

Executive Summary.....	3
Introduction.....	5
Methodology.....	7
A. Strategic Dimension – Partnership Working .....	8
Parents at the centre of the design and delivery of the programme.....	8
Observations and opportunities.....	11
The Management Board is empowered to work strategically ..	12
Observations and opportunities.....	14
The Management Board has an appropriate membership .....	16
Observations and opportunities.....	18
B. Operational Dimension.....	20
A. The provision of a seamless service .....	20
Waiting times.....	20
Addressing the continuum of needs of local families.....	21
Information sharing and appropriateness of referrals.....	23
Quality of service- a service provider perspective .....	23
Observations and opportunities.....	26
B. Progress in meeting the needs of local families .....	28
Observations and opportunities.....	31
C. Client Dimension.....	32
1. The Programme Overall .....	32
Awareness .....	32
Who Sure Start is aimed at .....	32
Source of awareness regarding Sure Start .....	33
Provision of information about Sure Start Sheerness.....	34
Volunteering for Sure Start Sheerness.....	35
Observations and opportunities.....	36
2. Take-up of services .....	38
Health services.....	38
Additional health services requested.....	39
Learning and play services.....	40
Additional play and learning services requested .....	41
Training and education services.....	41
Additional training and education services requested .....	42
Family support and other services.....	43
Additional family support and other services requested .....	44
User satisfaction with services .....	45
Overall service evaluation .....	45
Quality of Life: Making an Impact .....	47
Health services.....	49
Favourite health services .....	51

Health services needing most improvement.....	52
Learning, play and childcare services .....	52
Favourite learning and play services.....	54
Learning and play services needing most improvement.....	55
Training and education services.....	55
Most favourite training and education services .....	56
Training and education services needing most improvement .....	57
Support for parents and families.....	57
Favourite family support and other services.....	60
Family support and other services needing most improvement .....	60
Observations and opportunities.....	61
Overall.....	61
Health services.....	62
Play and learning .....	62
Training and education.....	63
Support for parents and families .....	63
Appendix A: Demographic Profile of Survey Population .....	65
Appendix B: Full list of Sure Start definitions given .....	70
Appendix C: Details of possible volunteers .....	<b>Error!</b>
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## Executive Summary

The Sure Start Sheerness Sure Start Partnership is a fourth wave Sure Start programme that forms part of the Swale Regeneration Partnership and aims to address family needs within Swale Borough Council. The Partnership effectively established itself and its services during 2001/02.

The Sure Start Sheerness Partnership received the approval for its programme in 2002, planning an ambitious ten-year programme of activity that aims to address the continuum of needs of local families with very young children. Consequently, the focus of this first evaluation report has been about identifying the lessons learned from the experience of establishment at strategic and operational levels, while also establishing baselines of satisfaction with local services and to identify any other unmet needs amongst local families.

In understanding the progress of the Sure Start Sheerness Partnership since its inception, and exploring some of the key reasons for the performance outcomes, in some cases, notably as it relates to:

- ❑ Appointing a high quality programme director and programme management team and, in turn, establishing a core team with a commitment to multi-agency working where families are at the centre;
- ❑ Achieving Investors in People accreditation, the first Sure Start programme nationally to do so;
- ❑ With more than half of parents identifying that already Sure Start Sheerness is helping their child's ability to learn, their child's ability to play and their child's ability to get on better with other children
- ❑ 87% of parents indicating that Sure Start Sheerness is having a positive effect on the community.

the Partnership should feel very proud of its achievements.

In some areas, notably about addressing the capital needs of the programme, enhancing the role of parents in programme design and delivery and making improvements to outdoor play areas there is more work to occur.

However, this must be understood within the context of the process to date incorporating a significant investment in the actions of establishing

programme and partnership infrastructure, building links with local families, agencies and other mainstream organisations, and commencing delivery, especially given recruitment pressures.

The extent to which the Sure Start Sheerness programme, however, is already perceived to offer an opportunity to make a qualitative and substantial improvement to local families and their very young children and to raise aspirations is highly encouraging. No doubt, this places the Partnership in excellent stead for meeting programme targets and making a sustainable improvement to the lives and opportunities of local families.

## Introduction

Sure Start challenges the traditional model of statutory health, local authority and independent sector providers working in focused and specialised ways, without being particularly joined-up or involving, to any great extent, clients in service planning and delivery. Rather, Sure Start programmes build themselves around the needs of local communities, with local parents working together with local statutory and voluntary sector providers to design and deliver services for families. Not surprisingly, partners thinking and acting locally have developed innovative solutions to addressing local needs.

Such a 'customer-centric' model of service design and delivery resonates with the wider strategic context in which services for families are expected to be planned. The *Every Child Matters* Green Paper, prepared in part as a response to the findings of the Laming Inquiry into the shocking death of Victoria Climbié, intends that:

- ❑ Child protection policies cannot be separated from policies to improve children's lives as a whole.
- ❑ Children at risk must be properly protected within a framework of universal services that support every child to develop their full potential and which aim to prevent negative outcomes.
- ❑ The Sure Start model of offering 'one-stop shops' of nursery education, family support, employment advice, childcare and health services are a centrepiece of this framework.
- ❑ Supporting parents and carers is at the heart of the approach to improving children's lives where support is needed or wanted, with the creation of a £25m parenting fund anticipated over the next three years.

This presents exciting opportunities for Sure Start programmes to lead the way in this new environment. However, to take up this opportunity, evidence must be collected about what solutions work and what solutions don't work. This should mean, in time, that the lessons learned should influence even better outcomes and reshape how mainstream services meet needs so that all parents and children are capable of accessing quality services as they need them.

At a national level, the Sure Start Unit is working with researchers and programmes in a national evaluation of the Sure Start programme.

Moreover, the Sure Start Unit also mandates annual evaluations at the local programme level. At the local programme level, the Sure Start Unit encourages participative evaluation methodologies that suit the specific circumstances of the local programme.

The Sure Start Sheerness Partnership has commissioned Cordis Bright to evaluate its progress since its commencement. This evaluation assesses the way the Partnership is impacting on meeting the needs of local parents and their very young children. Cordis Bright have applied an evaluation methodology that emphasises the value of *empowerment* of the local community within the evaluation. Empowerment evaluation is about evaluating initiatives that focus on more than the delivery of services –initiatives that are also concerned with empowering individuals and transforming local communities. The common feature of these programmes is that they are medium to long term interventions and aim to encourage self-sustainment.

The conclusions of the approach are to identify the results of Sheerness' programme, using the broad groupings of the client dimension, operational dimension and a strategic dimension.

#### *The Client Dimension*

The extent to which people in receipt of services or in other ways benefit from services believe that their circumstances/ choices have improved.

#### *The Operational Dimension.*

The extent to which those that deliver services believe that this new way of working is giving them greater freedom and responsibility for meeting the full continuum of the needs of all families with under fours.

#### *The Strategic Dimension*

The extent to which the partnership-model enables the partners to most effectively apply resources to addressing the full continuum of the needs of a family. This might mean, for example, networking and reconfiguring resources across agencies to provide new joint-approaches to meeting local needs.

In the medium-longer term, ensuring success within this strategic dimension will prove necessary to capture the lessons learned from the Sure Start

## Methodology

The evaluation involved:

- A questionnaire was designed, in conjunction with eight local parent surveyors and with programme management, to establish baselines of satisfaction and take-up with local services and to identify other needs of local parents.

The questionnaire gathered details from 110 parents of young children living in the Sure Start Sheerness catchment area, representing approximately 16% of the anticipated figure of 688 local Sure Start households with young children. This is a credit to the tenacity and energy of the seven local parents that undertook interviews with their peers through September to October 2003. (see Appendix A for full demographic analysis)

In terms of the extent of coverage, the National Evaluation of Sure Start recommends that consultations with the community achieve contact with a minimum of 10% of the relevant population.

- A meeting was held with Sheerness parents at the Parents' Group.
- Interviews were conducted with five members of the Sure Start Partnership Board, incorporating three statutory agency and one voluntary sector agency representatives and one local parent member.
- A Board forum took place that involved seven Board members.
- An evaluation seminar with local service providers to determine to discern their experience of working within the Sure Start Sheerness partnership, together with questionnaire analysis
- Interviews took place with the Sure Start Sheerness programme director, operations manager and finance manager.
- Focus groups and/or interviews took place with all training providers and staff and management of the Play and Learn Scheme (PALS).
- A review of the delivery plan, monitoring and finance reports, the annual report, the risk assessment and strategy documents such as those related to parental involvement and capacity building.

## A. Strategic Dimension – Partnership Working

This dimension seeks to understand the extent to which the partners working with each other are likely to enable Sure Start Sheerness to achieve its objectives, as well as providing a process of working that enables mainstream organisations to reshape their practices as a result of lessons learned.

There are several key aspects to effective partnership working. These include ensuring that:

- Local parents are at the centre of programme design and delivery
- The Management Board is empowered to work strategically
- The Management Board comprises an appropriate membership

### Parents at the centre of the design and delivery of the programme

*They are not at the centre, but parents are involved and are consulted.*

(Management Board member)

Sure Start Sheerness aims to ensure that parents are the centre of the design and delivery of the programme. This is reflected in the *Capacity Building Strategy of June 2003*.

There are some very positive elements as it relates to ensuring that parents are the centre of the design and delivery of the programme. Indeed, amongst seven attendees of the October Management Board meeting, whom were asked to assess the level of involvement of local parents in decision and delivery (on a scale where 1 represents Excellent, through to 4 which represents Not Good), the results evidence a perception of parents at the centre of the design and delivery of the programme as a Good rating at 2.1.

## Involving local parents

### 2.1 (good)

---

4 (not good)

3 (okay)

2 (very good)

1(excellent)

The initial processes of agreeing the Sure Start Sheerness Delivery Plan and the decisions about the service mix for the programme involved local parents. Other key aspects of ensuring parental involvement in the design and delivery of the programme include:

Having five parents on the Board as agreed in the terms of reference of the Board in September, albeit that attendances are generally not that high.

To help facilitate this involvement, Sure Start Sheerness also ensures that crèche provision exists, as envisaged by Sure Start Sheerness *Capacity Building Strategy June 2003*. This has also been made easier by moving Board meetings to the healthy living centre.

- Involving parents in Board sub-groups, such as the New Build Group, and recruitment panels for roles within the Sure Start Sheerness programme. As one Board member indicated, *'having parents involved in the recruitment of family care workers is truly groundbreaking.'*

Moreover, the programme intends that all Sure Start Sheerness selection panels will involve a parent representative, as set out in *Parent and Carers Involvement Policy* as agreed at the Management Board in October 2003. This is also consistent with the Sure Start Sheerness *Capacity Building Strategy June 2003*.

- A parents' group that brings together about two to five parents monthly, generally the Board members, and is facilitated by the operations manager. This group acts as a *'sounding board for ideas'* and has been involved in making key decisions, such as what services to evaluate as part of this first evaluation process and what type of training is needed for local parents. This has included, for example, training to encourage parental confidence in meetings.

Moreover, the Board has a standing agenda item, a report from the parents' group to ensure that parents' views are heard.

- While there is more work to occur on encouraging parental participation in paid work and to reach the goal of the *Capacity Building Strategy* of 15% of staff within the programme being local parents, the extent to which Sure Start Sheerness has responded to the stated needs of local parents as it concerns training and in working with the Citizen's Advice Bureau to fast track debt advice assistance for Sure Start parents is highly commendable.

With the exception of 'How To Talk So Children Will Listen' training offered by the programme, training courses offered in driving instruction, childcare and paediatric first aid all were delivered in response to local parents' needs.

The programme is also very active in seeking to make local parents aware of the programme and to provide opportunities for a volunteering (also as envisaged by *Capacity Building Strategy June 2003*), with the provision of a regular newsletter, events for local families, family fun days and working within the wider community, such as at the Sheerness Carnival, where local parents walking float won first prize. This has resulted in registration levels, as at June 2003 of about 61% of local families with children aged 0-4.

It is recognised, however, by most members of the Management Board and the programme management that more needs to be done in terms of ensuring that parents are the centre of programme design and delivery. This includes:

- Seeking to increase the involvement of parents strategically, particularly through the parents group and within the Management Board. As one Board member observed '*we have created a nucleus of parents, but it is very small and now we need to reach out and involve more.*'
- Given upcoming elections, ensuring that any new parents that join the Management Board are well inducted and feel confident about their participation. One Board member stated, for example, '*the parents we have now are very good, the vice-chair particularly. The parents are due for election and it is important that any other parents <that join> have sufficient calibre in terms of confidence.*'
- Looking at ways of supporting parents to take responsibility for design and delivery of aspects of the programme, both as a tool for promoting programme sustainability and to realise the goals of parental empowerment, as set out in *Capacity Building Strategy June 2003*. As a member of programme management noted in identifying key areas for programme improvement, '*we have not advanced very far in terms of parental development. They are not*

*running anything. We have also not capitalised on parents' enthusiasm, because we have simply not had the time to support volunteers.'*

## Observations and opportunities

1. There are some specific areas of strength for Sure Start Sheerness, as it relates to ensuring that parents are central in the design and delivery of the programme. These relate particularly to ensuring places for parents on the Board and sub-groups, ensuring a standing agenda item for a report from the parents' group at Board meetings and ensuring that training opportunities reflect the needs of local parents both as it relates to participation in meetings and for their own development.
2. Ensuring that parental involvement remains central to the design and the delivery of the programme is likely to involve a multi-layered strategy that might incorporate:
  - Providing an enhanced role for the parents group, so, for examples, any decisions about new services locally are discussed initially with the group before being discussed at the Management Board, as occurs at Sure Start North Canning Town, and the parents group, after training, possibly administering a small grants programme, as occurs at Sure Start Euston and Sure Start Aylesbury Plus.
  - Seeking to increase the parental role in delivering aspects of the programmes, such as running the playgroups and becoming trainers of courses that they had originally participated in. Such approaches have occurred at Sure Start Aylesbury Plus, Sure Start St Matthews and Sure Start Copenhagen.
  - Offering incentives for parental involvement in parents' groups, such as a gym membership or some other reward for those that attend a certain number of meetings in a given period. Such an approach is presently being developed at Sure Start North Canning Town.
  - Developing an induction process for parents that become Management Board members and providing regular processes for the Management Board to undertake team building activities. Such approaches have been used at Sure Start Copenhagen.
  - Ongoing consultations with local parents, employing non-traditional methodologies, about their needs, such as supporting

local parents in the role of community surveyors.

