

**INTERIM EVALUATION REPORT
2003**

Sure Start Paignton

CONTENTS

	Page No.
1. BACKGROUND	2
A history of the evaluation	2
Introduction to Sure Start Paignton	3
Capital build projects	4
2. METHODOLOGY	5
3. OBJECTIVE 1: IMPROVING SOCIAL AND EMOTIONAL DEVELOPMENT	6
4. OBJECTIVE 2: IMPROVING HEALTH	8
5. OBJECTIVE 3: IMPROVING THE ABILITY TO LEARN	10
6. OBJECTIVE 4: STRENGTHENING FAMILIES AND COMMUNITIES	11
7. CONCLUSIONS AND RECOMMENDATIONS	12
8. FUTURE EVALUATION PLANS	13
 APPENDIX A	 14
 APPENDIX B	 20
 APPENDIX C	 24

1. BACKGROUND

A history of the evaluation

- 1.1. The internal evaluator who is conducting the evaluation was appointed on the 1st September 2003. As such there has been little opportunity to start gathering data and information in time for the annual evaluation. Hence this report is of a reflective nature as it cannot realistically or accurately refer to activities before this date. The main focus of the report is as an indication of the future directions that the evaluation (and the programme) hopes to take. As such much of the information contained herein is descriptive in nature due to the little time there has been to collect and analyse relevant data and statistics.

The evaluation strategy was finalised in April 2003 (please see Appendix A for a copy of the strategy) and outlines three key areas for the evaluation:

- ◆ Action research
- ◆ Individual service evaluation
- ◆ Local evaluation

The action research is playing a key part in the evaluation at this point in the process. A high priority has been to arrange the collection of baseline data. Obviously at this stage (Paignton is a round three programme) it will not be a particularly powerful indication of what life and services was like before Sure Start Paignton started but it will provide a baseline for the future. What this means for the programme is that it will be hard to prove “75 per cent of families reporting personal evidence of an improvement in the quality of services providing family support” (service delivery target in objective four), as we will not have an accurate account of families opinion before Sure Start Paignton started serving the community. Unfortunately it would also appear that the original consultation material for planning the programme has been lost, so not even this can be used as a point of reference.

However MORI are now collecting data jointly across the Sure Start Paignton and Sure Start Torquay areas. The two are very close geographically and face many similar problems (although there are important differences as well), so it is hoped that a larger sample will provide more reliable and powerful data as well as interesting comparisons between the two programmes. Although the two programmes have different lead bodies their respective areas are both governed by Torbay Council and share the same health trust and statutory agencies so these comparisons will help inform those responsible for planning and the delivery of services.

Once MORI has established baselines the action research will focus on a number of key areas, identified important locally e.g. transience, domestic violence. It is hoped that as a result from this research a number of ‘starting points’ can be identified, against which longer-term progress can be measured. These specific areas will be revisited in three years to assess the progress being made.

A Best Practice forum is being planned for early 2004 to inform all involved in the work in these two areas what the two programmes have been doing, what has worked and what has not. It is hoped that this forum will be a regular occurrence and inform different agencies and professionals how to work together and encourage them to do so. This will be a key step towards mainstreaming the services that Sure Start Paignton has set up, as these forums will be used to show how and why they are working.

Individual service evaluations will consist of a series of initiatives undertaken as part of local service provision. For the most part, Sure Start workers at key points within service delivery will undertake them, for example at the start or end of a particular intervention. In relation to each service delivery area, particular elements of how the service is delivered and what difference it is making will be identified and evaluated. Evaluation methods used will include face-to-face interviews, questionnaires and focus groups.

The local evaluation stage within the evaluation process is based on the information gathered from individual service evaluation. The findings of this information will be collated and analysed by the Evaluation Officer and Programme Managers. They will seek to identify particular trends and themes in relation to the findings and will refer these to key members of the Sure Start teams for consideration of all possible implications. In this way, findings from the multi-faceted service evaluations will be effectively linked back into service planning and delivery. In some instances findings will be considered within workshops attended by relevant members of the teams to ensure that all implications for service planning and delivery are fully considered.

The strategy for the Local Evaluation within Sure Start Paignton will be to establish a comprehensive local monitoring system incorporating the three key stages described above. Additionally, continuous work will take place to ensure that the Programme's Board and the community as a whole are effectively involved in steering the progress of Sure Start Paignton services. This will ensure that the evaluation is relevant, timely and appreciated by all the parties involved and that the programme can obtain maximum benefit from this process in reviewing progress towards its objectives.

Introduction to Sure Start Paignton

- 1.2. The 1998 Deprivation Index showed Torbay Council as one of 100 most deprived local authorities. The Blatchcombe and Coverdale wards that Sure Start Paignton also serves has a higher than national average:

- ◆ unemployment level
- ◆ number of households lacking amenities
- ◆ children in low earning households¹

Table 1 gives the demographic profile of the two wards that Sure Start Paignton covers:

Table 1: Demographic profile of Blatchcombe and Coverdale (2001)²

Ward	IMD rank	Resident population	Population under 18 (%)	Population between 18 and 64 (%)	Population aged 65 or over	Ethnic minority population (%)	Single parent families (%)
Blatchcombe	1 159	10 164	26.1	58.3	15.6	1.17	9.6
Coverdale ³	1 169	7 043	20.8	57.8	21.4	1.1	6.2
Paignton	n/a	48 251	19.9	55.7	24.4	0.99	2.6

Blatchcombe and Coverdale were very close on the IMD (Index of Multiple Deprivation) ranking system but this table does show that Blatchcombe is the more heavily populated of the two. This contrasts with the data available from the census though which shows Coverdale's population density as 49.25 people per hectare, compared with Blatchcombe's 9.21 people per hectare.

Blatchcombe and Coverdale both have much higher levels of single parent families compared to Paignton as a whole. The region is almost exclusively white and the figures for the two wards show that they are around average for Paignton.

¹ Information obtained from the Research and Intelligence Unit, Torbay Council - Deprivation in Torbay

² Data obtained from Torbay Council 2001 census

³ In 2003 Torbay Council redefined their wards and as a result Coverdale was renamed Clifton-with-Maidenway. As the ward was Coverdale when the programme started this report will continue to refer to it as such.

The following table describes the unemployment situation of families in the Sure Start Paignton area:

Table 2: Unemployment figures

Area	Number of Children aged 0-4 in families reliant on 'Workless' Benefits	% Children aged 0-4 in families reliant on 'Workless' Benefits	Number of Children aged 0-4 on Child Benefit
*	186	23.8%	782

These figures are concerning when compared with the national unemployment level of 4.9% (between September and November 2003)⁴.

