were more likely to report a difference in the lives of their children. However, 60% of those 'rarely' using SSF services reported a difference, alongside around 50% who had just used a SSF service for the first time. This may indicate that there was less opportunity for them to benefit, but also indicate that increased engagement would bring about increased benefits.



Just under 10% of parents reported that their child/ children had not benefited from SSF services. Whilst this was more equally spread across the groups, almost 25% of Group 4 reported that no difference had been witnessed.



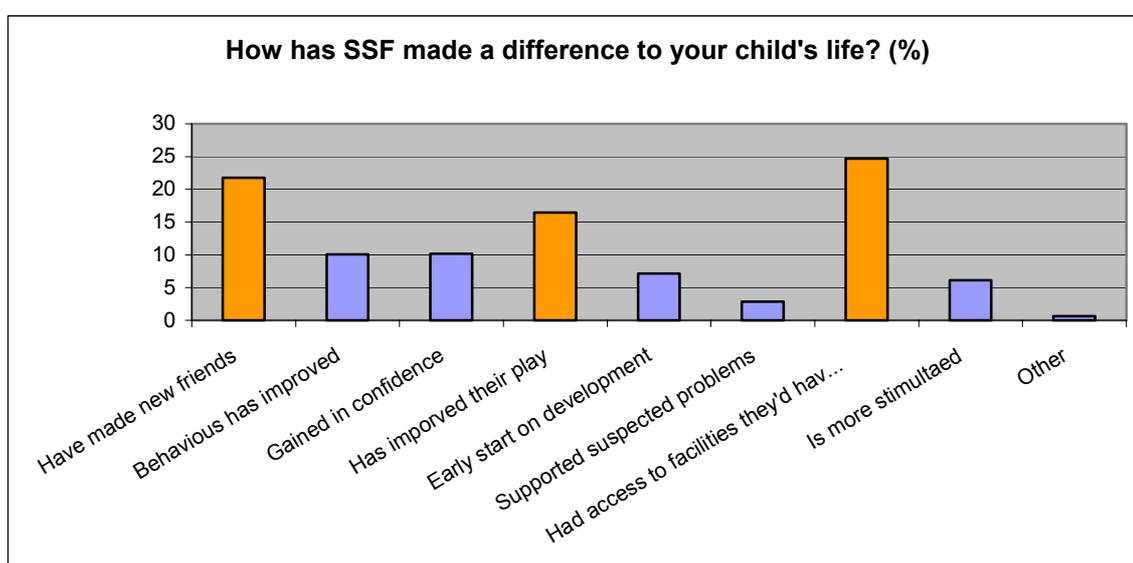
As previously suggested this figure may be lessened with more frequent use of services if they can be included more within services.

This is the picture painted by the figure below. Out of all of those not benefiting from services the most frequent comments suggested that they were OK before or that they had not used SSF services enough to notice any benefit.

Reason for no impact	Number of comments
I was OK before	6
They did not enjoy the activities	1

I haven't used SSF services enough	5
The activities were unsuitable	1
Other	0

However, this figure concerns the comments made by the 10% reporting that they had not benefited. From the 78% reporting that they had there were a number of reasons. Around 3% of families commented that Sure Start had helped identify and support any problems that they had had with their child's development. Just over 5% of parents reported that their child/children are more stimulated due to Sure Start and that they have made a head start on their development. 1 in 10 commented that since using SSF they had witnessed a positive improvement in their child's behaviour and that their children had grown in confidence.



1 in 6 parents reported that their child's play had improved since using SSF services. Parents commented SSF had impacted upon their child's life through helping them meet and make new friends (21%). This clearly has implications on their social and emotional development. 1 in 4 parents reporting a difference commented that this was through providing services/facilities that they would not have had access to otherwise.²⁶