Building on this is, at least yearly, possibly through the evaluation processes, determining the suitability of the way that the Management Board itself operates to ensure the centrality of parents' perspectives.

Isabelle Brodie's report, *'The Involvement of Parents and Carers in Sure Start Local Evaluations'*<sup>1</sup> might be instructive here, as it sets out various ways that many different local Sure Start programmes have undertaken such approaches.

## The Management Board is empowered to work strategically

Key elements of having a strategic role include ensuring that:

- The Board is set up in a manner to provide clarity about a strategic role
- Board members understand their roles and responsibilities

Board members identified that a fundamental aspect of enabling them to focus strategically on their role has been excellent day-to-day programme management and programme support for the Board. Seven of seven Board members rated the programme management as 'excellent' using the scale where 1 represents Excellent, through to 4 which represents Not Good).

How well managed is the programme

1 (excellent)

---

4 (not good)

3 (okay)

2 (very good)

1(excellent)

Board members comments about programme management include:

- *'They really are very very good. They are approachable and obviously care about wanting to get it right.'*

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<sup>1</sup> NESS, Feb 2003

- *'As a Board member I feel very well informed. John, Alan (the chair) and Gill are very good and they work very closely. They make sure policy making is for the Board and give us a good understanding of what is happening operationally.'*
- *'John is a very good visionary director. We needed a positive person that is good at getting the right skills together needed to do deliver this programme. He is the right person for the job.'*

The Management Board has clear terms of reference and comprises a membership of six statutory agencies, four voluntary sector agencies and five local parents. Board members agreed that this diversity of membership was a substantial strength for the Partnership and the respect showed by members for alternative perspectives within the context of the Board operations was very positive. As one Board member observed, *'the diversity of backgrounds encourages different perspectives that reflect the complexity of our world in solving problems. This has meant that we are able to better learn from each other rather than reinventing the wheel.'*

However, as it relates to the relationship of the Board to the wider Partnership, several Board members expressed concerns, best summed up by one Board member: *'It is the usual suspects that turn up. That is, the Board, the same local parents and the programme.'* Board members could not identify considerable added value to the wider Partnership at the present time, notwithstanding its crucial role in enabling the delivery plan process.

Board members identified other aspects of 'good' Board working. These included: the quality of information received in advance of meetings; having a clear understanding of member roles and responsibilities; having a very good Chair that encouraged participation and inclusion; and for parent members, having the opportunity to discuss issues at the parents' group meetings in advance of Board meetings with Gill Ransley.

Such positivity is reflected in the extent to which Board members indicated that overall their expectations of Sure Start Sheerness had been met, albeit that the one parent respondent indicated more that it was the case that 'in some ways expectations were met.'

How well have your expectations been met of involvement

2 (met expectations)

4 (did not meet)                      3 (in some ways met)                      2 (met)                      1 (exceeded)

Board members noted, however, areas that would enhance the value of their contributions and the working of the Board. These are:

- Team building with Board members (5 of 7 members)
- Having induction processes for Board members (5 of 7 members)
- Training with Board members about roles and responsibilities pertaining to involvement in a Sure Start Board (4 of 7 members)

Other actions that Board members suggested include having a manual that sets out roles and responsibilities and looking to increase parental involvement on the Board.

## Observations and opportunities

1. The Sure Start Sheerness Management Board is well structured, enabling a sound focus on strategic issues. This largely arises because of:
  - The impressive programme management of Sure Start Sheerness, led by John Fowler.
  - A very committed Chair that encourages decision making that captures the diversity of experience and perspectives amongst the diverse Board membership.
  - The extent to which parent members are supported in their participation at Board meetings by the operations manager, Gill Ransley.
2. Like sister programmes in the Kent County Council area, Sure Start Dartford and Sure Start Gravesham, the experience of Sure Start Sheerness is highly instructive about the importance of attracting and retaining high quality staff. In many reviews of partnership working, the focus is on the systems and not the individuals. While seeking to build quality systems that transcend the day to day realities of staff turnover, absences etc is an understandable first order goal, the extent to which all Management Board members

recognise the impact that the programme management has made in supporting a strategic function for the Board and driving delivery, is equally impressive. For a time-limited area-based initiative, attracting and retaining high quality staff would seem even more critical to programme success.

3. Like many Sure Start programmes, the periods of implementation and maintenance that follow the initial delivery plan approval processes create a need for alternative governance structures. This is particularly true in terms of defining a role for the wider partnership. Sure Start Sheerness should consider processes of redefinition as well.

Sure Start programmes, such as Sure Start Maltby and Sure Start North Canning Town, for examples, have sought to have an annual meeting that is as much as an opportunity to share lessons and celebrate successes with wider stakeholders. For Sure Start Maltby, this also serves as an opportunity to undertake election processes for the coming year.

4. To enhance the Board's role and processes of working, Sure Start Sheerness could consider establishing an induction process for the new Board, following the upcoming elections, supported with manuals that set out roles and responsibilities and training that enables specific understanding of:
  - The strategic overview of the roles and responsibilities of a Sure Start Management Board vis-à-vis the programme management and other stakeholder groups
  - The relationship of Sure Start Sheerness to the wider strategic context, especially new developments such as Children's Centres
  - Corporate governance within a Sure Start context
  - Managing conflicts of interest
  - Confidentiality
  - Partnership Working
  - Involving the local community
  - Sure Start finances
5. Building on such efforts, Sure Start Sheerness could also consider providing team building opportunities for Board members, as occurs at Sure Start Gravesham and Sure Start Highview.

## The Management Board has an appropriate membership

As noted, the Management Board membership comprises six statutory agencies, four voluntary sector agencies and five parents. Several Board members indicated that this membership provides some degree of structural equivalence. All Board members indicated, whether by face-to-face interview, questionnaire, meeting with the parents' group or in the wider forum with Management Board members, that they did not regard that any individuals or types of organisations were attempting to inappropriately steer the direction or decision making of the Management Board. That is, not to say, however, that the Board does not draw on the specific expertise of its membership.

*As one Board member stated, 'no one gives an equal contribution, but everyone shares specific expertise. For examples, the Home-start representative gets asked about family support issues, while parents give a consumer voice and Heather provides a Social Services perspective. Our discussions are lively. It is not a rubber stamping exercise.'*

In discussions with Management Board members, most believe that the organisational mix is right, with key health, social services, family support, community development, education and early years agencies and having a Children's Fund representative. Several Board members indicated that having some more involvement, whether directly through Board membership or at a similarly strategic level, of Kent County Council (KCC) personnel that could help with capital development processes might be might prove useful in addressing the capital needs of the programme.

Addressing the capital needs of the Sure Start Sheerness programme, like many Sure Start programmes, is a fraught process and has required substantially more time and resources than originally anticipated. As many Board members observed, to the extent that the processes of capital development can be accelerated, such an outcome would be very welcome on several levels. These are:

- Keeping promises to the local community about a new high quality centre, that as one Board member noted, *'will let people know that when we say that the people of Sheppey are entitled to high quality services, that we mean it. This will help increase the involvement of parents with our programme.'*

- ❑ Providing a more appropriate base for the delivery of a wider range of integrated services, including the Play and Learn Scheme that is currently separate from the rest of programme delivery, that better reflect the needs of local families.
  
- ❑ Addressing the capital needs of the programme, as one Board member observed *‘represents our opportunity to ensure that we can have a sustainable programme that serves the long term interests of the families of Sheerness.’*

The issues of mainstreaming and sustainability of services are key issues for Sure Start programmes, and to the extent that accelerating the processes of addressing the capital needs of the programme will help with this issue, any efforts that can assist in this regard will be welcomed by all Board members.

This has a particular resonance in the current policy context, with the *Every Child Matters* Green Paper demonstrating a broad Government commitment to the mainstreaming of Sure Start programmes, indicating, for examples, that the Sure Start model of offering ‘one-stop shops’ of nursery education, family support, employment advice, childcare and health services are a centrepiece of the new framework and that supporting parents and carers is at the heart of the approach to improving children’s lives where support is needed or wanted.

Another key aspect of mainstreaming is ensuring that individuals representing organisations within the Management Board or through other areas of joint-activity have significant influence within their own organisations to enable Sure Start Sheerness to have a sufficient profile within broader planning frameworks, which will prove crucial to the mainstreaming of ‘success stories’ in future years.

Some Board members and representatives of programme management were keen to encourage increasingly senior levels of representation by statutory organisations within the Management Board or through other areas of joint-activity to ensure that organisational decision makers could help with addressing these issues. Working with four PCT directors, for example, as it relates to the new build was seen as a particularly positive approach to ensuring that sustainability issues of Sure Start Sheerness ways of working could start being thought about at an early stage. The involvement of a Children’s Fund representative on the Management Board was also regarded as an opportunity to ensure that there was an appropriate focus on ensuring that the transition issues for young children were properly dealt with, while equally ensuring that there is a strategic basis for considering services for families that reflect

the reality that families have children of different ages, not just 0-4 or 5-13 years of age.

All Board members and programme management also identified that ensuring that projects are effectively evaluated and that the outcomes of such evaluation are shared and celebrated with Board members and the wider mainstream will also prove necessary in helping with the mainstreaming of successful innovations in the future.

In terms of specific involvement within broader planning frameworks, Sure Start Sheerness is well integrated into a number of these. These include the programme director's involvement in discussions concerning Children's Centre developments, the KCC Teenage Pregnancy Strategy (representing all ten Kent Sure Start programmes), the EYDCP, the Supporting Independence Programme and the Kent Child Protection Committee.

## Observations and opportunities

1. The Sure Start Sheerness Management Board would appear to comprise an appropriate membership of organisations, albeit the Board will need to consider whether in aiming for 40% of involvement of local parents as set out in the Delivery Plan, how reconfiguration will take place.
2. Given the determination of Sure Start Sheerness to ensure that it delivers appropriate services to local families in the most appropriate way, any actions that might help accelerate the capital programme of Sure Start Sheerness must be encouraged. This might involve Board members in their own roles within their own organisations looking at how they can help to promote their own organisations advancing this issue.
3. The extent of influence Board members have within their own organisations may over time grow in importance, as the programme considers issues of mainstreaming and sustainability. This has a particular resonance within the current policy context that is particularly encouraging for Sure Start programmes about the potential of mainstreaming their way of working.
4. Ensuring that Sure Start Sheerness is well positioned to influence universal provision and the mainstreaming of innovative projects will, however, be an intensive process, as it is for most Sure Start programmes. To this end, Sure Start Sheerness could consider:

- Through its own evaluation commissioning, determining projects for external evaluation, especially those projects that are particularly innovative, such as health visitors for babies aged 0-1 year, Home-start family workers, and the delivery of community based integrated provision for parents with mental health needs.
  - Providing training to service providers that enables them to move forward their own evaluation mechanisms to explore issues of, and to quantify the 'impact' of service delivery, especially in the next two to three years.
5. Given that there are ten Sure Start programmes within Kent County Council, there may be scope for efficiencies through joint-commissioning across programmes and for exploring mainstreaming and sustainability issues on a strategic basis. Certainly, many areas have undertaken such approaches, including Birmingham, Liverpool, and the London boroughs of Newham, Tower Hamlets and Islington.

Sure Start Sheerness may find value in exploring the appropriateness of a similar approach with other local programmes, to help Sure Start Sheerness and other Kent programmes address their determination to mainstream successful innovations and to maximise efficiency.

## B. Operational Dimension

At the heart of the Sure Start programme is the aim of reconfiguring how organisations work with each other and how these organisations deliver services to clients, so that all parents and their very young children are capable of accessing the services that they need in ways that meet their needs. This reconfiguration is built around:

- ❑ The Sure Start Sheerness Partnership and service providers working together to ensure a seamless service for families
- ❑ The Sure Start Sheerness Partnership works in such a way as to have positive outcomes on the health, well being and other indicators for babies, children and their parents.

### A. The provision of a seamless service

As noted, the *Every Child Matters* Green Paper intends that the Sure Start model of offering ‘one-stop shops’ of nursery education, family support, employment advice and childcare are central to realising the goals of meeting the continuum of needs of families with very young children. Moreover, this recognises the principle that a framework of universal services that supports every child to develop their full potential and that aims to prevent negative outcomes is pivotal to all children, irrespective of their family circumstances.

Such an approach represents the aspirations of Sure Start Sheerness service providers. In terms of understanding whether a ‘seamless service’ exists for local families, service providers were asked to identify:

- ❑ How effective referral works *overall*
- ❑ The extent to which the continuum of needs of local families are meaningfully addressed
- ❑ How effective information sharing arrangements are between providers
- ❑ The overall quality of service for *individual* providers

### Waiting times

Service providers identify that a key programme strength is the speed of referral processes. An example includes the speech and language therapy services, with providers pointing to the abolition of waiting periods for this service.