* Jobcentre Plus were only able to provide statistics for both areas when supplied with the programme's postcodes; they could not provide ward-specific statistics.⁵

1.3. Sure Start Paignton was created early 2001. It's a community-based project that strives to ensure:

- ◆ a better start in life for all young people in the Sure Start area
- ◆ improved quality and level of support for parents
- ◆ better opportunities in life for both children and parents

The team consists of:

- ◆ business and operations manager (acting programme manager)
- ◆ administrator
- ◆ finance officer
- ◆ community development worker
- ◆ community nursery nurse
- ◆ nursery nurse
- ◆ early years advisor
- ◆ midwife
- ◆ play facilitator (x2)
- ◆ early years support workers (x3)
- ◆ outreach health visitor

In addition the programme has Service Level Agreements (SLA) with:

- ◆ Speech and Language Therapy (0.5)
- ◆ Homestart (0.5)
- ◆ Specialist Health Visitor (drugs and alcohol) (0.5)
- ◆ Research and Evaluation Officer (0.5)

Capital build projects

1.4 The headquarters at present is a bungalow on the site of a primary school in the Foxhole area. While it served the team's purposes well to begin with, as the team has grown desk space has become a precious commodity. As a result plans have been made to extend the bungalow to twice its present size.

1.5 A second school in the area, Oldway Primary School, is to be extended upwards and outwards, including the renovation of the on site swimming pool. One of the nursery nurses is based there permanently but it is envisaged that more of the team will move there when the work has been completed. This will provide a more focused community meeting point as well as more space for Sure Start events and projects. Torbay Council, who is jointly the funding the development, has approved the plans and work is due to start early 2004.

⁴ Data obtained from Office for National Statistics (<http://www.statistics.gov.uk/instantfigures.asp>)

⁵ Data obtained from DWP (Information and Analysis Directorate) Information Centre

- 1.6 The final capital build project was approved in November 2003. The plan is to extend and renovate an existing community centre to include a nursery. This area is notorious for being difficult for services to make in-roads with and it is hoped that this centre will give the area a focus and tangible proof that their community is valued. Work on this project will also be starting in January 2004 with a completion date of April 2004.

2. METHODOLOGY

- 2.1 The evaluation of Sure Start Paignton is based around the evaluation strategy and is being driven by the Research and Evaluation Officer who is employed by Sure Start Torquay but has a service level agreement to evaluate the Paignton programme on a part-time basis. The evaluation is in very early stages with MORI just being commissioned to collect baseline data in early 2004. MORI were chosen for the baseline research due to the following factors:

- ◆ They have conducted the same research for many other Sure Start programmes. This is advantageous for two reasons. Firstly they are experienced at collecting this data for Sure Start programmes and thus are much better equipped to obtain the data quickly and efficiently. Secondly due to the number of programmes that they have done this for the aggregate statistics that they are able to produce will be useful for progress checks and comparative purposes.
- ◆ They are an impartial agency. As Sure Start Paignton has been running for over two years it is difficult for anybody internal to be impartial and more importantly viewed by the community as impartial. For the statistics to be of any valid use the participants answering the questions will need to be as confident as possible in the confidentiality of the survey. Realistically this would be difficult for anybody connected with the programme.

- 2.2 A participatory action research model is being used so that the community can be involved in the evaluation and the areas highlighted as in need of change can be changed and assessed as shortly as possible. This reflective approach also lends itself well to the future mainstreaming of all Sure Start's services, including evaluation. It is hoped that this will increase the partners' and parents' ownership of Sure Start for it is universally recognised for a Sure Start programme to succeed it needs the full co-operation of all those involved in it. An evaluation sub-group has been set up but at this stage it has only met once and is still waiting to finalise its terms of reference and recruit parents from the Sure Start Paignton area.

- 2.3 Both quantitative and qualitative information is being used to evaluate and plan the development of Sure Start Paignton, although the majority of the data will be collected using qualitative methods, such as questionnaires, structured interviews and focus groups.

- 2.4 Evaluation activities completed or in progress at this stage:

- ◆ MORI baseline research
- ◆ Mapping exercise
- ◆ Analysing information collected on e-Start
- ◆ Feedback and anecdotal evidence collected from parents in a variety of settings
- ◆ In-depth evaluation of the Specialist Health Visitor

- 2.5 It is envisaged that the evaluation will develop and progress according to the needs of the programme and the priority at this stage is to ascertain what those needs are. A plan for the future will be to set-up a parents' evaluation sub-group consisting of the evaluation officer and other interested parties. It is hoped that this will become a forum for the families in Sure Start Paignton to have an input to and actively participate in the evaluation process.

3. OBJECTIVE 1: IMPROVING SOCIAL AND EMOTIONAL DEVELOPMENT

Public Service Agreement Target

To reduce the proportion of children aged 0-3 years in the 600 Sure Start areas who are re-registered within the space of 12 months on the child protection register by 20 per cent by 2004

Service Delivery Target

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

One hundred per cent of families with young children to have been contacted by local programmes within the first two months of birth.

1. There have been no re-referrals to the Child Protection Register (CPR) in the TQ3 area over the past year. The preceding year there were 4 re-referrals in the TQ3 area⁶. This is a very promising start as the target has been realised. However it is worth noting that re-referrals may be an ineffective measure. Under-fours, if registered, tend to stay on the register for longer and once they are over four they are out of the remit of our statistics, regardless of whether they are re-referred or not.

The management team (which consists of the health visitor, midwife, community development worker, early years advisor and the business and operations manager) meet on a weekly basis to discuss families and plan a program of support for them. This is an effective tool as the different professions can offer different perspectives and inputs that contribute to the overall programme of support that they will receive. In addition the whole team regularly liaise with other support providers so that any program in place can be co-ordinated.

The community development worker receives notification of children on the CPR within the Sure Start Paignton area via the Child Protection Unit (Social Services) or health visitors and from there devises a program of support. This support is based on the child protection plan and complimentary to the inter-agency services to promote the 'joined-up' working that will be so vital after "Every Child Matters". In addition, with the consent of the parents, he attends reviews of cases so that any area that the programme can help to support in is highlighted and brought to the relevant team member's attention.

The specialist health visitor regularly attends child allocation meetings at Social Services to pick up early identification issues. She is then able to address the need for support and gain access and signpost to appropriate services.

Largely her role is now a consultative one so she liases closely with health visitors and other professionals to offer advice, assessment (using the framework for assessment) and signposting to existing services. All of this contributes to aiding a family in need of support. Present figures⁷ suggest 50% of all children on the Child Protection Register (CPR) come from families with substance misuse issues. In light of this startling statistic the work that the specialist health visitor does to support these families can only contribute to a reduction in the number of registrations and re-registrations to the CPR.