General Perceptions of SSF

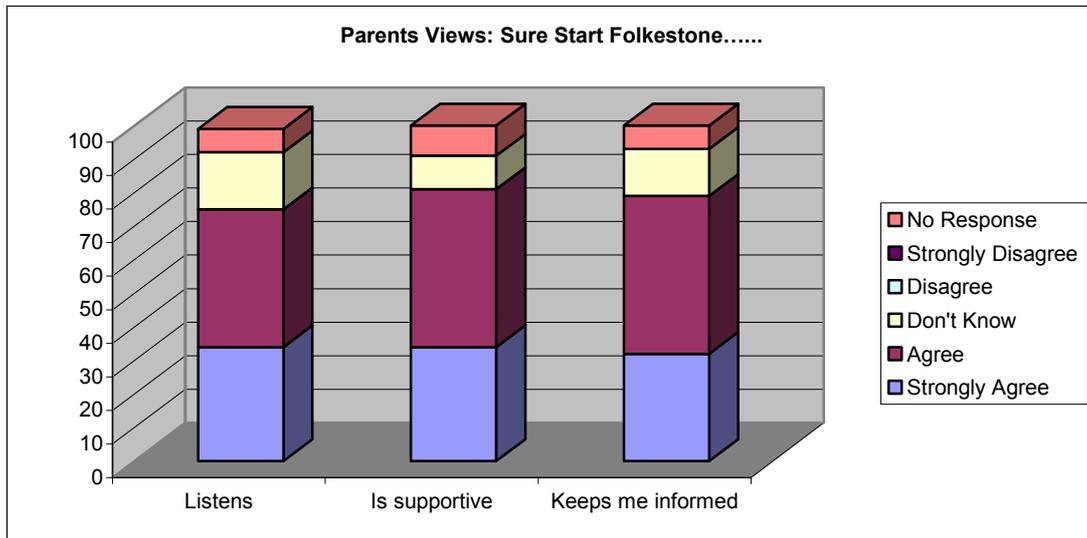
1% of parents expressed that they were 'unsatisfied' with SSF – this was alongside another 1% who did not respond to the question and a further 10% who were unsure – possibly as they had not utilised enough services to form an opinion. The remainder of parents either reported that they were 'satisfied' (43%) or 'very satisfied' (45%) – a joint total of 88%

Comment	% of Respondents
Very Satisfied	45
Satisfied	43
Don't Know	10

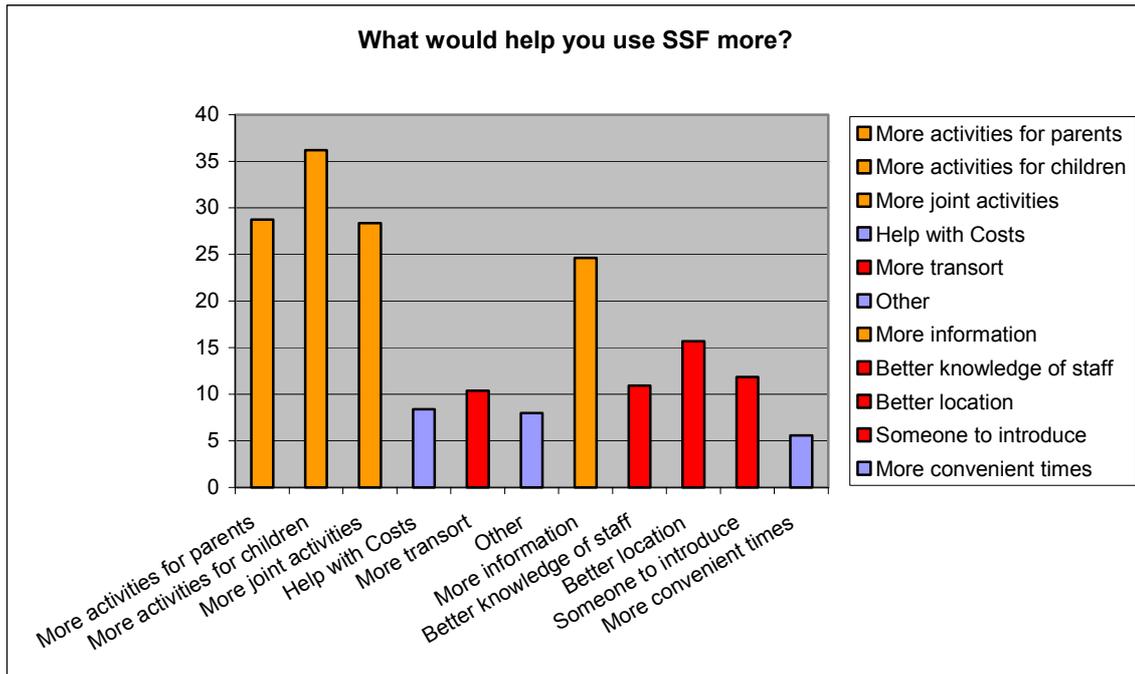
²⁶ A mixture of transport or financial reasons.

Unsatisfied	1
Very Unsatisfied	0
No Response	1

A generally high level of parents (above 70% across the board) reported SSF as being supportive, open to their ideas and keeping parents informed.



These three concepts are crucial in ensuring that parents are at the forefront in shaping their own services. 75% of parents commented that SSF was supportive, alongside 72% suggesting that Sure Start Folkestone kept them informed and 70% reporting that they either agree or strongly agreed with the statement that SSF listened. Aside from this, parents still saw areas where SSF could build upon to help them use services more.