Providers noted that the reduction in waiting times arose largely because of:

- ❑ Operating largely in one space enables providers to rely on face-to-face contact with each other about ensuring that families receive the services that they need, rather than often cumbersome formal processes between agencies that result in extended time lags for families receiving the service that they need.
- ❑ Operating largely in one space, has enabled providers to better understand each other's roles
- ❑ Weekly team meetings where each staff member provides an update on what they did in the previous week and the types of issues that arose, helping to promote a better understanding of the multi-disciplinary context in which everyone is working.
- ❑ Increasing the number of services on offer, and having additional resources available. An aspect of this incorporates the provision of services more informally, so that parents could access 'specialist' services such as speech and language therapy in more informal contexts without waiting for the need to reach such a point that specialist provision becomes a priority.

### Addressing the continuum of needs of local families

A key aspect of ensuring that the varied needs of families are effectively taken into account is about ensuring that traditionally harder to reach groups have their needs properly taken into account. This issue had been identified in the Sure Start Unit Risk Assessment for Sure Start Sheerness, suggesting that work take place to involve more fathers and young parents.

Service providers identify considerable success in being effective at involving young parents/carers, as evidenced at Table One. A success identified in this respect was the establishment of a young parents group facilitated by the midwife, Nicki. Most encouragingly, on the question of whether or not Sure Start Sheerness was 'better' than non-Sure Start provision at engaging with this traditionally harder to reach population, nine of eleven agreed that it was.

As it relates to involving male parents/carers, however, about half of all providers felt that this was an area where substantial improvement was necessary, as evidenced at Table One. On the question of whether or not Sure Start Sheerness was 'better' than non-Sure Start provision at

engaging with male parents/carers, three of eight people, that had a view, agreed that it was.

**Table 1: Provider evaluation of effectiveness of involving younger parents/carers and male parents/carers.**

Statement	Evaluation of statement (number of citations)				
	Very Good	Good	OK	Poor	Don't know
Effective at involving young parents/carers	2	9	0	0	0
Effective at involving male parents/carers	1	0	5	5	0

In terms of making improvements, as it relates to addressing the continuum of needs of local families, providers felt that more work was necessary to:

- Address the needs of local families with multiple needs, especially those where parents have mental health problems and other special needs.
- Engage fathers in the programme and the services on offer.
- Increase the range of skills offered within the multi-agency context to address the specific needs of local families. Specifically, these areas are:
  - Housing advocacy
  - Helping parents into training and work. This will especially involve providing assistance with childcare.
  - Healthy lifestyles support and advice, such as related to healthy eating, exercise, stress management and safer sex.
  - Someone within the team that has knowledge of the education system.
- Ensure that the programme's capital needs were addressed as soon as practicable to enable parents to drop-in to premises and seek advice more informally.

## Information sharing and appropriateness of referrals

Overall, five service providers identified that referrals are appropriate most of the time, with three stating that referrals were *always* appropriate. Moreover, four providers felt that there were more referrals as a result of Sure Start Sheerness (compared with previous experiences), one felt that there were about the same number of referrals with the remainder did not feel confident to say, given the newness of their roles within Sure Start Sheerness.

Most providers identified that health visitors and the midwife are the predominant sources of referral, while the predominant services to which referrals get made are Home-start project workers, the speech and language therapist and PALS.

As identified at page 21, the process of making referrals is relatively informal relying on increased face-to-face contact between providers as a consequence of weekly team meetings, undertaking joint visits, shared premises and job enlargement opportunities that arise as a consequence of shared training. The use of a multi-user database that enables secure access and efficient co-ordination of information about clients was also rated positively in helping to ensure understanding of the types of multi-disciplinary service packages that families are receiving.

The degree of informality with which providers were making referrals and co-ordinating service packages was also viewed as a potential risk, however, as the programme grew in terms of take-up of services and the range of services on offer.

## Quality of service- a service provider perspective

Providers were also asked to identify in their professional experience, their view of the overall quality levels of service that Sure Start families are likely to receive.

Table 2: *Quality of service overall- a service provider view*

Statement	Evaluation of statement (number of citations)				
	Very Good	Good	OK	Poor	Don't know
Client friendly times for services	1	8	2	0	0
Easy for clients to get an appointment	2	6	0	0	3
Easy for clients to get an appointment (location)	2	3	3	1	2
Friendly service	9	2	0	0	0
Professional service	7	4	0	0	0

These results are especially encouraging as the majority of providers also observed that in every criterion, bar one, related to a quality service, that Sure Start Sheerness provides a 'better' service than alternative non-Sure Start service provision. The only area where providers were evenly balanced in their view of whether Sure Start Sheerness provided a better service or service of the same quality as that of non-Sure Start alternatives related to the degree of professionalism of staff.

Equally, as Table Three sets out, local providers are also encouraging of the extent to which they perceive they are making a difference, indicating that overall they believe they are making a positive impact on parenting skills, child development and improving the relationships of parents with their children. Again, the majority of providers also observed that as it relates to these criteria of impact, that Sure Start Sheerness provides a 'better' service than alternative non-Sure Start service provision.

Table 3: *Impact of service*

Statement	Evaluation of statement (number of citations)				
	Very Good	Good	OK	Poor	Don't know
Improves parenting skills	2	8	0	0	1
Improves child development	3	6	0	0	2
Improves relationships between parents and babies/children	4	6	1	0	0

Such a view is strongly supported by the Chair, Alan Bayford, who as head-teacher at the Westminster CP School, identified that the intake of new children into the nursery- the first set of children having experienced Sure Start Sheerness- were '*significantly*' more able to adjust to life within the school setting.

What causes such impacts, however, is demonstrated by the extent to which providers observe various aspects of how well Sure Start Sheerness works. Providers used ratings of 4- definitely does this, 3- does this most of the time, 2- does this the same as non-Sure Start areas and 1-does this not do very well (and not as good as Sure Start areas).

- ❑ As Table Four sets out, providers are especially encouraging about the extent to which Sure Start Sheerness provides good quality play and learning opportunities for very young children and good quality and accessible family support services.

Table 4: Provider perceptions of Sure Start Sheerness

Indicator	Score
SSS provides good quality, accessible family support services.	3.7
The SSS partnership provides good quality play and learning opportunities for very young children	3.5
The SSS partnership enables more preventative working that will improve baby/child development	3.4
The SSS partnership provides a greater focus on health and well-being	3.3
SSS provides good opportunities for all parents wanting to access training and employment	3.1
SSS communicates well with agencies and families about what services are available.	3.1
SSS communicates well with agencies about expectations, like monitoring, finance and evaluation	3.1
The SSS services are built around the express needs of local families.	3.1
The SSS partnership is open and transparent about how decisions are made	3.1
The SSS programme improves working between statutory and independent sectors.	3.0

However, that no area received less than 'does this most of the time' amongst eleven staff is a most commendable achievement and reflects the degree to which staff themselves are very enthusiastic about working within the Sure Start Sheerness programme. As staff stated, when discussing aspects of Sure Start Sheerness that they like best:

- ❑ *'This is a new and different way of working- nothing is wrong- everything is a learning curve.'*
- ❑ *'Joint working across agencies, the team identity and support, and the ability to work more creatively and flexibly.'*
- ❑ *'The holistic approach to families, considering all their needs.'*

## Observations and opportunities

1. Sure Start Sheerness should feel very proud of the extent to which it has established a team that is committed to working co-operatively and creatively in a multi-agency multi-disciplinary context that is responsive to the needs of local families. Such models require a significant degree of trust amongst different professionals both in themselves and their colleagues, and that Sure Start Sheerness has successfully recruited staff with such outlooks is highly commendable.

That Sure Start Sheerness is the first Sure Start programme nationally to achieve Investors in People accreditation is testimony of the extent to which the organisation values its staff.

2. While the degree of trust is high and Sure Start Sheerness is also reducing waiting times for services, and these must be maintained, there might be scope for exploring some systemisation or co-ordination of the processes of multi-disciplinary interventions. This is to ensure effective information sharing and to ensure that all families receive appropriate services that effectively address the continuum of their needs without duplication or providers working at cross purposes.

While the Laming inquiry focused on acute services, recommendations focused on improving communication were fundamental findings and resonate as much with ensuring seamless preventative services as with acute services.

Sure Start Sheerness could consider models used in other Sure Start areas. These include monthly case meetings between relevant providers for families that receive multiple services at Sure Start Ore Valley to ensure that the package of services provided to families are most appropriate in the circumstances. An alternative model is having a co-ordinator co-ordinate and review actions across multi-agency multi-disciplinary teams for families that receive multi-agency service packages, as occurs at Sure Start Holloway and Sure Start Copenhagen.

3. That many providers identify that there have been increases in the levels of referrals between providers is encouraging about the extent to which the providers consider themselves part of a 'programme' and that the spectrum of needs of local families are being better addressed.
4. There may be scope for increasing referral rates, and thus ensure families receive the services they need, should providers have greater awareness of what other services are on offer. To this end, Sure Start Sheerness could consider promoting increased referrals between services and introduce systems whereby service providers record the number of referrals received and made. This is valuable information for testing the effectiveness of projects and the way in which they contribute to a wider programme of activity that provides a more seamless service for local families.
5. Sure Start Sheerness should also feel very proud of its success, especially when measured comparatively with other Sure Start programmes, in engaging with young parents/carers. The value of providing a specific group for young parents/carers suggests that such targeted activity is successful at helping to engage with the 'harder to reach' groups and acting as a bridge to mainstream service delivery.
6. Following on from 5, Sure Start Sheerness could explore whether similar targeted approaches that seek to engage male parents/carers increases the likelihood of success. This was certainly the experience of Sure Start Rawmarsh that has a male family worker that specifically provides activities with fathers, including weekend and evening provision.
7. Given that there are several areas that service providers feel that much more can be done, specifically as it relates to promoting healthy lifestyles, addressing the needs of families with many complex needs and addressing pathways into education for children and pathways for employment and training for parents, the programme management could consider having an away day for staff.

This away day could seek to develop an action plan that goes to addressing these priorities systematically, within the framework of available resources and partner commitments, and with clearly identified accountabilities.

## B. Progress in meeting the needs of local families

Service providers were asked to identify areas of success and areas for improvement as it relates to meeting the needs of local families, as it concerns play and learning, health and family support and enhancing community life.

Table 5: Play and learning

<b>Areas of success in providing play and learning opportunities</b>	<b>Priorities for the future</b>
<ul style="list-style-type: none"> <li>▪ Toddler pool</li> <li>▪ Weenie Westminster</li> <li>▪ Expansion PALS &amp; Baby PALS</li> <li>▪ Home Start workers</li> <li>▪ Toy Library</li> <li>▪ Parents lunch</li> <li>▪ Crèches with events</li> <li>▪ Books</li> <li>▪ Preschool input</li> <li>▪ Speech &amp; language</li> <li>▪ How To Talk</li> <li>▪ Increasing parent confidence</li> <li>▪ New toys</li> <li>▪ Social opportunities</li> <li>▪ Trips and events</li> <li>▪ Story time</li> <li>▪ Bounce and Rhyme</li> <li>▪ Shake Rattle and Roll</li> </ul>	<ul style="list-style-type: none"> <li>▪ Special need support on island</li> <li>▪ Education input (transition to school)</li> <li>▪ Play school education</li> <li>▪ Raising parent awareness</li> <li>▪ Oral health &amp; Playgroups</li> <li>▪ Tumbletots</li> <li>▪ One o'clock club</li> </ul>

These results reiterate the importance of the multi-agency multi-disciplinary context and it is most encouraging the extent to which staff identify that the areas of success are considerable. Moreover, the provision of more groups and toys and offering quality environments in which to deliver services is also a source of success. The priority areas for the future relate largely to building on these successes and addressing the transition issues for children going into school and the needs of children with special needs.

Table 6: *Health and family support*

Areas of success	Priorities for the future
<ul style="list-style-type: none"> <li>▪ Listening to parents</li> <li>▪ Raising awareness of services</li> <li>▪ Raising self-confidence</li> <li>▪ Building networks</li> <li>▪ Exercise classes</li> <li>▪ Smoking cessation – 56% success</li> <li>▪ Ante-natal support</li> <li>▪ Home visiting support</li> <li>▪ Crèches</li> <li>▪ Aqua-natal</li> <li>▪ First aid training</li> <li>▪ Baby massage</li> <li>▪ Behavioural support</li> <li>▪ Breast-feeding support</li> <li>▪ Additional health visiting support</li> <li>▪ PALS</li> <li>▪ Speech and Language support</li> </ul>	<ul style="list-style-type: none"> <li>• Cooking</li> <li>• Teeth</li> <li>• Healthy eating</li> <li>• Counselling</li> <li>• Fun activities (for relaxation)</li> <li>• Safe sex advice</li> <li>• Drug and alcohol clinic</li> </ul>

Like play and learning, these results also reiterate the value of a multi-agency multi-disciplinary context focused on prevention, evidenced by activities such as first aid training, ante-natal support, speech and language support and behavioural support. Moreover, the ability to offer more choices to families with home visits, group activities and through having more diverse skill sets amongst staff are also sources of success.

Like play and learning, the priority areas for the future also relate largely to building on these successes through expanding the scope of work to incorporate an even greater public health agenda in terms of healthy living.