⁶ Data obtained from Child Protection Unit, Torbay Social Services

⁷ Health Visitor's Toolbook – Department of Health

2. Although there are no specific groups for post-natal depression (PND) Sure Start Paignton has been very active in establishing support groups for mothers to access. "Baby Club" is aimed at mothers of newborn children and offers opportunities for mothers to be pampered and relax in a socially supportive environment (see Appendix B for a more complete description of Baby Club and other services that Sure Start Paignton offer). At this stage of the evaluation it is not possible to provide figures but Baby Club helps to reduce PND by offering mothers support and social experience, thereby preventing the isolation that so often leads to PND. The parenting skills that mothers learn at these sessions also helps them to cope and provide more effective parenting of their new-born, which in turn reduces anxiety and stress. The pampering is designed to give mothers something focused entirely on their well-being at a time when almost all the attention is on their new-born and help to increase their self-esteem.

This can also be said of the post-natal exercise class that is run weekly (see Appendix B). These sessions help to increase mothers' self-esteem, their moods (exercise and the release of endorphins is universally recognised to promote a sense of well-being) and their body image. Again it is a largely preventative measure although mothers suspected of suffering from PND are actively encouraged to attend.

Most of the members of the team have now attended a baby massage training course that qualified all the participants to deliver baby massage and train mothers how to massage their babies. This is a useful tool for the team as their support helps the mothers build a strong attachment with their child. A research project conducted by Hammersmith Hospital showed the following benefits of baby massage:

- ◆ Reduced levels of cortisol
- ◆ Greater weight gain in pre-term teens
- ◆ Better performance on the Brazelton Neonatal Behaviour Assessment Scale after 15 minutes of massage three times a day for ten days. Their orientation scores were better, suggesting increased responsiveness to social stimulation, their motor behaviour was more organised and they received better habituation scores, suggesting they learned more quickly to ignore irrelevant stimulus
- ◆ Eight months on these babies were still showing a weight gain advantage and were performing better on the Bayley Mental and Motor Scales. It is speculated that their superior growth and development resulted from better parent infant interactions that were facilitated by the babies being more responsive during the newborn period

The study, which focussed on preterm new-borns, estimated the potential savings for the hospital per child at \$10 000. The programme's training cost £3 000 to train fifteen workers. Potentially this would provide a considerable saving of resources and the health trust should note these findings.

Stronger bonding can also be achieved with baby slings that will shortly be available to hire from the programme.

The midwife is keen to trial a tool to be used ante-natally to detect depression. The National Childbirth Trust (NCT) are researching this so hopefully more will be developed when their results are released.

3. Child Health at Torbay Hospital sends the programme a list of all new births within the Sure Start area, enabling the midwife to contact the family and arrange a visit. The midwife admits that it is much easier to arrange this visit when she has been able to visit during the pregnancy. This suggests that the programme needs to establish a means to get information on pregnant mothers so an ante-natal visit can be arranged. Based on the midwife's evidence this would then make this target much easier to achieve. In addition it is not always the midwife that makes this post-natal visit but can quite often be another member of the early years team.

The programme sends out birth cards and information packs (which will be discussed later) to all families with new-borns in the Sure Start Paignton area.

4. OBJECTIVE 2: IMPROVING HEALTH

Public Service Agreement Target

Achieve by 2005 in the Sure Start area a six per cent reduction in the number of women who smoke in pregnancy.

Service Delivery Target

Parenting support and information available for all parents in the Sure Start area.

All local programmes give guidance on breast feeding, hygiene and safety.

Ten per cent reduction of children in the Sure Start area aged 0-3 admitted to hospital as an emergency with gastro-enteritis, respiratory infection or a severe injury in 2005.

1. Until recently there was a midwife in position in the area specifically to work with pregnant smokers but unfortunately has resigned. At present information is recorded on whether pregnant women smoke or not. Those that are identified as smokers are offered smoking cessation in groups or on a one-to-one basis. The Sure Start midwife has identified a need for other midwives to refer pregnant women more effectively to smoking advisors.

The programme has a number of smoking cessation advisors that encourage, promote and support quitting smoking during one-to-one visits.

During smoking awareness week one of the advisors visited all of the sessions the programme run with a CO monitor and 'freebies' to promote the support that was available and give out information.

2. Parents receive support and information ante-natally at parentcraft from the midwife. parentcraft gives information and advice on pregnancy and birth similar to ante-natal classes. The PCT midwives deliver it in the evening and the Sure Start midwife is looking to start offering it on a monthly basis on a Saturday morning which will hopefully tie-in with Saturdads. The midwife also offers parentcraft sessions on one-to-one basis in the home and tailors the sessions to the individual needs of the family.

The sessions are always staffed by early years support workers who are trained to offer advice and support in such areas as breast-feeding, child development, sleeping, illnesses, baby massage, colic, sterilising etc. In addition the team has a number of specially trained advisors that can give support and advice in breast-feeding, smoking and baby massage.

Baby Club has an information board and table situated prominently at each venue that features information on a chosen topic for that session. The topic is changed each session and the staff direct the mothers towards it but the board has been identified as not being utilised as much as it could or should be.

All new parents in the area receive an information pack that contains:

- ◆ The programme's timetable of services and events
- ◆ A pamphlet on the information the programme holds on its families
- ◆ Pamphlets on pregnancy or new babies and breast feeding
- ◆ An information booklet about the different services on offer in the area
- ◆ The latest newsletter

This is normally sent before a visit is made so that any queries can be discussed during the visit and so that the family can access services before they have received their first visit.

Playscheme

When the playscheme was first formed it was as a result of parental feedback. A number of parents had been having difficulty attending appointments, sessions and clubs with their younger child(ren) because of older siblings not being able to attend with them. The playscheme was designed to redress that difficulty, i.e. the older siblings would be able to attend the playscheme so that the parents could continue to receive support and information by attending other Sure Start activities with their younger children. The following table details attendance data for three of the playschemes run in 2003.

Table 3: Playscheme attendance data

Playscheme	No. of children aged 4 – 12	No. of available sessions	No. of sessions used
Summer	152	2784	2456
Oct half-term	69	480	453
Christmas	60	672	579

A session is either the morning or afternoon, i.e. there are two sessions per day. Parents can send their children for half or full day. Table 4 shows a brief cost-analysis of the playscheme for one week.