Less frequent were comments that SSF could help with the costs of services more (6%) and through the changing of service times (6%). Regarding service times it may be a constant that some parents will be excluded due to the times of other services that they might use. Between 10% and 15% of parents commented that a better knowledge of staff would encourage them to use services more. This may well be an issue that is related to confidence, indeed confidence to attend groups on their own. In this way 11% of parents said it would be useful if there were someone to introduce them to services so that they did not have to attend on their own. Another factor was that of transport with 10% suggesting that they found some services difficult to access as they did not have access to their own car. Similarly this may be a problem concerning the location of our services. 15% of parents said that by locating services a little closer to them they'd be encouraged to use services more.

The next most frequent topic was that concerning information. 25% of parents reported that information was a barrier to them accessing services. By not receiving information some parents are left out of the information loop and not aware that services exist, alternatively they may be unaware of specifics such as times, prices etc despite information that is disseminated.

The findings from this survey have complemented this integrated approach to the identification and fulfilment of community needs. With 89% of parents reporting that SSF had made a difference in their life and in 90% of their children's' lives²⁷, great encouragement has been given to the whole team. In addition to this, the difference was across a broad range of ways regarding training, building confidence and interacting more with their children. Also popular were comments on making parents less stressed and giving parents the opportunity to have time out. However, the most popular comments centred on increasing opportunities to socialise. Parents felt more able to join in with the community more and had made new friends through using services.

²⁷ With 10% saying they hadn't and 8% not responding

In spite of the 88% of parents commenting they were either satisfied or very satisfied with services, the evaluation still flagged up areas that can be improved upon to increase user satisfaction. Concerning the benefit derived through SSF, it was the parents that least frequently used services that were least to report a difference²⁸. Whilst it seems logical that those using services more would gain the most benefit, it may be the case that those most in need, face more barriers and do not get the chance to benefit from services. If this is the case more work has to be done to engage those infrequent users and encourage their take up of other SSF services. Out of those not noticing a difference most parents commented that they were OK before using services and didn't need help. However, others suggested that they were confused with what was on offer. This clearly involves greater promotion of services and clarification and pooling of information in an effective way to inform parents. Parents also commented that they felt uneasy using services on their own, possibly suggesting that services should contemplate new ways to be sensitive towards parents lacking in confidence. Finally parents also commented on service times standing in the way of them benefiting – this could call for greater co-ordination with partner services so that parents can mix and match as best as possible.

These are all areas that are hoped to be examined in greater detail in the forthcoming year. In addition to this there are other areas that are set to be examined.

Outline for Evaluation 2004

In the forthcoming year there are several plans for the local evaluation.

Whilst all projects come before the Monitoring and Evaluation sub-group whereby their progress is scrutinised concerning attendance figures and outcome achievement; some projects will be subject to further evaluation. Firstly there is the evaluation of those projects that are up for

Work in Progress

- Pram to Primary
- Archer Road
- Learning through Play
- Bumps and Babes
- Paediatric First Aid

²⁸ 60% reporting a difference in comparison with over 90% of frequent users

This will be alongside the research carried out concerning the SSLM in partnership with the Speech and Language Therapist and Community Link Workers. This is set to be carried out three times within the year and will be incorporated as part of the next local evaluation.

This is partly due to our services being moved to the pending Children's Centre which seeks to be more accessible to East and Foord ward parents who in many ways are more isolated from centralised services.

To this end a key part of evaluation will be in questioning parents on the accessibility and use of services within the new centre. This may well be as part of the forthcoming user satisfaction survey within the summer. This may possibly be incorporated alongside the trips that are organised each summer. Additionally these excursions are also set to be evaluated also.

Leading on from this SSF Start Point Data is also being carried out which will lead to vital comparisons between indicators regarding area profiles, community needs and SSF's progress throughout the year.

A central part of this evaluation has been to assess community need, find out how firstly services are progressing and how they can tailor their services to decrease barriers for the hard to reach. With the user satisfaction survey it was demonstrated that services seem well targeted towards the community who get a wide range of different uses from Sure Start Folkestone such as support, information, and introduction to other parents within the area to name a few. However, now that it has been signalled that SSF are moving towards their goals and achieving outcomes it seems necessary to investigate these outcomes a little further. Moreover, is this with value for money in mind. What is the cost per contact of services? Is this more expensive than similar services? If so, why is this? Is there extra value added to specific services warranting higher costs. Hence, part of this evaluation is heavily concerned with Cost effectiveness. Due to finite resources a blanket evaluation cannot be done across the whole of SSF, however – a section has been earmarked for investigation. This is in accordance with guidance on Cost-Effectiveness from NESS and thus covers

- **Childcare**
Full Day-Care
Crèche Sessions

- **Playgroups**

- **Visits**
Antenatal
Two Months
18-24 Months

- **Locally Inspired Services** – Transport etc

Whilst calculating the cost of services emphasis will be based on giving qualitative information on the views of service users to gain user perspectives to derive the value added by services. Details of this local evaluation are soon to be posted onto the NESS local evaluation website.