Table 7: Enhancing our community

Areas of success in enhancing our community	Priorities for the future
<ul style="list-style-type: none"> <li>▪ First aid</li> <li>▪ Childcare course – Hanen / skills sharing</li> <li>▪ Driving</li> <li>▪ How to talk</li> <li>▪ Parent board meeting</li> <li>▪ Volunteers</li> <li>▪ PALS – Confidence building / Social interaction &amp; Communication</li> <li>▪ Groups               <ul style="list-style-type: none"> <li>- PALS</li> <li>- Bumps and babies</li> <li>- Young mums</li> <li>- Exercise</li> <li>- Grandparents</li> </ul> </li> <li>▪ Links with other agencies – Foyer/ FWA/Home-Start</li> <li>▪ Parents lunch</li> <li>▪ Newsletter</li> <li>▪ Events &amp; outings</li> <li>▪ Paddling Pool</li> <li>▪ Healthy living centre</li> <li>▪ Sheerness Times (Guardian)</li> </ul>	<ul style="list-style-type: none"> <li>• Childcare</li> <li>• Transport improvement</li> <li>• Raising expectations</li> <li>• Piloting things (buy-in commitment)</li> <li>• More links with employment / training</li> <li>• Raising awareness / dispelling stigmas</li> <li>• Effort to reach 'hard to reach'</li> </ul>

Table Seven evidences the varied new activities offered by Sure Start Sheerness that enable parents to acquire new skills and families to have opportunities for fun and learning together, as well as the broad linkages that the programme is making locally with agencies and with the community, as identifiable through making provision for grandparents.

The staff identify that engaging with all local families is a priority, and that coupled with this is a need to raise aspirations and address any perceptual barriers that arise through stigma attaching to using Sure Start Sheerness services. A key component of this strategy is addressing barriers to wider engagement, including transport, childcare and employment.

## Observations and opportunities

1. The extent to which staff identify many more areas of success than priority areas for action suggests that the programme has made a very good start at ensuring that its programme is built around the needs of local families.
2. As suggested at page 27, given that there are several areas that service providers feel that much more can be done, the programme management could consider having an away day for staff with the aim of developing an action plan that goes to addressing these priorities systematically, within the framework of available resources and partner commitments, and with clearly identified accountabilities.

## C. Client Dimension

### 1. The Programme Overall

#### Awareness

When asked whether or not they had heard of Sure Start Sheerness, 96% of parents interviewed indicated that they had. This is an excellent result for the programme and indicates near universal knowledge of the programme amongst its target audience.

When the results regarding awareness of the programme were explored in relation to key demographic variables (gender, age, parenting status and length of time that respondents had lived in the area) the results indicated that there was very little variation in the level of awareness with no sub-group having an awareness level of lower than 92%. The results indicate that not only has the programme managed to publicise itself effectively, reaching a very high proportion of parents in the community, but has also managed to disseminate information about the programme to all sections of the community almost equally, indicating the success of the publicity strategy adopted.

#### Who Sure Start is aimed at

In order to determine how successful promotional work has been in communicating the aims and objectives of the programme, parents were asked who Sure Start Sheerness is aimed at. The top five most commonly responses given are presented at Table 8 (see Appendix B for a full list)

Table 8: Definitions of Sure Start given by respondents

Who is Sure Start aimed at?	Number of citations	Percentage of citations	Percentage of survey population
Children under 4	22	22.9	20.0
Families with children aged 0-3	20	20.8	18.2
Children	6	6.3	5.5
Parents and children	6	6.3	5.5
Families with young children	6	6.3	5.5

The results suggest that Sure Start Sheerness' publicity work has also been successful in informing parents who Sure Start services are aimed at. Nearly a fifth of those interviewed were able to give a wholly correct

answer (giving the correct definition of the programmes aims and its client group) whilst almost two thirds (64%) gave a definition that was broadly correct (defining some aspect of the client group correctly).

While perceptions of the programme are generally correct, some parents misconstrued its objectives and gave slightly pejorative definitions. As one parent noted:

- It has an image of being there for the disadvantaged and sometimes I feel the focus on young mums is not conducive to feeling comfortable.

### Source of awareness regarding Sure Start

Parents were asked where they had heard of Sure Start Sheerness from to identify the primary sources of information about the programme. The results are given at Table 9.

Table 9: Source of awareness of Sure Start Sheerness

Heard of Sure Start	Number of citations	As percentage of citations
Word of mouth	41	35.7
Health visitor	18	15.7
Poster/flyer/information leaflets	14	12.2
Local newspaper	12	10.4
Sure Start worker	11	9.6
Midwife	8	7
Other	8	7
Sure Start Welcome Pack	3	2.6
Me Too Guide	0	0
Things 4 Kids	0	0
Swale Sound	0	0
<b>Total</b>	<b>115</b>	<b>100</b>

As Table 9 demonstrates, word of mouth proved to be the most common means of hearing about the programme (cited by 36% of parents) and were a more powerful medium than Sure Start's own publicity materials (for instance the Welcome Pack generating 3% of awareness).

The results regarding the source of awareness was analysed in relation to key demographic factors. The data indicated that:

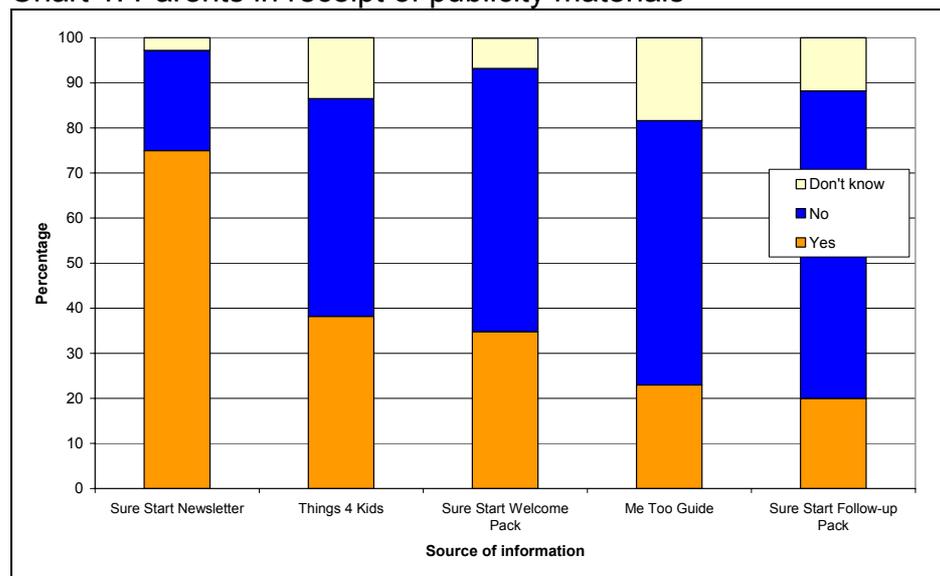
- Word of mouth accounted for 62% of the awareness amongst fathers compared to 29% of mothers. Conversely, health visitors accounted for 20% of the awareness of mothers compared to 4% of fathers.

- Word of mouth accounted for 41% of the awareness of those aged 25- 44 years compared to 19% amongst those aged 20- 24 years. Health visitors accounted for 30% of the awareness amongst those in the younger age bracket compared to 14% amongst those aged 25-44 years.
- There was a negligible difference between lone parents and dual parent households in terms of where they heard of Sure Start Sheerness from (no more than 2 percentile points in any single case).

### Provision of information about Sure Start Sheerness

Parents were asked to indicate whether or not they had received any of a number of publicity materials provided by the Sure Start programme. The results are set out at Chart 1.

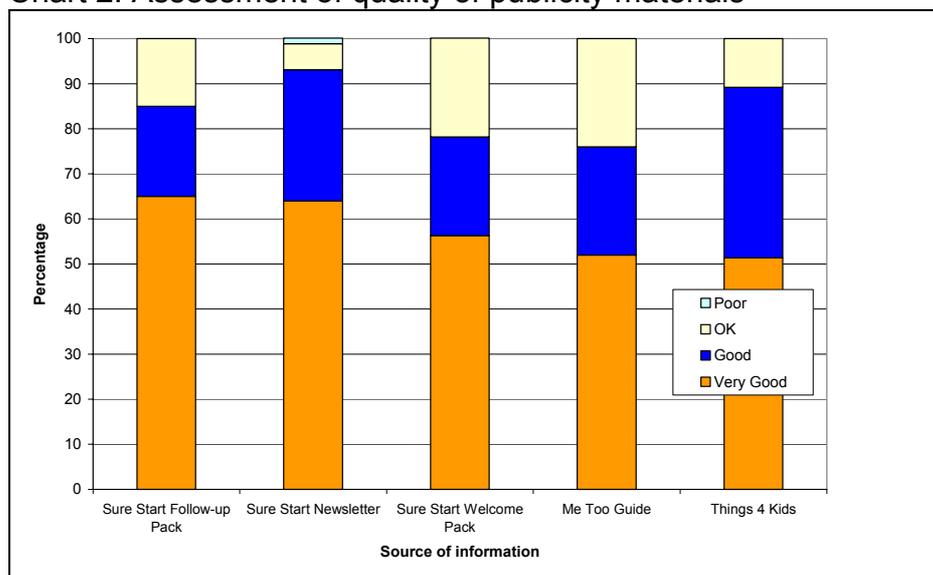
Chart 1: Parents in receipt of publicity materials



The majority (75%) of respondents indicate having received the Sure Start newsletter, with 38% of parents indicating that they had received Things 4 Kids, 35% the Sure Start Welcome Pack, 23% the Me Too Guide and 20% the Sure Start Follow-up Pack.

Respondents were then asked to evaluate the quality of the publicity materials that they had received. The evaluation of the parents is presented at Chart 2.

Chart 2: Assessment of quality of publicity materials



The results are positive for Sure Start Sheerness with the majority of parents indicating that they feel that each of the publicity materials listed to be Good to Very Good in quality. The Sure Start Newsletter was particularly well thought of with 93% of parents indicating that they thought it to be Good to Very Good.

Given a high level of response, it was possible to explore the assessment of the Sure Start Newsletter in relation to a number of key demographic variables. The analysis indicated that:

- Over two thirds (68%) of those aged 25 to 44 years of age felt that the Newsletter was Very Good compared to 55% of those aged 20 to 24 years.
- Exactly three quarters (75%) of lone parents stated that the Newsletter was Very Good compared to 59% of dual parent households.
- 69% of those who had lived in the area for more than 10 years thought that the Newsletter was Very Good compared to an average of 57% amongst those who had lived in the area for up to 10 years.

## Volunteering for Sure Start Sheerness

Respondents to the survey were asked whether or not they would consider volunteering to help with Sure Start Sheerness activities. A little over a quarter of respondents (27%) stated that they would consider volunteering.

Four respondents who were interested in volunteering provided contact details. The information is given at Appendix C.

Those who would not consider volunteering were asked what support or assistance they would need to become a volunteer. The results are set out at Table 10.

Table 10: Assistance needed to volunteer and reasons given for not volunteering

Assistance needed/reason given for not volunteering	Number of respondents	% of respondents
No time available	19	17.3
Not interested	4	3.6
Training expenses	1	0.9
If crèche was provided	1	0.9
Already volunteering	1	0.9
Need childcare provision	1	0.9
Concentrating on bringing up own children	1	0.9
Seeking paid employment instead	1	0.9
About to move from area	1	0.9

As Table 10 shows, nearly a fifth of the survey population stated that they would be unable to volunteer for Sure Start Sheerness due to time constraints on their lives which meant that they had no extra time to give. Respondents stated:

- I need more time.*
- Need more hours in a day.*
- I haven't got the time.*

Where respondents were able to give time, they were worried about the expenses that may be incurred and pointed to the need to provide childminding arrangements.

## Observations and opportunities

1. Sure Start Sheerness should feel very pleased with the extent to which it has established a known presence amongst relevant stakeholders.
2. Whilst perceptions of the programme are generally accurate, about 5% of parents perceived that the programme is focused on

“underprivileged” parents, and more than 30% of parents perceive the programme is targeted at specific groups, such as ‘parents’, ‘young mums’, ‘children’ and ‘parents wanting to get back into work’, for examples. Sure Start Sheerness will need to consider as part of its information and communication strategies how to promote the universal nature of its service provision with families with children aged 0-3.

3. The primary source of information about the programme is word of mouth, and especially for fathers. Given aims of improving awareness about the specific nature of what Sure Start Sheerness is and for whom, as Sure Start Sheerness implements its *Capacity Building Strategy 2003*, having local parents that are staff members is likely to make improvements in this understanding. This has occurred at programmes such as Sure Start Gladstone.
4. The significant number of parents that are prepared to consider volunteering within the programme is highly encouraging about the levels of social capital within Sheerness. This is especially encouraging about the likely realisation of the aspirations of *Capacity Building Strategy 2003*.
5. The programme should consider developing and executing a volunteering strategy that links explicitly with sustainability objectives for the programme. This is likely to incorporate:
  - Identifying areas within programme delivery that local parents, with support and training, could take ownership of. This has been the case at Sure Start St Matthews, for example, with toy libraries, and the case at Sure Start Aylesbury Plus, for example, with training of courses.
  - Establishing pathways into further education and employment. For example, at Sure Start North Canning Town, the local employment service and the Sure Start North Canning Town community development manager (who has volunteer co-ordination as part of her function) are co-located and volunteers are able to seek out specific personal advice about employment and training.
  - Linkages with other agencies, such as Connexions and Job Centre Plus, to offer assistance to local parents. For example, at Sure Start Gladstone, these services provide personal advice sessions to local parents within local community facilities.

## 2. Take-up of services

### Health services

The data from the community survey was used to ascertain the level of take-up of different health services in the Sheerness area in order to map service usage amongst parents of very young children. The results are presented at Table 11.