Table 4: Playscheme costs

Item	Permanent staff	Casual staff	Food	Total
Cost (£)	307.69	2591.36	252.06	3151.11

As can be seen the costs are very high. Unfortunately it has grown beyond its original plan and in a bid to make it more popular and cost-effective it was opened to all parents in the area to attract the more cost-effective working parents. It is now extremely popular but is still very far from cost-effective and has lost sight of some of its earlier ideals in serving mothers and fathers with younger children as well as older ones. To finish on a positive note though, sixty Sure Start families have sent children to the playscheme in the past year, so it is still a resource that is serving them and allowing them to receive support.

3. The midwife gives as much advice as possible ante-natally including literature and tips. At present the programme is giving out free nursing bras to new mothers that are breast-feeding but in April 2004 they will start to charge for these bras. The bras are normally given out when breast-feeding is initiated but obviously costing is an issue. The midwife is considering trialling a new charging structure and only giving nursing bras to mothers who breast feed for a longer term. Other Sure Start projects have reported success passing on nursing bras at cost price, so it still saves the mothers money but is not a drain on the programme's resources.

The programme is a member of the *La Leche* league (a well recognised worldwide body for breast feeding research) that regularly sends research findings, information and newsletters for staff and mothers to read. Sure Start Paignton also loans out Milton sterilising units for free but this is not widely advertised as the midwife tries to encourage breast-feeding first.

As previously mentioned there are five specially trained breast-feeding advisors who are able to offer support and advice on all aspects of breast-feeding. This helps encourage the mothers to continue breast-feeding and gives them the support and advice that they need.

The midwife admits that although males can be key in the continuation of breast-feeding there is little in place to educate them. When completing parentcraft sessions in the home the midwife does try to educate the male carers to the benefits of breast-feeding as well and has reported some success from properly educated males encouraging and helping the mothers to continue.

4. This target is largely met by the work towards the above target. For instance if breast-feeding can be increased problems with gastro-enteritis will be decreased; the same can be said of improvement with sterilising where breast feeding is not being performed. This is true of the safety in the home advice that the parents now have access to through the programme.

For the year December 2002 to November 2003⁸ there were 17 admissions due to respiratory infection, 8 due to gastro-enteritis and 40 because of a serious injury. This data will be used for comparative purposes in next year's annual report.

5. OBJECTIVE 3: IMPROVING THE ABILITY TO LEARN

Public Service Agreement Target

Achieve by 2005 in the Sure Start area a reduction of 5% points in the number of people with speech and language problems requiring specialist interventions.

Service Delivery Target

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

Increase the use of libraries by parents with young children in Sure Start area.

1. During 2002 the SALTs saw 59 children from the Paignton Sure Start area. In 2003 they saw 48 children from the Sure Start area, a reduction of 18.6% in the number of children requiring specialist interventions.⁹ These are very promising figures and show the programme is achieving this target. In addition to one-to-one therapy time the SALTs SLA also includes the delivery of a training programme to the team. It is this training that is reducing the need for specialist intervention. The team can now show parents how to stimulate their child's development and hopefully overcome delays, freeing up the SALTs to work with those who require *specialist* intervention, as opposed to more appropriate stimulation. When a SALT is involved that becomes specialist intervention, so it is through training of other professionals and workers that this figure is reduced, not through increasing SALT client time.

2. The early years advisor ensures that the toys, activities and equipment chosen for the Stay and Play sessions provide appropriate development of the six areas of learning. She also runs a Stepping Stones group using QCA guidelines. A key objective of the group is to help a child develop confidence away from the main carer thereby working towards the early learning goal for personal, social and emotional development.

An advisory teacher from the Early Years Development and Childcare Partnership (EYDCP) has also visited a session to evaluate the quality of provision and identify areas for development. The EYDCP also got involved in training the whole early years team to help them enhance the provision of play and learning opportunities.

3. The early years advisor has established links with the Paignton and Torquay libraries and has visited them promoting the work that Sure Start Paignton does and finding out services that the libraries provide.

Research carried out with 47 parents by the early years advisor found that a Sure Start story time was thought to be a good idea by 32 of them. Of the 15 that said that they would not access it nearly a third (4) gave their reason as transport or distance (only one venue could be offered at the time) and two said their child was not old enough.

Interestingly not a single parent said they used the mobile library (31 parents reported using the main Paignton library). This would seem a surprising figure as parents are sometimes restricted in their mobility so it suggests either the mobile library is marketing itself poorly or it simply is not a required service in the Sure Start Paignton area.

⁸ This timeframe was chosen so that an annual figure could be produced. The figures received from the NHS are approximately 1.5 months behind, so the December 2003 figures will not be available by the time this report is finished.

⁹ Figures obtained from Speech and Language Therapy Services.

As a result of this research the early years advisor is putting together an information leaflet detailing how to join the library, the sessions that they run and how to access the mobile library.

6. OBJECTIVE 4: STRENGTHENING FAMILIES AND COMMUNITIES

Public Service Agreement Target

Reduce by 12 per cent the number of children aged 0-3 in Sure Start areas living in households where no-one is working.

Service Delivery Target

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

All Sure Start programmes to develop a local target to ensure links between the local Sure Start partnership and Employment Service Job Centres

75 per cent of families reporting personal evidence in the quality of services providing family support.

1. For 2003 there were 1050 children in households with no adult of working age in the household compared to 1524 registered children. This figure should be compared with the 2002 figures which were 1212 children in jobless households¹⁰. This represents a 10% reduction that is very close to hitting the target set by the Sure Start unit. It will be interesting to see how this figure changes over the coming year, as during 2003 the New Deal Lone Parent Advisor from Paignton Jobcentre Plus attended Stay and Play sessions but her funding has since been withdrawn. Interestingly in a mini-evaluation conducted by the advisor 23 out of 29 parents asked, wanted the advisor to continue providing a drop in service. However the service was withdrawn by Jobcentre Plus so over the coming year Sure Start Paignton need to remain aware of this target and if necessary do something to fill this gap, either through a service level agreement or by employment (or secondment).

It should be noted that not all the feedback was good though – one parent reported “some mothers find it intimidating and feel like they are being pushed back to work”. This could well be an issue with the fact that the advisor was a lone parent specialist so was not necessarily ‘pitching’ at the right audience. If this is identified as a deficit in the future, Sure Start Paignton will need to bear the needs of their parents in mind when filling this area.

2. The Sure Start Paignton management board consists of seven parents (including one grandparent and encouragingly one male) and thirteen representatives of the various services. The community development worker runs a number of parent forums at the different Sure Start sessions and encourages parents to participate in the development of the programme. From these forums parents are identified that want to increase their involvement and move onto the management board.
3. The community development worker is involved with a range of partnerships groups where employment service specialists are represented. This is valuable to build communication links with the employment service. At present though no specific work is being done towards this target.
4. This is going to be largely based on the MORI research and future user satisfaction surveys so at this stage it would only be possible to provide anecdotal evidence.

¹⁰ Based on figures taken from Sure Start Paignton’s e-Start database

7. CONCLUSIONS AND RECOMMENDATIONS

- 7.1 Although Baby Club is used for access by midwives and health visitors at present no counsellors attend. Baby Club should follow the example and success of an occasional counsellor in the Stay and Play sessions by trialling a counsellor at Baby Club. This has obvious benefits for identifying those mothers suffering from PND and helping them cope with and recover from it.
- 7.2 The post-natal exercise sessions are valued and very popular. There is a high demand for existing sessions that suggests extra sessions are warranted. The suitability of other venues should be looked at, to spread the geographical appeal and access to the sessions. In addition there is nothing for mothers whose child is over one. This could be quite distressing for a parent who has attended since her child was born but is no longer able to because the child is over one. Additional sessions for all mothers and fathers should be looked into and parents' opinions gathered as to how frequently and where they should run.
- 7.3 The feasibility of training staff to administer the Edinburgh Post Natal Depression Scale should be looked into. Although it may be expensive and this will need to be considered, it could reap the rewards by early identification of those suffering from PND. This would ease some of the pressure on health visitors, who at present are the only people trained to use it. There is no specific support in place for mothers suffering from PND at present. There are many sessions that support mothers but nothing designed especially for those who have been identified as having PND. The prevalence of PND in the Sure Start Paignton catchment area needs to be researched and the MORI research will hopefully give some indication. Depending on the research services should be set-up if found to be necessary.
- 7.4 The midwife in the programme has expressed that if she had a list of pregnant mothers in the area, an ante-natal visit normally leads to greater success post-natally with the mother. If the PCT can be negotiated to provide this data it would contribute positively to nearly all of the other Sure Start targets. An early ante-natal visit would allow for early identification of other risk issues and support can be put in place early. This could then develop into an excellent model for preventative practice.
- 7.5 The high level of SALT input has no doubt contributed to the reduction in children needing specialist intervention. However now the staff have been trained in early identification it is likely that the level of the SLA can be reduced, as they will no longer be delivering the same input to the Sure Start Paignton area. Alternatively the SALTs need to report how else they can enhance their service. Sure Start's ethos is to look at new ways of solving problems so when renewal of this SLA either a further enhancement of the service is developed or the level of the SLA is reduced.
- 7.6 As it stands the Playscheme is not serving Sure Start needs particularly well. It cannot be emphasised enough how hard the staff work and it is a valuable service to the community but in reaching Sure Start targets for under fours it is difficult to justify its cost. To ever mainstream this service, serious changes need to be made. Funding is available and should be applied for. It is not feasible for the playscheme to continue costing the programme this much. Ideally the playscheme should become a business, separated entirely from Sure Start funding.
- 7.7 Consideration needs to be paid to working towards the employment targets. At this stage Jobcentre Plus should be met with to ascertain how they and the programme can work together before researching and setting a target and an action plan as to how the target will be achieved. Since their withdrawal of the New Deal advisor there has been a gap in this area of work that should be filled to ensure the two employment targets can be achieved. The MORI research alongside existing data will establish a baseline against work in this area can be measured.

- 7.8 One of the major problems encountered with writing this report has been the lack of available baseline data. The programme seems to be doing some quality and valuable work but with nothing to compare the present situation of the families in the area against it is difficult to offer any evidence other than anecdotal comments. With the research about to be carried out by MORI this will provide data that all ensuing work can be compared to, making it easier to show how the work of the programme is contributing to improving the situation of families in the Sure Start Paignton area.

8. FUTURE EVALUATION PLANS

The SHV was seconded to Sure Start Torquay in July 2003 when the Drugs and Alcohol Team (Torquay) withdrew funding for the post. Originally the post covered all families in Torbay with children up to the age of 10. The Torquay programme manager felt the role was a vital one, especially in light of the level of drug abuse in the region. Sure Start Paignton also understood the value of the role and thus arranged a SLA for the SHV to cover their area as well. Obviously though as a Sure Start service the age boundaries needed to be restricted and as a result much of the SHV's caseload has needed to be closed. The programme manager is keen for this role to be mainstreamed as it such an obviously necessary role. Therefore the REO will be evaluating the role as the first piece of in-depth evaluation for the programme.

The evaluation will be in three stages:

- 1) Illustrate the differences between the SHV and a standard Health Visitor i.e. extra training, qualifications, job descriptions, experience.
- 2) Look at population in Torbay with Drugs and Alcohol issues (using secondhand case studies to illustrate those that have had the SHV's help and those that have not).
- 3) Investigate the SHV's caseload over the past year, separating those from within area (i.e. Sure Start Torquay and Paignton postcode areas) from those without. Define areas of work and how other services have picked up when the SHV was unable to help because of age, location etc. Show statistically the outcomes for families with the SHV support and those who were unable to access her. Detailed case studies will be used to illustrate points and conclusions.

For a more detailed plan please see Appendix C.

An evaluation plan for the future is to research the prevalence of transience in the region and how best to access and support transient families.

APPENDIX A

Torbay Sure Start Programmes

Local Evaluation Strategy

Contents

1. Purpose
2. Background
3. Programmes
4. Establishing Local Objectives and Measures
5. Local Monitoring Systems
6. Cost Effectiveness Analysis
7. Dissemination
8. Appendices
 1. Framework diagram
 2. Programmes Evaluation – Overview of Levels
 3. Outline of MORI Research
 4. Outline of Evaluation Process for Service Delivery areas

1. Purpose of Strategy

- 1.1 The purpose of this document is to define the Torbay Sure Start Local Evaluation Strategy and the actions required to implement this strategy.
- 1.2 The Local Evaluation process will be operated seamlessly with the National Evaluation methods and will utilise the same data collection and monitoring systems. However, this Strategy does not describe any of the actions required to implement National Evaluation.