Table 11: Take-up of health services

Health service	Number of respondents	% of respondents
GPs	88	80.0
Dentist	75	68.2
Health Visitor	36	32.7
Midwife	31	28.2
Speech and language support	25	22.7
Oral health promoter	23	20.9
Bumps and Babies Groups	22	20.0
Breastfeeding Group	19	17.3
Baby Massage	15	13.6
Young Parent's Group	14	12.7
Aqua Natal	12	10.9
Smoking Cessation	11	10.0
Family Counsellor	11	10.0

The results at Table 11 demonstrate that the majority of parents use GP and dental services, with GPs representing the most highly utilised service (cited by 80%). The results are to be expected given the role of GPs as the point of delivery for front-line health services as well as being the gate-keeper to other health services.

When asked whether or not they thought that there were any gaps in health service provision, a little under a quarter (24%) of respondents felt that there were.

The data regarding perception of service provision was analysed in relation to key demographic variables. The analysis revealed that:

- A higher proportion of female respondents felt that there were gaps in health service provision (at 34%) than their male counterparts (at 19%).

- Marked differences existed in relation to age with 31% of those in the age cohort 25 to 44 years indicating that there were gaps in health services compared to 13% of those aged 20 to 24 years.
- 19% of lone parents indicated that there were gaps in health service provision compared to 27% of respondents from dual parenting households.
- 28% of respondents who had lived in the area for more than 10m years felt that there were gaps in health service provision compared to an average of 12% among those who had lived in the area up to 10 years.

### Additional health services requested

Parents were asked to detail additional health services that they would like to see in the Sheerness area. The results are given at Table 12.

Table 12: Additional health services requested

Health service	Number of respondents	% of respondents
More breast-feeding promotion	3	2.7
Dietary advice	2	1.8
Family planning clinic	2	1.8
Faster access to GPs	2	1.8
Eczema support	1	0.9
GPs for children	1	0.9
Male health clinic	1	0.9
Support for children with special needs	1	0.9
Better response from Health Visitors	1	0.9
Baby clinic	1	0.9
Ante-natal classes in Sheerness	1	0.9
Children's Ward/Maternity Ward on Sheppey	1	0.9
Help for mothers with PND	1	0.9

Whilst around a quarter of parents felt that there were areas for additional health service provision, 16% of parents were able to indicate what additional services they would like to see introduced or expanded.

The results also indicate that there is no single service that a significant proportion of local parents are very keen and agree needs to be introduced.

## Learning and play services

The data from the community survey was used to map take-up of learning and play services in the Sheerness area. The results are presented at Table 13.

Table 13: Take-up of learning and play services

Learning and play service	Number of respondents	% of respondents
Little PALS	45	40.9
Bookstart	38	34.5
Play and learn scheme (PALS)	36	32.7
Story Time	35	31.8
Lending Library	34	30.9
Baby Bounce and Rhyme	32	29.1
Crèche	30	27.3
Stories and Rhymes	28	25.5
Shake Rattle and Roll	28	25.5
Baby PALS	22	20.0
Toy Library	20	18.2
Special needs support (children)	18	16.4

The data indicates that the most commonly utilised service was Little PALS (used by 41% of respondents).

When asked whether or not they thought there were gaps in the provision of learning and play services, nearly a fifth (18%) of respondents felt that there were.

When the results were disaggregated in relation to the key demographic variables, the results demonstrated that:

- 10% of male respondents felt that there were gaps in the provision of learning and play services compared to 20% of female respondents.
- 11% of those aged 20 to 24 years felt that gaps existed in this service area, compared to 19% of their peers aged between 25 and 44 years.
- 24% of those respondents who had lived in the area for 10 years or more thought that gaps existed in relation to learning and play services compared to an average of 12% amongst those who had lived in the area for up to 10 years.

## Additional play and learning services requested

Sixteen parents gave details of additional learning and play services that they would like to see. The results are given at Table 14.

Table 14: Additional learning and play service requested

Learning and play service	Number of respondents	% of respondents
More playgroups	4	3.6
Promotion of existing services	3	2.7
Nursery in Sheerness	2	1.8
Support for children with special needs	2	1.8
Movement and dance class	1	0.9
Better mother and toddler groups	1	0.9
Better pre-school provision	1	0.9
Activities at more convenient times	1	0.9
One O'Clock Club	1	0.9

Whilst 15% of the survey population requested an additional service, like health services, the results indicate that there is no single service that a significant proportion of local parents are very keen and agree needs to be introduced.

## Training and education services

The results of the survey were used to identify training and education facilities. The results are given at Table 15.

Table 15: Take-up of training and education facilities/courses

Training and education facility	Number of respondents	% of respondents
First Aid training	28	25.5
Childcare course	25	22.7
How to Talk to Children - course	25	22.7

The most commonly used service was the First Aid training as cited by 26% of parents. With driving lessons and those involved in breast feeding support, the survey results are too ambiguous about whether parents are specifically identifying that these services were those offered by Sure Start Sheerness.

Asked whether or not they thought that there were gaps in current training and education provision in the Sheerness area, 17% of parents indicated that there were.

The results were analysed by key demographic factors. The analysis demonstrated that:

- ❑ Older respondents (aged 25 to 44 years) were considerably more likely to feel that gaps existed in relation to training and education services with 23% indicating that they thought gaps existed compared to 14% of those aged 20 to 24 years.
- ❑ Only 4% of lone parents felt that gaps existed in this area of service provision compared to almost a quarter (24%) of respondents from dual parenting households.
- ❑ Over a quarter of those who had lived in the area for more than 10 years felt that gaps existed in training and education facilities compared to an average of 8% for those who had lived in the area for up to 10 years.

### Additional training and education services requested

When asked to identify any other training or education facilities/courses they would like to see in the area, 15 parents gave details of services they would like to see. The results are given at Table 16.

Table 16: Additional training and education services requested

Learning and play service	Number of respondents	% of respondents
Crèche facilities for/at colleges	3	2.7
Cooking course	2	1.8
Different times for existing courses	2	1.8
Back to work training	1	0.9
IT training	1	0.9
Money management course	1	0.9
Nutrition course	1	0.9
Special needs course	1	0.9
Behaviour management course	1	0.9
Baby signing course	1	0.9
Hygiene course	1	0.9

The results indicate that there is some demand for further courses in the area, but there is no clear consensus regarding which courses/services should be offered, with no option cited by more than 3% of the survey population.

## Family support and other services

As with the other thematic areas, the data from the survey was used to determine the take-up levels of a range of support services. The results are presented at Table 17.

Table 17: Take-up of support services

Support service	Number of respondents	% of respondents
Paddling Pool	84	76.4
Outdoor play areas	81	73.6
Sheerness Library	75	68.2
Parent's lunches	47	42.7
Sure Start events	40	36.4
Liberty's Library	36	32.7
Trips	33	30.0
Exercise class	20	18.2
Sure Start Social Worker	18	16.4
Support for partners of women who experience PND or PMS	15	13.6
Home-Start Family Support Service	14	12.7
Grandparents group	14	12.7

Outdoor play facilities were the most commonly accessed services with around three quarters of respondents using the paddling pool and outdoor play areas.

Asked whether they thought that there were gaps in the support services in the area, 18% of parents thought that there were.

The results were looked at in relation to demographic factors and the results demonstrated that:

- Almost a quarter (24%) of respondents aged 25 to 44 years stated that gaps existed in support services in the area compared to 10% of those aged 20 to 24 years.
- 23% of lone parents felt that there were insufficient support services compared to 15% of their peers from dual parenting households.

## Additional family support and other services requested

Respondents to the community survey were asked to suggest any additional services for themselves and their children that they would like to see in the Sheerness area. Their responses are set out at Table 18.

Table 18: Additional support services requested

Support service	Number of respondents	% of respondents
Weekend events	3	2.7
Crèche	2	1.8
Improve parks	2	1.8
More promotion of services	2	1.8
More activities for fathers	2	1.8
More promotion of Grandparent's Group	1	0.9
More services for working parents	1	0.9
More childminders	1	0.9
More help with children with special needs	1	0.9

As noted, one working parent indicated that they would like to see activities at weekends to enable them to participate in Sure Start services:

- *Please address working parents by offering weekend courses and events.*

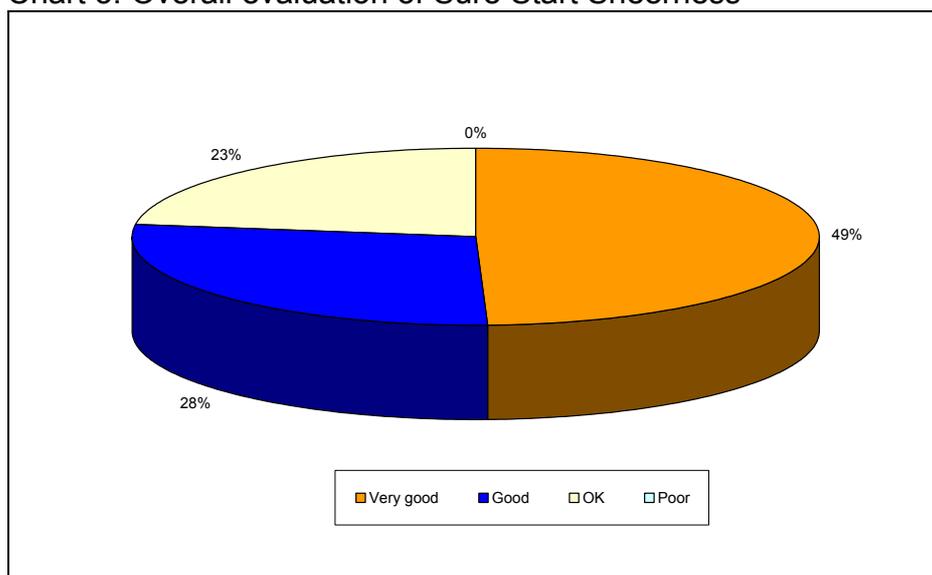
See page 61 for observations and opportunities as it relates to this section.

## User satisfaction with services

### Overall service evaluation

Parents were asked to give an overall assessment of Sure Start Sheerness to date. The results are presented at Chart 3.

Chart 3: Overall evaluation of Sure Start Sheerness



The results are extremely positive with 81% of parents judging Sure Start Sheerness to be Good or Very Good, and no respondents judging it to be Poor.

The results about satisfaction with Sure Start Sheerness was explored in relation to key demographic variables. The analysis found:

- A higher proportion of female respondents thought that Sure Start was Very Good than fathers. The results are given at Table 19.

Table 19: Overall evaluation of Sure Start by gender

Evaluation of Sure Start	Gender (%)	
	Male	Female
Very Good	40.9	50.6
Good	27.3	28.4
OK	31.8	21.0
Poor	0.0	0.0

- ❑ 42% of those aged 20 to 24 years judged Sure Start Sheerness to be Very Good compared to 54% of those aged 25 to 44 years.
- ❑ Satisfaction rates with Sure Start Sheerness correlated with the length of time respondents had lived in the area with those who had lived in the area up to 5 years more likely to assess the programme as being Very Good than their peers who had lived in the area for more than 10 years. The results are presented at Table 20.

Table 20: Overall evaluation of Sure Start by length of time lived in area

Evaluation of Sure Start	Length of time in area		
	Up to 5 years	6 – 10 years	More than 10 years
Very Good	65.4	50.0	43.5
Good	11.5	25.0	39.1
OK	23.1	25.0	17.4
Poor	0.0	0.0	0.0

Asked whether there were any local services that they were uncomfortable using, 6 respondents stated that there were. The services cited by the respondents are given below:

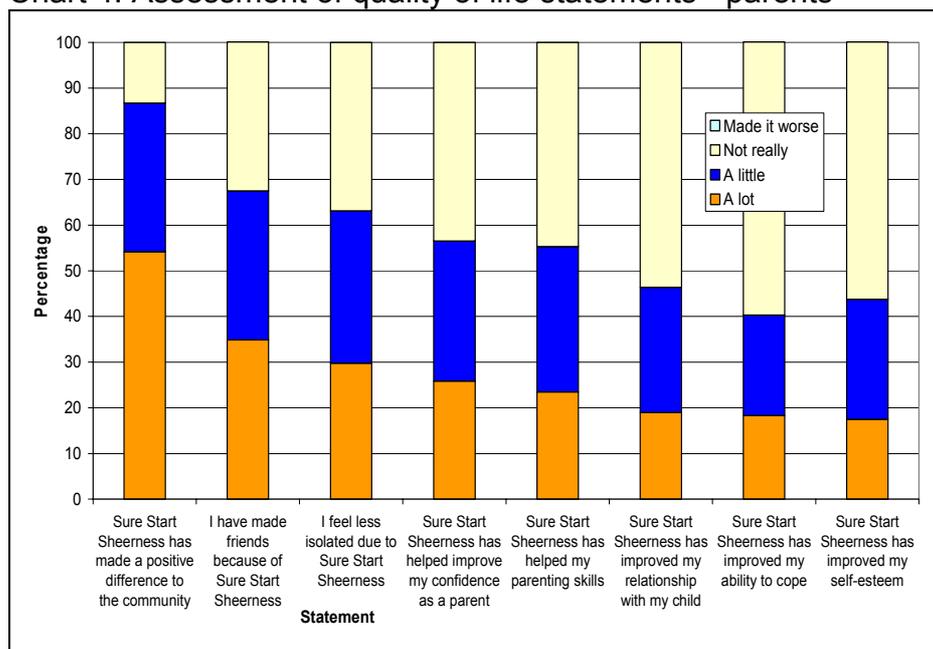
- *NSCPP – attitude when you approach management is condescending and patronising.*
- *Swimming dirty and unsafe.*
- *Library.*
- *Sandpit- Won't take my daughter near sandpit.*
- *Parent lunches - felt out of place. Good for facilities, health food.*
- *Some groups I would like to go to but am too shy, would like introduction to other parents.*

Whilst some concerns were raised about services in the area, these were confined to less than 5% of the sample population, suggesting overall that local parents feel comfortable broadly with service delivery.