2. General Points

- 2.1 Local Evaluation across the Programmes will be led by the Evaluation Sub Groups of the Programmes Boards. The Evaluation Sub Groups will develop and maintain the Local Evaluation Strategy They will assess all local evaluation reports and make any recommended changes to the Local Evaluation Strategy.
- 2.2 The Torbay Sure Start Local Evaluation Strategy is based on the assumption that evaluation is most effective when it is embedded within the Programmes. For this reason the Programme Boards have sought to implement Local Evaluation by including an Evaluation Officer as an integral part of the teams. This will bring the Local Evaluation Process into close contact with the practice base and situate ownership firmly within the teams itself. It should also improve the feedback of findings into Programmes control and objective setting.
- 2.3 The Local Evaluation Strategy shall be based upon the framework defined in the Local Evaluation Brief. An updated version of this Brief is attached with the strategy.
- 2.4 The Local Evaluation Strategy shall be based upon the framework shown in *Appendix 1: Framework Diagram*. Specifically, the strategy will implement evaluation in three key areas:
 - i. Outputs and outcomes of specific services : e.g. support to hard to reach Groups
 - ii. The Programme Boards, as an effective means of representing the needs and views of the stakeholders, and in its interaction with the services and with other agencies
 - iii. Involvement of the community, including parents and children.
- 2.5 The Programmes will commission MORI to undertake a piece of independent research identifying a series of starting points for service delivery. It will seek to establish some information about current service provision and how it meets the needs of people living in the Sure Start area at present. It is anticipated that this piece of work will be completed by the end of Autumn 2003. By December 2003 the results of this survey will be used to make recommendations to the Programmes Boards in relation to particular service delivery areas for the implementation of local objectives. This may require local monitoring systems to be updated.
- 2.6 The Programmes will implement an evaluation Programmes, as outlined below. This will lead to an assessment of the evaluation process and the planning of further evaluation work. The Evaluation Sub Groups will produce a *Programmes Evaluation Report*, as defined below. The aim is to complete a first round, including a cost effectiveness analysis by September 2004.

3. Programmes Evaluation

- 3.1 Evaluation of the Programmes will take place at a number of different levels (see *Appendix 2* for an overview of these levels) The key levels within this are:
 - *Action Research*
 - *Individual Service Evaluation*
 - *Local Evaluation*

3.2 *Action Research*

As mentioned earlier, an independent piece of research will be commissioned to establish a range of starting points for service delivery. The research will establish key circumstances and challenges particular to the Torbay catchment areas, which the Sure Start Programmes will seek to address. This research commissioned from MORI will ensure that a representative sample of parents living in the Sure Start areas are surveyed, providing a reliable baseline of information that can be treated with confidence. Findings from the research will be used for monitoring, evaluating and developing services.

In the first instance, the action research will seek to establish some baselines regarding satisfaction levels with current services. It will then address a number of key areas, such as special needs, transience and domestic violence seeking opinions on the efficacy of current services and identifying gaps in provision. The research will also seek to establish any key challenges relating to these areas that people living in our Sure Start area face. From this research a number of “starting points” will be identified, against which longer term progress will be measured. These specific starting points will be re-visited in three and five years time to establish the nature of progress made. Whilst the cohort of people surveyed in these later comparative pieces of research may change, we will ensure that they constitute a representative sample of people.

Appendix 3 provides an outline of the areas that the MORI research will cover.

3.3 Individual Service Evaluation

Individual service evaluations will consist of a series of initiatives undertaken as part of local service provision. For the most part, they will be undertaken by Sure Start workers at key points within service delivery, for example at the start or end of a particular intervention. In relation to each service delivery area, particular elements of how the service is delivered and what difference it is making will be identified and evaluated. Evaluation methods used will include face-to-face interviews, questionnaires and focus Groups.

Appendix 4 provides an outline of service delivery areas identified for evaluation and timescales in relation to these.

3.4 Local Evaluation – Sure Start Torbay

This step within the evaluation process is based on the information gathered from individual service evaluation. The findings of this information will be collated and analysed by the Evaluation Officer and Programmes Manager. They will seek to identify particular trends and themes in relation to the findings and will refer these to key members of the Sure Start teams for consideration of all possible implications. In this way, findings from the multi-faceted service evaluations will be effectively linked back into service planning and delivery. In some instances findings will be considered within workshops attended by relevant members of the teams to ensure that all implications for service planning and delivery are fully considered.

4. Programmes Boards Evaluation

4.1 General

4.1.1 Evaluation of the Programmes Boards will be conducted continuously, from the appointment of the Evaluation Officer who, assisted by the Programmes Manager, will report regularly to the Evaluation Sub Groups.

4.1.2 The results of this evaluation will be presented to the Programmes Boards at regular intervals, at least termly.

4.1.3 At the end of the initial evaluation period the Evaluation Officer and the Evaluation Sub Groups will prepare a report analysing the evaluation and presenting any recommendations to the Programmes Boards.

4.2 Attendance and Involvement

- 4.2.1 Attendance at Programmes level meetings (principally the Boards meetings) shall be recorded and used to assess individual continuity and representation from the partner agencies.
- 4.2.2 Attendance records will also be used to assess the seniority of attendees from the partner agencies and the involvement of attendees in their own agency's strategic planning processes.
- 4.2.3 Attendees shall be asked at the end of each meeting to complete a simple feedback form about the conduct and relevance of the meeting. This form will also provide space for attendees to record any issues they were unable to raise during the meeting.
- 4.2.4 Attendee participation during the meeting will be recorded from time to time to analyse contribution levels and assist in making meetings more participative and open.
- 4.2.5 The results of these evaluations will be collected in and disseminated in subsequent meetings, together with any recommendations made by the Evaluation Sub Groups. They will also be included in the overall report produced at the end of the initial evaluation period.

4.3 Interaction with services

- 4.3.1 The purpose of this evaluation process will be to measure the effectiveness of the interactions between the Programmes Boards and individual services i.e. how well does the Boards facilitate the work taking place within particular services.
- 4.3.2 The Evaluation Officer will implement a system for recording and tracking issues raised by the services for resolution by the Programmes Boards through to identifying a satisfactory resolution. This system could be used to administer service-related issues as well as monitoring them.
- 4.3.3 The Evaluation Officer will produce a simple report each month recording the status of service-related issues. This could include the number of issues relating to each service and the age profile of open issues. This should be used to inform the Programmes Boards of its timeliness in resolving service-related issues.
- 4.3.4 The Programmes Boards and the Service Delivery Teams will be asked to complete a simple questionnaire once every six months to gather more qualitative data about the relationship between the Boards and services. The Evaluation Officer and the Evaluation Sub Groups will prepare a brief report analysing the results and making any recommendations. This report will be disseminated to the Boards and service delivery staff.

5. Evaluation of Community Participation

5.1 Family Forums

- 5.1.1 The Family Forums will be the main vehicle used to collect the views and concerns of parents involved with the Programmes.
- 5.1.2 The Evaluation Officer will design a simple questionnaire to be handed out at each Forums meeting for completion at the end of the meeting, addressing the conduct and relevance of the meeting and any other views parents would like to express.
- 5.1.3 The Evaluation Officer will analyse completed questionnaires and produce a simple report for dissemination to the Forums and to the Programmes Boards.

5.2 Feedback

- 5.2.1 The Evaluation Officer will design a universal feedback form to be made available for use across the entire Programmes.

5.2.2 Completed forms shall be collated by the Evaluation Officer and reported to the Programmes Boards at regular intervals.

5.2.3 Specific issues raised through the feedback process should be raised with the Programmes Manager and forwarded to the appropriate person for further action. The Evaluation Officer will track progress of all such actions.

6. Programmes Evaluation Report

6.1 At the end of the initial evaluation period, the Evaluation Officer, together with the Evaluation Sub Groups and the Programme Manager/Deputy, will prepare a Programmes Evaluation Report.

6.2 The objectives of this report are:

- To demonstrate the progress and achievements of the Programmes during the evaluation period.
- To demonstrate the cost effectiveness of the services being delivered by the Programmes.
- To identify any areas of concern and make any appropriate recommendations for change.
- To provide a plan for continued local evaluation across the Programmes.

7 Conclusion

7.1 The strategy for the Local Evaluation within Sure Start Torbay will be to establish a comprehensive local monitoring system incorporating the three key stages described above. Additionally, continuous work will take place to ensure that the Programmes Boards and the community as a whole are effectively involved in steering the progress of the Sure Start Programmes of services. This will ensure that evaluation is relevant, timely, and appreciated by all the parties involved and that the Programmes can obtain maximum benefit from this process in reviewing progress towards its objectives.

APPENDIX B

Active Tots

A simple introduction to physical activities for toddlers. The sessions are designed to improve their confidence, co-ordination, balance and gross motor skills.

Antenatal Relaxation

These sessions are used to provide expectant mothers with skills and tips that they can use during their pregnancy. The methods they learn here help them to relax and sleep at home and reduce their stress during labour and birth.

Aquanatal

These sessions are open to all pregnant mothers in Paignton and is run in conjunction with the Paignton midwives, hence why the session is not limited to the Sure Start area. Aquanatal consists of exercises in the supportive environment of a swimming pool, designed to aid the mothers during labour.

Baby Club

A one and a half hour session where parents (almost exclusively mothers) bring their new-borns and babies up to twelve months old. Weighing facilities are available so the babies can be weighed regularly and their weight monitored. The mothers are offered a number of 'treats'. For example they regularly receive sessions of reflexology, manicures and head massages. They are actively encouraged to breast feed and most of these treats are offered as an incentive to do so. The staff running the club try to arrange for a midwife or a health visitor to be at each session but obviously this is subject to staffing restrictions. For the babies there is a baby massage service and all members of staff involved in Baby Club were sent on a baby massage training course in November 2003. An information board is always displayed at the entrance/exit to the venue with information on topics such as weaning, sterilising, 'topping and tailing', safety in the home, breast feeding, baby sleeping patterns and teeth (this is not an inclusive list). Although it is a good idea, in practice the board is small and has been identified as underused. To overcome this issue people now give talks on the chosen topic for that session. For example Speech and Language Therapists delivered a talk on language development, a dental therapist talked about dental hygiene, a community nursery nurse discussed weaning. Parents are also provided with help in these sessions on parenting skills.

The Baby Club was initially very popular but it has been noted that interest is declining. This is suspected to be due to under-promotion as the mothers attending the club now are mostly the ones that attended when it first started but this will have to be looked into further.

Feedback from mothers is promising. They enjoy the fact that the emphasis is on the baby and that they get more attention than at the Stay and Play sessions. One mother commented favourably on the turnover of mothers (due to the limited age range), "it's nice to see new faces." The clear message coming through from talking to the mothers is that the clubs are an excellent place to meet mothers with similar aged children and that the babies have an excellent choice of toys and activities. One mother that had recently moved to the area said "its been really good to meet people because I'm new to the area...all the staff are really friendly." This is a very real benefit of the club as the Torbay region does have high levels of transience. It is also important to note that none of the parents had anything negative to say about Baby Club and when asked would not change anything about it.

Baby Club is held at two different venues, both of which are church halls. Sure Start Paignton is always struggling for appropriate venues to stage sessions at and unfortunately one of the halls is not so good. The Elim Pentecostal Church is situated at the top of a very steep hill and as such is difficult to access for mothers without cars having to push heavy prams. Although this is not an ideal situation there is little that can be done at present. A member of staff will be taking a minibus test shortly and when completed the cost-effectiveness of providing shuttle bus runs can be looked at in more depth.

The issue of attendance by fathers is an ambiguous one. On the one hand it is a valuable support session for mothers and their new-borns. A real focus can be made on encouraging breast-feeding and hopefully preventing/reducing post-natal depression by offering mothers this opportunity to socialise and receive appropriate, yet informal, support. On the other hand it is not including the fathers and is very intimidating for males to access. Fathers also need support on how to cope with a new-born and this type of session could be equally valuable for them. This issue will need to be looked into in the future as the inclusion of fathers is a target for all Sure Start programmes.

Bumps to Babes

An informal 'coffee-morning' for those that are pregnant or have a baby under 12 months. The community nursery nurses alongside Sure Start staff run the sessions. These sessions allow the parents to seek advice and information in a more informal setting.

Heuristic Play

This follows on from the treasure basket sessions and gives children further opportunity to develop their senses whilst interacting alongside other children. The sessions are split into two groups, crawlers and toddlers.

Music and movement

Does exactly what the name suggests! These are fun, loosely structured sessions for children under three year-olds based around singing, playing instruments and moving to music.

Playscheme

This has been a very successful albeit costly exercise for Sure Start Paighton. The programme ran a six-week summer playscheme, a two-week Easter playscheme and two one-week half-term playschemes. The summer playscheme was of special note because the programme became registered with OFSTED for full day-care, meaning working parents could now access it.

Post-natal and Aerobic Exercises

This session is run on a weekly basis in St Boniface Church. One of the early years support workers with a bank of casual staff runs a crèche while a qualified aerobics instructor/sports therapist takes an exercise session with activities focused on mothers post-natal needs. Due to its nature this session is attended exclusively by mothers and fathers do not access it. These sessions have been designed to increase mothers' self-esteem after pregnancy and offer them a social setting to reduce their isolation.

Mothers have commented that they would like additional sessions and the age limit extended. A short yoga course was offered as an additional activity and was considered to be a success but at present there are no plans to repeat this due to the instructor having left the country. There are no plans to offer additional sessions but if the sessions' success and demand remain high this will have to be reviewed. The age limit being extended is under discussion but it raises an issue of opening the floodgates i.e. at what stage do you say no? The session is so successful because it is aimed at post-natal mothers (mothers of a child under one) and serves their needs. If the age range is opened up this might dilute its effectiveness and popularity.