## Quality of Life: Making an Impact

Parents were asked to respond to a series of statements relating to the impact that Sure Start Sheerness has had on their quality of life using an attitudinal scale encompassing the points, A lot, A little, Not really and Made it worse. The results are set out at Chart 4.

Chart 4: Assessment of quality of life statements - parents



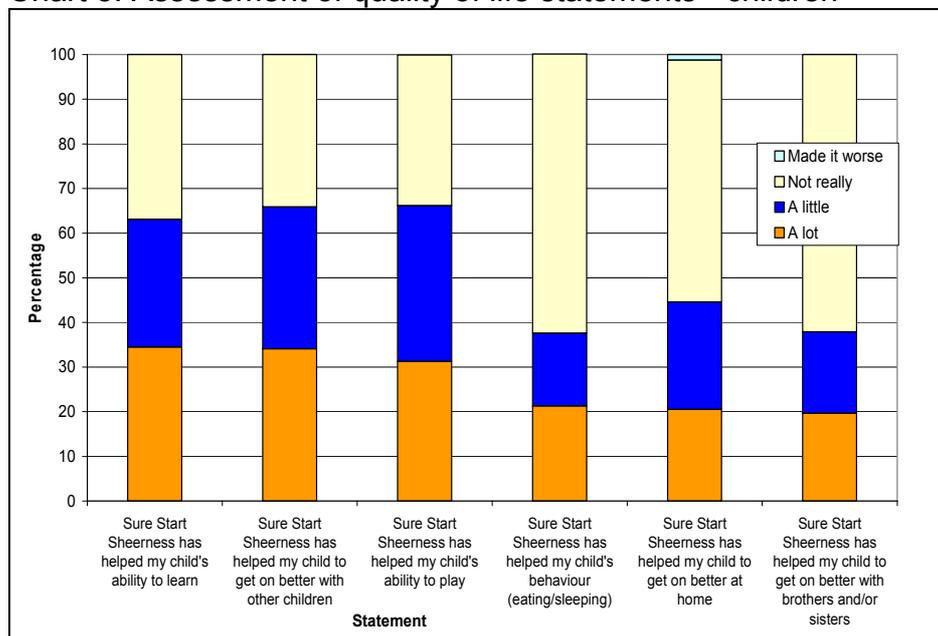
The results are generally positive with the majority of respondents indicating that Sure Start has impacted A lot or A little in relation to the following statements:

- Sure Start Sheerness has made a positive difference to the community*
- I have made friends because of Sure Start Sheerness*
- I feel less isolated due to Sure Start Sheerness*
- Sure Start Sheerness has helped improve my confidence as a parent*
- Sure Start Sheerness has helped my parenting skills*

The results were particularly positive in relation to the assessment of the impact of the programme on the community with 87% of parents indicating that Sure Start has had either A lot or A little or a positive effect on the community.

Parents were then asked to rate a number of quality of life statements relating to their children, using the same attitudinal scale.

Chart 5: Assessment of quality of life statements - children



As with the results for those statements relating to parents, the results are very positive with the majority of parents indicating that Sure Start Sheerness has impacted A little or A lot on the following areas:

- Sure Start Sheerness has helped my child's ability to learn*
- Sure Start Sheerness has helped my child to get on better with other children*
- Sure Start Sheerness has helped my child's ability to play*

## Health services

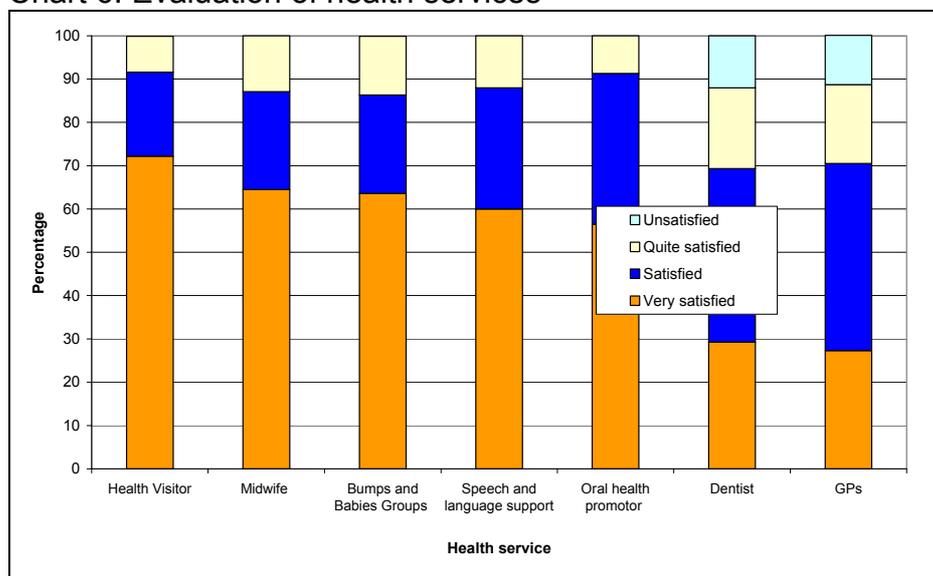
Parents interviewed in the community survey were asked to evaluate a range of health services in the Sheerness area using a four point attitudinal scale encompassing the points Very satisfied, Satisfied, Quite Satisfied and Unsatisfied.

The health services evaluated were:

- GPs
- Dentists
- Midwife
- Health Visitor
- Speech and language support
- Bumps and Babies Group
- Young Parent's Group
- Smoking Cessation
- Breast-feeding Group
- Baby Massage
- Oral health promoter
- Aqua Natal
- Family Counsellor

The results are presented at Chart 6.

Chart 6: Evaluation of health services



The results are very positive with the majority of parents in each case indicating that they are Satisfied to Very Satisfied with the services provided. Underlining the strength of Sure Start provided services, non-

Sure Start services (GPs and dentists) received the lowest satisfaction ratings.

Insufficient levels of response were achieved to allow meaningful representation of results relating to the Breastfeeding Group, Young Parent's Group, Smoking Cessation, Baby Massage, Aqua Natal and Family Counsellor. The results for these services are represented as actual numbers of returns at Table 21.

Table 21: Evaluation of selected health services

Health service	Actual number of responses			
	Very satisfied	Satisfied	Quite satisfied	Un-satisfied
Breastfeeding Group	12	4	2	1
Young Parent's Group	10	2	2	0
Smoking Cessation	8	1	2	0
Baby Massage	8	5	2	0
Aqua Natal	8	2	2	0
Family Counsellor	8	1	2	0

The results regarding the evaluation of health services was explored in relation to a number of key demographic factors. This analysis revealed that:

- ❑ 35% of fathers indicated that they were Very Satisfied with GPs compared to 25% of mothers.
- ❑ Exactly a quarter (25%) of those aged 25 to 44 years were Very Satisfied with GP services compared to exactly a fifth (20%) of those aged 20 to 24 years.
- ❑ 14% of those who had lived in the area for more than 10 years were Unsatisfied with GP services compared to an average of 5% among those who had lived in the area up to 10 years.
- ❑ 15% of respondents from dual parenting households were Unsatisfied with Dentist services compared to 4% of lone parents.

## Favourite health services

Parents were asked to indicate which health service they liked the most in the Sheerness area. The results are given at Table 22.

Table 22: Health service liked the most

Health service	Number of respondents	% of respondents
GP	10	9.1
None	5	4.5
Health visitor	5	4.5
Midwife	4	3.6
Maidstone Hospital	2	1.8
Shake, Rattle and Roll	1	0.9
NHS (non-specified)	1	0.9
Oral health promoter	1	0.9
Speech and language therapist	1	0.9
Bumps and Babies	1	0.9
Breast-feeding Group	1	0.9
Dentist	1	0.9

The most commonly cited health service that parents liked were GPs, cited by 10% of the survey population. With regard to GPs, parents stated:

- *GP very understanding.*
- *GPs always give children priority.*
- *GPs – always get appointments quickly for children.*
- *GP always chirpy and helpful and does not make me feel silly.*
- *GPs they offer plenty of advice.*

The comments indicate that the inter-personal skills of GPs are highly valued by parents who feel that they are approachable. In addition to their personal skills, the systems in place that enable parents to quickly gain appointments for their children were also appreciated.

## Health services needing most improvement

Respondents were then asked to indicate what health services (if any) they disliked in the area. The results are set out at Table 23.

Table 23: Health service needing improvement

Health service	Number of respondents	% of respondents
Dentist	16	14.5
GP	8	7.3
Health visitor	4	3.6
None	3	2.7
Breast-feeding group	1	0.9

Dentists were the most commonly cited health service that respondents felt to be in need of improvement (noted by 15% of parents) followed by GPs (at 7%).

Parents made the following comments regarding dentists:

- *Dentist X finding work to be done.*
- *Dentist X – seemed to be pleased to find work to be done.*
- *Hard to find NHS dentist.*
- *Dentist – scared of dentist.*
- *Dentist makes more work to earn more money.*

Seven of the respondents who cited dentists indicated that they were afraid of dentists or felt uncomfortable using this service. The comments also indicate a slight distrust of dentists who are felt to be carrying out work needlessly in order to make money.

With GPs, the issue was not that GPs provided a service that was not friendly or approachable. Rather, several parents were concerned about the difficulty of getting an appointment quickly.

## Learning, play and childcare services

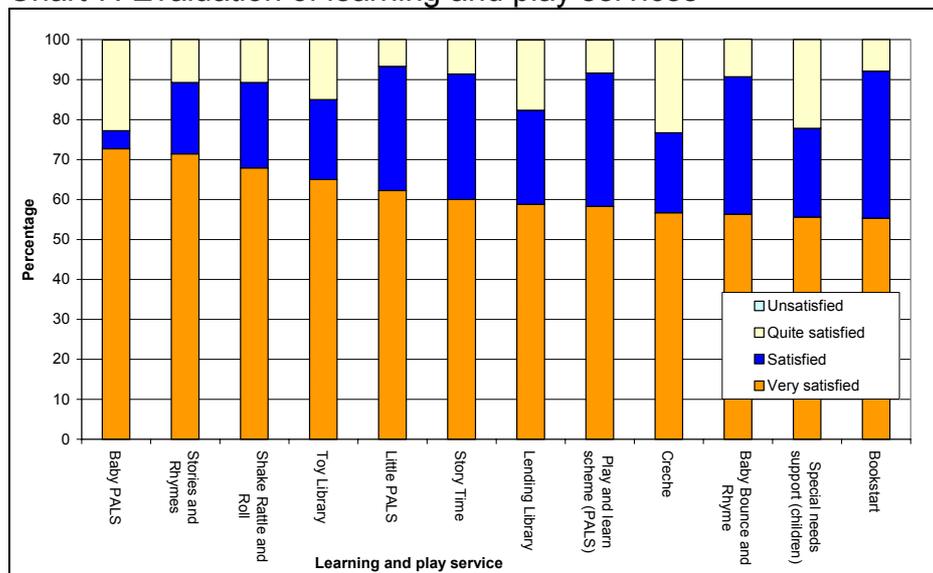
Respondents were asked to evaluate learning, play and childcare services in the area utilising the four point scale used for health services (see Health, page 49)

The services evaluated were:

- Story Time
- Stories and Rhymes
- Baby Bounce and Rhyme
- Lending Library
- Shake Rattle and Roll
- Baby PALS
- Little PALS
- Toy Library
- Bookstart
- Play and Learn Scheme (PALS)
- Special needs support
- Crèche

The results are presented at Chart 7.

Chart 7: Evaluation of learning and play services



The results are very positive with the majority of parents indicating in each case that they are Very Satisfied with the service provided. The range of the positive assessments was fairly narrow from 77% of parents indicating that they were Satisfied or Very Satisfied with Baby PALS and the crèche to 93% Satisfied to Very Satisfied with Little PALS.

In exploring differences amongst sub-populations within Sure Start Sheerness, there was little diversity within this area of activity.

## Favourite learning and play services

Parents were asked to indicate which learning and play service they liked best. The results are set out at Table 24.

Table 24: Learning and play service liked the most

Learning and play service	Number of respondents	% of respondents
Little PALS	9	8.2
PALS (home visits)	6	5.5
Shake, Rattle and Roll	3	2.7
Bookstart	3	2.7
None	2	1.8
Baby Bounce and Rhyme	2	1.8
Story Time	2	1.8
Crèche	2	1.8
All	1	0.9
Library (non-specified)	1	0.9
Fun Days	1	0.9
Play and Learn Scheme	1	0.9
One O'Clock Club	1	0.9

The results are a positive endorsement of the services provided by PALS, with Little PALS the most commonly cited favourite service (8% of respondents) and home visits the next most commonly cited favourite service (6% of respondents). As parents observed of PALS

### Little PALS

- *Little PALS has helped my daughter gain confidence in playing with other children and making new friends, and she also gets to do many activities. She looks forward to it every week.*
- *Little PALS – they have everything there – care workers are excellent. Kids learn well and mix well.*
- *Little PALS – lots of toys to play with.*

### PALS Home visits

- *PALS builds child's confidence one to one and encourages development through play.*
- *PALS visits are always good and give you a rest.*

## Learning and play services needing most improvement

When asked which (if any) of the learning and play services in the area needed improvement, the results (presented at Table 25) indicate that very few parents could think of possible improvements to be made with the most common response being None. The positive assessment of learning and play services are underlined, given the fact that only 5 parents could think of a service needing improvement, whilst 34 could cite a favourite service.