Saturdads Club

This session caters for fathers (and other male carers) who can enjoy time with their children in the company of other males. The club has used two differing angles to try and attract as many fathers as possible:

- 1) Although Sure Start normally stipulates children under four, Saturdads is open to males with children up to primary school age. This in itself has done two things. Firstly, obviously, it has massively increased the potential numbers that can access the club. Secondly, fathers can now bring older siblings along with the children that are under four which hopefully gives mum a break at home (there is only one lone father in the Sure Start area). The wider age group also gives first time fathers an informal support group with experience of raising children – those with older children are more than happy to offer advice and sympathise.
- 2) Everybody that attends Saturdads is entitled to a free bacon sandwich! This has proven to be a very successful method for attracting fathers, as the Saturday morning bacon sandwich is almost the quintessential male past time! Although somewhat gender stereotyped it has worked and is being adopted as a tool by the Torquay Sure Start programme to attract fathers.

The group uses elements of the playscheme for the older children and stay and play sessions for the under fours but offer them in an environment that is male-friendly. Existing service provision is very female focused (naturally) and while some males are brave enough to attend, it can be very intimidating for a male to walk into one of these sessions.

In addition the national Sure Start unit has lauded it as an example of best practice and a model that should be promoted.

Stay and Play

A two-hour session run four times a week for parents to bring their children up to four years of age. The sessions are limited to two hours because for anything more, OfSTED registration would be needed. Parents from all socio-economic backgrounds have been known to attend, as well as some grandparents. It is a valuable opportunity for parents (carers and other carers) to socialise as isolation is commonly recognised as an issue for parents, especially first-time ones. Some of the mothers have formed social circles and do meet after the sessions. This is promising and does demonstrate the sessions are reducing isolation but this has been known to occasionally create an atmosphere of the 'in-crowd'. However it should be noted that the staff do work very hard to talk to all the parents that attend the sessions so that they all feel welcome. Unfortunately, as is the case with so many groups of this type, fathers are firmly in the minority and are rarely known to socialise with other fathers as a result of this group.

Parental involvement in the play is an issue due to parents (mostly the mothers) using the sessions as social time. The sessions were designed to give parents support and an opportunity to play and learn with their children. However they have developed a more social aspect and not all parents join in with the play, they view the sessions as a break for them, a chance to catch up with friends and have a coffee. While there is no doubt that this is of benefit to the parents it is not the planned goal for the session which suggests one of two things. Either (1) the staffing/goals for the sessions needs to be adjusted to function as something similar to a 'coffee session', or (2) an additional service should be created to serve this need which has now become so apparent.

The early-years advisor, who is a qualified teacher, regularly has groups of the children for an hour in 'classes' designed to prepare them for nursery/reception classes. This has already received positive feedback from professionals working in these areas, such as reception class teachers, who have noticed an increase in independence, attention and ability to learn of the children who have had these preparatory lessons.

Other services occasionally visit the sessions to provide information and support. Jobcentre, benefits advisors and a counsellor have all been regular attendees. This is in addition to the midwife and health visitor attached to the Sure Start Paignton programme frequently visiting the sessions.

The Stay and Play sessions have a very developed parents' forum. The forums are held monthly at each of the locations, meaning it is accessible for all parents, regardless of which location they attend. The parent representatives on the management board have largely been fed through from these parent forums. As the sessions have developed more parents have become involved with the forum and helping the staff. This has helped increase their confidence, self-esteem and their feeling of contributing to the programme. At present the programme is keen to relinquish more of the control and organisation of the sessions to the parents, with the view to it running with minimal staff input.

Access to services is an issue and mainly because of transport and distance. Unfortunately Sure Start Paignton is limited as to how frequently and where the sessions are held due to a general lack of suitable venues available. Parents have expressed the opinion that they would access more sessions if it were physically possible. At this stage it is difficult to envisage a solution to this problem. One suggestion is to provide a 'shuttle minibus' but it is highly unlikely that this would be a cost-effective exercise due to the frequency that the sessions are held.

Another difficulty that has arisen with older children in the family as they cannot be brought to the sessions. Although not a common problem it does preclude some parents from being able to attend. What needs to be ascertained is whether or not this is a common problem. If it is then a solution will need to be developed so that these carers can be involved.

Teaching Sessions for 3 and 4 years olds

These sessions are run by the early years advisor, a qualified teacher with five years experience, who helps the children to develop their confidence and learning through structured activities.

Treasure Basket

At this activity babies watch, socialise, play and explore using everyday materials.

APPENDIX C

Evaluation plan for Specialist Health Visitor (substance misuse)

The evaluation of this role will be done in three stages:

- 1) A comparison between the role of a standard health visitor and that of the specialist health visitor. How are they different? Similar? What extra training, qualifications and experience does the SHV have? This will provide information on what gap the SHV looks to fill and how they work alongside other HVs.
- 2) Statistics will be obtained for the Torbay population and the two Sure Start populations with substance issues. These statistics will be used for comparisons between the area the SHV covers and those that she does not.

Second hand case studies will be obtained from the SHV for work completed over the past year. Without her intervention what would have happened? Who would need to provide a service? What did the SHV do? What were the outcomes for these individuals/families? In addition case studies will also be needed from other health visitors re: those with substance issues that did not receive intervention from the SHV (due to being out of area, wrong age, etc).

- 3) More detailed statistics focussed on comparing how the SHV's caseload compares with those in similar situations without specialist intervention. How have the outcomes differed? Which services had to fill the gap when there was no SHV? Have they been effective?

Detailed comparative case studies will be provided at this stage on the salient points of the evaluation. So for example once a point has been highlighted it will refer to two case studies: A1 shows what happened when the SHV provided support and an input; A2 will show what happened without the SHV. Obviously the two case studies will compare families/individuals that are as similar as possible except for the difference in specialist intervention.

- 4) Finally in this stage a discussion will be made of how to mainstream this role. This will no doubt include some form of cost-effectiveness analysis as it will need to show how the SHV saves the input of other services e.g. GPs, HV, social services, fostering, prison, police, hospital admissions, long term treatment (liver treatment, kidney dialysis, FAS, etc) etc.

In addition some anecdotal evidence will be supplied on how the SHV has impacted on families.

As an aside to the main evaluation it has been noted that there is a lack of research in the area of the effects of parental substance abuse on child development. The plausibility of running a research project in the Sure Start areas will be discussed.