Table 25: Learning and play service needing improvement

Learning and play service	Number of respondents	% of respondents
None	6	5.5
Stories and Rhymes	1	0.9
Nursery (non-specified)	1	0.9
Playgroup	1	0.9
Little PALS	1	0.9
Baby PALS	1	0.9

## Training and education services

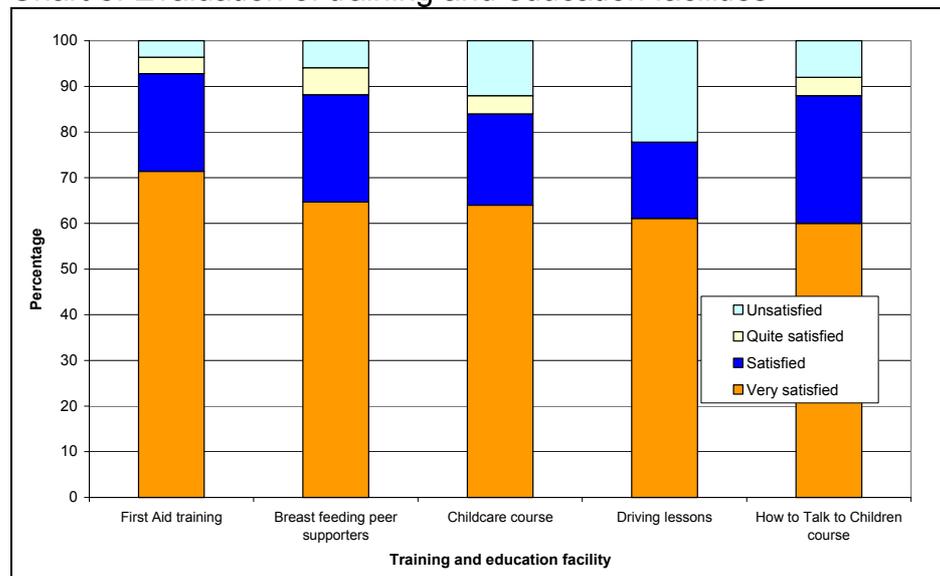
Parents were asked to evaluate training and education services in the area using the four point attitudinal scale used for Health services (see page 49).

Parents were asked to evaluate the following services:

- First Aid Training
- Childcare course
- How to Talk to Children
- Driving Lessons
- Breast-feeding peer supporters

The results are set out at Chart 8.

Chart 8: Evaluation of training and education facilities



As with the previous thematic areas, the results were very positive with the range of parents indicating that they were Satisfied to Very Satisfied from 78% (for Driving Lessons) to 93% (First Aid training).

Given low response levels, it was not possible to further analyse the results according to demographic variables.

### Most favourite training and education services

Twelve parents gave details of training and education services they liked the most, with the First Aid and Child care courses both the most commonly cited services. The results are given at Table 26.

Table 26: Training and education service liked the most

Training and education services	Number of respondents	% of respondents
First Aid	3	2.7
Child care	3	2.7
How to talk to children	2	1.8
Driving lessons	2	1.8
None	1	0.9
Community learning centre, St George's Avenue	1	0.9

## Training and education services needing most improvement

Asked to indicate training and education services that they disliked, only 5 parents gave a response. Their answers are detailed at Table 27.

Table 27: Training and education service needing most improvement

Training and education service	Number of respondents	% of respondents
Driving Lessons	2	1.8
First Aid	1	0.9
How to Talk to Children	1	0.9
Sheppey College	1	0.9

While the results were extremely low, both respondents citing Driving Lessons felt the price of the training put it out of their reach and so unfairly penalised them:

- *Driving lessons out of my reach. My husband is working but I cannot afford.*

## Support for parents and families

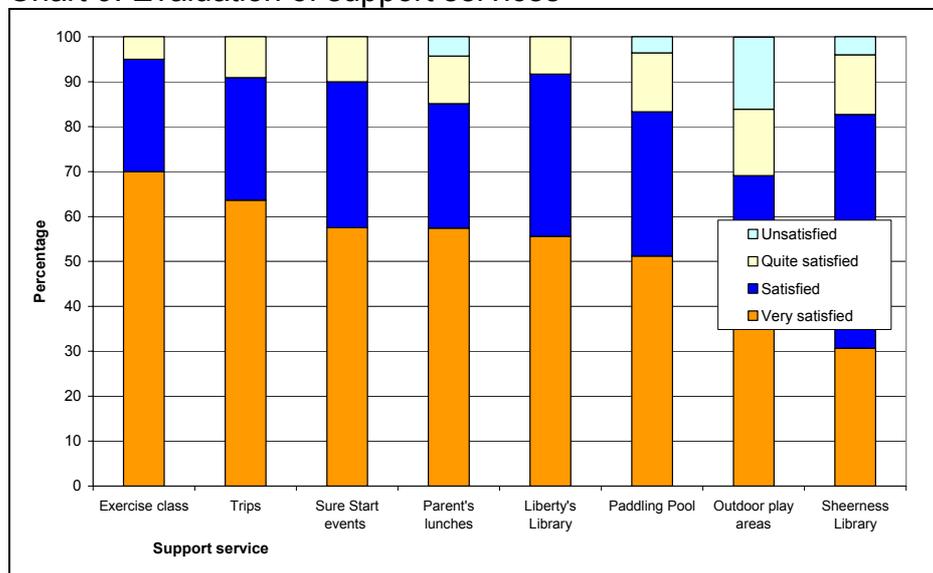
As per the other thematic areas, parents responding to the community survey were asked to evaluate a range of support services for families and for parents using the four point attitudinal scale utilised elsewhere (see Health, page 49).

The services evaluated were:

- Exercise class
- Sure Start Social Worker
- Home-Start Family Support service
- Grandparent's Group
- Parent's Lunches
- Outdoor play areas
- Paddling pool
- Sheerness Library
- Liberty's Library
- Sure Start events
- Trips
- Support for partners of women who experience post-natal depression or pre-menstrual syndrome

The results are presented at Chart 9.

Chart 9: Evaluation of support services



As with the previous thematic areas, the results were positive with the majority of parents indicating that they were Satisfied to Very Satisfied with each of the services listed, with attitudes ranging from 69% Satisfied to Very Satisfied with Outdoor play areas, to 95% with Exercise classes.

There were insufficient responses for some service to enable a meaningful analysis in terms of percentages. Results for these services are set out as actual number of responses at Table 28.

Table 28: Evaluation of selected support services

Support service	Actual number of responses			
	Very satisfied	Satisfied	Quite satisfied	Un-satisfied
Sure Start Social Worker	10	5	3	0
Home-Start Family Support Service	9	3	2	0
Grandparents group	8	2	2	2
Support for partners of women who experience PND or PMS	8	3	2	2

Further analysis using demographic data revealed that:

- A third (33%) of fathers were Unsatisfied with Outdoor play areas compared to 12% of mothers.

- Attitudes to Outdoor play facilities were linked with the length of time respondents had lived in the area. Half (50%) of those who had lived in the area for up to 5 years were Very Satisfied with these facilities compared to a little over a quarter (26%) of those who had lived in the area more than 10 years. See Table 29 for full results.

Table 29: Evaluation of outdoor play facilities services by length of time lived in area

Evaluation of support services	Length of time lived in area (%)		
	Up to 5 years	6 to 10 years	More than 10 years
Very Satisfied	50.0	40.0	25.6
Satisfied	22.2	53.3	35.9
Quite Satisfied	11.1	0.0	17.9
Unsatisfied	16.7	6.7	20.5

- Respondents from dual parenting households were more satisfied with the Paddling Pool than their lone parenting peers with 54% of the former Very Satisfied to 46% of the latter group of respondents.
- Those who had lived in Sheerness the shortest length of time were the most likely to be Very Satisfied with the Paddling Pool. See Table 30.

Table 30: Evaluation of paddling pool by length of time lived in area

Evaluation of support services	Length of time lived in area (%)		
	Up to 5 years	6 to 10 years	More than 10 years
Very Satisfied	63.2	60.0	42.9
Satisfied	26.3	40.0	35.7
Quite Satisfied	10.5	0.0	16.7
Unsatisfied	0.0	0.0	4.8

## Favourite family support and other services

Twenty six parents gave details of family support or other services that they liked the most. Their responses are detailed at Table 31.

Table 31: Family support service liked the most

Family support service	Number of respondents	% of respondents
Paddling Pool	12	10.9
Parent's Lunches	4	3.6
Library (Liberty)	2	1.8
Trips	2	1.8
Sure Start events	2	1.8
Sure Start Social Worker	2	1.8
Library (non-specified)	1	0.9
Sandpit	1	0.9

The most commonly cited service was the Paddling Pool noted by 11% of the survey population. In relation to the Paddling Pool parents stated that:

- *Paddling pool very clean and safe.*
- *Paddling pool very nice now it has been done up.*
- *Paddling pool – much better than it used to be.*
- *Paddling pool – nice to have somewhere outside to play safely.*
- *Paddling – great fun for the kids.*

The popularity of the Paddling Pool as evidenced at Table 31 demonstrates that the investment made by Sure Start Sheerness has been appreciated by parents. Parents have noted the improvement in this facility and so Sure Start can be proud of its achievement here.

## Family support and other services needing most improvement

When asked what family support or other service they disliked, the most common response among respondents were Play areas, cited by 8% of the survey population. The full results are given at Table 32.

Table 32: Family support service needing most improvement

Family support service	Number of respondents	% of respondents
Play areas	9	8.2
Paddling pool	5	4.5
None	4	3.6
Sandpit	3	2.7
Library	2	1.8
Parent's Lunches	2	1.8
Swimming pool	1	0.9

In relation to Play areas, parents stated:

- *Too many jobs in them, broken glass everywhere.*
- *Parks are full of older kids smoking and wrapping swings around top bar.*
- *Outdoor areas – too rough and dangerous.*
- *Play areas are awful, broken and dirty.*

The results indicate that, whilst outdoor play areas are available to parents in the area, they are perceived as being inappropriate for very young children due to issues of health and safety and a perspective that older children and young people are occupying these spaces at the expense of very young children.

## Observations and opportunities

### Overall

1. Sure Start Sheerness should feel very proud of the extent to which, at such an early stage in the life of the programme, local families are identifying a positive impact from the programme in terms of improving quality of community life, improving their capacities as parents and improving the development of their children and babies.
2. The results identified represent baselines for measuring progress in future years. These baselines could be updated through annual external evaluation processes.

3. Sure Start Sheerness could consider setting satisfaction targets for all activities that recognise the goal of improving the levels of satisfaction with locally available services.
4. Sure Start Sheerness could also consider exploring ways of improving understanding of the component parts of satisfaction, such as 'friendliness of staff', 'opening times' and 'ease of making an appointment'. This could occur through consultation processes with local parents.

## Health services

5. In terms of **health services**, 76% of local parents identify that there are sufficient levels of health services locally. As it relates to the types of additional health services sought, generally this relates to improving the accessibility of, and understanding of existing service provision.
6. The level of satisfaction with Sure Start provided health services is very high. Satisfaction levels range from 88% to 100% in all health oriented services. Particularly high levels of satisfaction exist for the health visitors and the oral health educator.
7. The most favourite health service for local parents is GPs and the least favourite service is dentistry. The satisfaction with GPs relates predominantly to issues of helpfulness and approachability, while with dentists the predominant issue relates to fear of using dentists. To this end, Sure Start Sheerness supporting an oral health educator might benefit addressing these fears.

## Play and learning

8. In terms of **play and learning services**, 82% of local parents identify that there are sufficient levels of play and learning services locally. As it relates to the types of additional services sought, there is significant diversity in the types of provision requested.
9. The level of satisfaction with play and learning services exists within a range of 77% of parents indicating that they were Satisfied or Very Satisfied with Baby PALS and the crèche to 93% Satisfied to Very Satisfied with Little PALS.
10. The most favourite play and learning service is Little PALS, with parents especially pleased with the degree to which the service

enables improved child development and interaction. There were too few parents willing to cite services that needed improvement as it relates to play and learning to draw meaningful inferences.

## Training and education

11. In terms of training and education services, 83% of local parents identify that there are sufficient levels of training and education services locally, albeit that a number of parents are keen for crèche provision at courses to enable their attendance and parents have ideas about specific types of training that they would find especially useful.
12. The level of satisfaction with training and education services exists within a range of 78% of parents indicating that they are Satisfied to Very Satisfied with driving lessons to 93% of parents indicating that they are Satisfied to Very Satisfied first aid training.
13. The numbers of parents indicating training and education that they liked most or requiring most improvement are statistically too small to draw meaningful inferences.

## Support for parents and families

14. In terms of support for parents and families, 82% of local parents identify that there are sufficient levels of support for parents and families locally. As it relates to the types of additional services sought, like health services, generally this relates to improving the accessibility of, and understanding of existing service provision.
15. The level of satisfaction within the range Satisfied to Very Satisfied constitutes 69% satisfaction with Outdoor play areas, to 95% with Exercise classes.
16. The most favourite service that supports families has been the paddling pool, and this is a credit to Sure Start Sheerness making a difference to the needs of local families with very young children.
17. Outdoor play is the service needing most improvement, and relates particularly to concerns about the safety and quality of these opportunities locally. Significantly, as it relates to outdoor

play, male parents and carers are especially concerned about the quality of this provision. Sure Start Sheerness could explore with fathers making a difference to outdoor play areas, as occurred at Sure Start Rawmarsh, as a potential activity for addressing the involvement of male parents and carers into the programme, more generally.

## Appendix A: Demographic Profile of Survey Population

In total, 110 parents were consulted in the community survey.

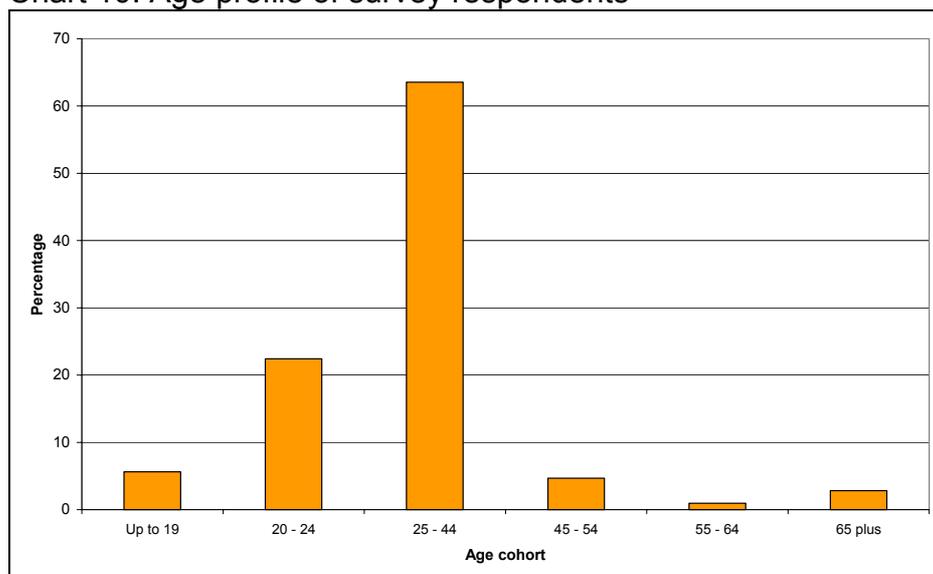
### About you

78% of respondents to the survey were female to 22% male giving a female to male ratio of 4:1.

### Age

The majority of those surveyed were aged 44 years and below with the single most common age cohort comprised of those aged between 25 and 44 years of age. The results are set out at Chart 10.

Chart 10: Age profile of survey respondents



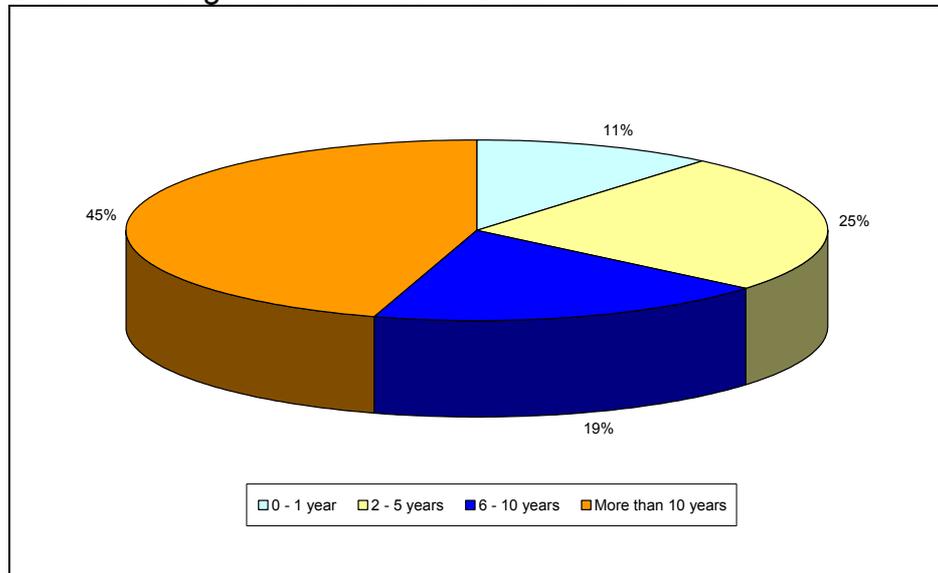
### Ethnicity

95% of survey respondents stated that they were of White British origin, 2% of Asian origin, 1% of Black origin and 2% of Other origin. This accords with the anticipated ethnic profile for the Sheerness area.

### Length of time lived in area

Almost two thirds of the survey population (64%) had lived in Sheerness for 6 or more years. The results are given in full at Chart 11.

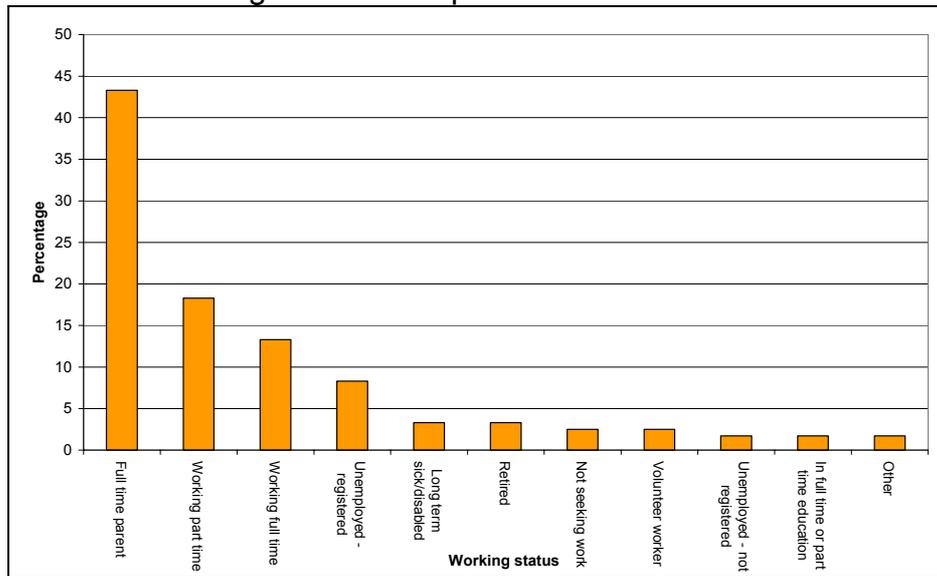
Chart 11: Length of time lived in Sheerness



### Working status

The single most common working status cited was Full time parent as indicated by 43% of respondents. Those in employment collectively accounted for 32% of the survey population whilst those who were Unemployed collectively accounted for 10% of parents. The results are given in full at Chart 12.

Chart 12: Working status of respondents



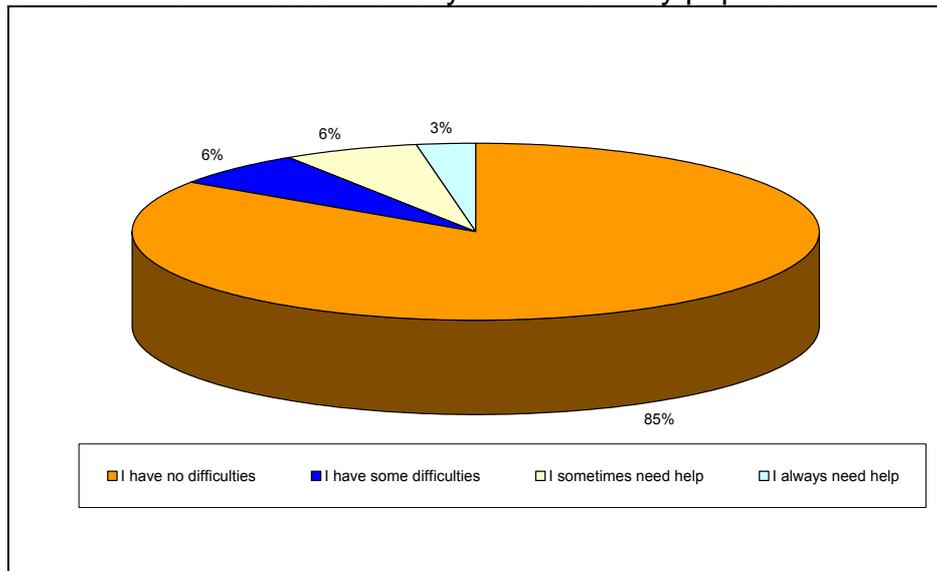
### Parenting status

31% of parents indicated that they were a lone parent whilst the remainder were in dual parenting households.

### Literacy

When asked whether or not they experienced any difficulties in reading and writing in English, the majority of respondents (85%) stated that I have no difficulties. The results are given at Chart 13.

Chart 13: Self-assessed literacy level of survey population



## Disability

Asked whether or not they had a special need or disability, 9% of respondents stated that they did.

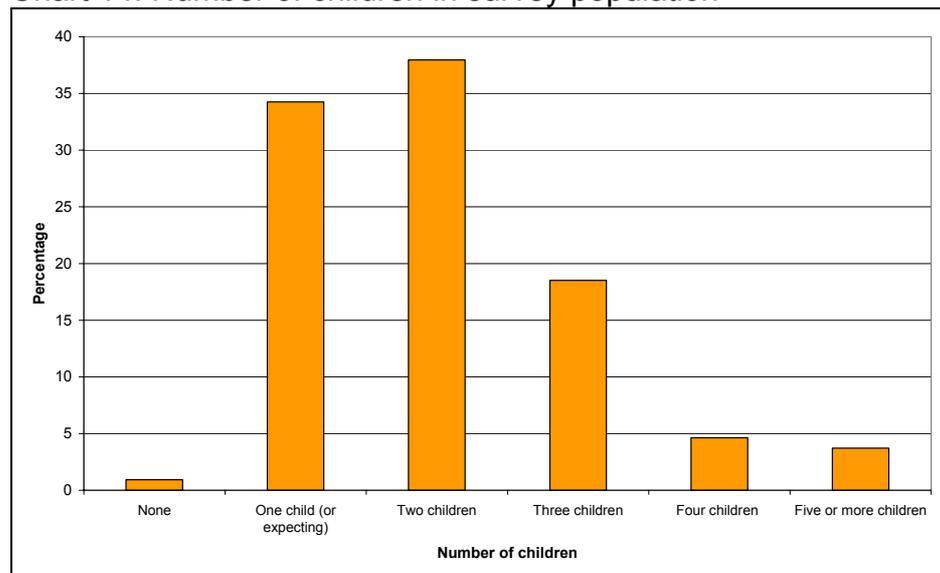
Seven respondents gave details of their special need or disability:

- Bone disease (2 citations)
- Dyslexia (2 citations)
- Partially sighted
- Restricted mobility
- Arthritis

## Children

The majority of respondents (72%) had one or two children. Only 1% stated that they had no children, indicating the success of the community surveyors in accessing the Sure Start client group.

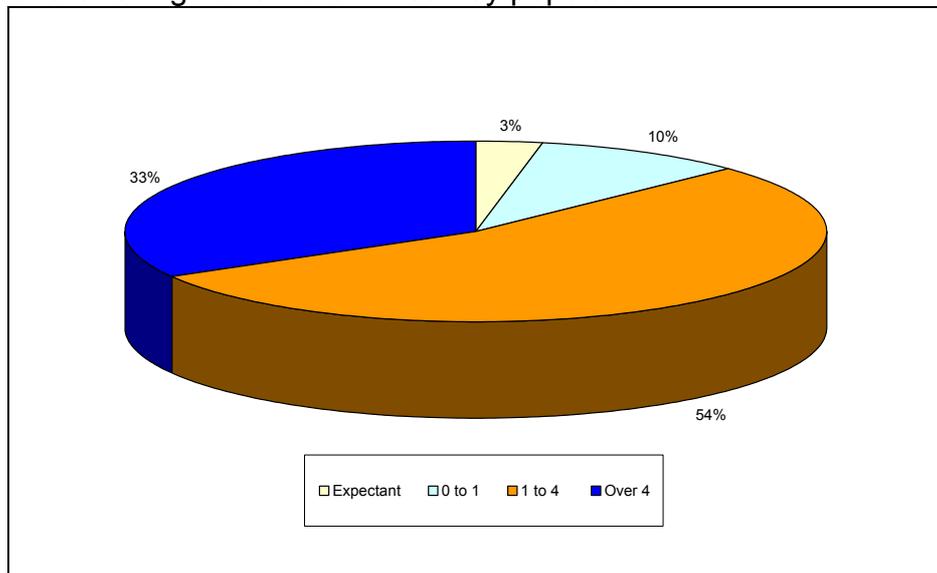
Chart 14: Number of children in survey population



## Age of children

Chart 15 gives the age breakdown of children of the parents in the survey population. Almost exactly two thirds (67%) of the children are of Sure Start age (up to 4 years).

Chart 15: Age of children in survey population



### Disability

7% of parents stated that they had a child with a special need or disability. Seven parents gave details of the condition their child had (one respondent indicated that their child had more than one condition):

- ADHD (3 citations)
- Dyslexia (2 citations)
- Asperger's Syndrome
- Primary Congenital Glaucoma
- Autistic spectrum disorder

## Appendix B: Full list of Sure Start definitions given

Table 33: Definitions of Sure Start given by respondents

Who is Sure Start aimed at?	Number of citations	Percentage of citations	Percentage of survey population
Children under 4	22	22.9	20.0
Correct definition	20	20.8	18.2
Children	6	6.3	5.5
Parents and children	6	6.3	5.5
Families with young children	6	6.3	5.5
Parents who need support	5	5.2	4.5
Under fives	5	5.2	4.5
Mums	4	4.2	3.6
Families	4	4.2	3.6
Teenage mums/young parents	4	4.2	3.6
Pre-school children	3	3.1	2.7
Don't know	3	3.1	2.7
All parents	2	2.1	1.8
Children in Sheerness	2	2.1	1.8
Under privileged children	1	1.0	0.9
The local community	1	1.0	0.9
Parents wanting to get back to work	1	1.0	0.9
Non-working parents of young children	1	1.0	0.9
<b>Total</b>	<b>96</b>	<b>100</b>	<b>87.1</b>