



N C R C



SURE START BRAMLEY

Three Year Evaluation Report

February 2001 – March 2004

Prepared By

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PREFACE

The local evaluators would like to thank parents and staff at Sure Start Bramley and staff in partner agencies, and members of the Evaluation Steering Group, for their co-operation in the evaluation of Sure Start Bramley over the three years 2001 - 2004. The help of the Outreach Team in collecting data for the file review and Paul Norton's contribution in inputting data onto SPSS are both gratefully acknowledged.

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CONTENTS

	Page No.	
1	Executive Summary	4
2	Introduction	10
3	Summary of Evaluation for Years 1 and 2	12
4	User Satisfaction Survey	18
5	Outreach Team: Updated evaluation and File Review	23
6	Strategic Overview of Sure Start Bramley	46
	i) Women's Group (Domestic Violence)	48
	ii) Work with Fathers	55
	iii) Post-Natal Depression	56
	iv) Counselling Provision	58
	v) Speech and Language Service	60
7	Work on Cost Effectiveness	67
8	The Next Phase for Sure Start Bramley	79
	i) Children's Centres	80
	ii) Information gathering	82
	iii) Management issues	82
9	Recommendations	85
	Appendix 1 - Data Summary Sheet: File Review - May 2004	
	Appendix 2 - Hardiker Grid: Summary	

1 Executive Summary

Introduction

1. This three- year evaluation report on Sure Start Bramley (SSB) covers the period from February 2001 to March 2004 and is designed to meet the requirements of the National Evaluation of Sure Start (NESS). An overview of evaluation activity in Years 1 and 2 is provided (detailed reports on Years 1 and 2 are also available and are on the NESS Website).
2. The focus of this executive summary is on evaluation activities in Year 3 and linked recommendations. The main report outlines the data sources and methodology used for the evaluation.

Evaluation activities in Year 3

3. The evaluation in Year 3 involved the following activities:
 - A User Satisfaction Survey which involved the completion of 125 User Satisfaction Questionnaires and 115 Repeat Survey Questionnaires. The Repeat Survey (2003) Questionnaires built on the Child Care Survey carried out in 2000 which had provided base line data for SSB about service availability and need.
 - An evaluation of the work of the outreach team including a file review and analysis of all cases worked with over a three-year period.
 - A strategic overview of (i) domestic violence; (ii) work with fathers; (iii) counselling provision; (iv) an exploration of aspect of SSB's work on post natal depression; and (v) an evaluation of the enhanced Speech and Language Service.
 - A series of activities evaluating cost effectiveness in relation to family support services.

- A review of current management issues focusing particularly on the development of Children's Centres; and on information gathering systems.

User Satisfaction Survey

4. Almost all participants in the survey were mothers and described themselves as *white UK*. Over two-thirds were living with a *partner* ; more than one-fifth were living with *no-one else*. Interestingly, almost all mothers who had partners described them as in full-time employment. Participants were mainly either at home looking after their children or in part-time employment.
5. The survey produced positive evidence about levels of satisfaction with local services and with SSB services, and about the impact of SSB. Satisfaction levels were, however, lower for parks and playgrounds and for some aspects of leisure provision such as swimming baths.
6. The Repeat survey (2003) produced evidence of an upward trend in the use of pre-school services compared with the Child Care Survey in 2000. The Repeat survey found some evidence that fewer participants were using dentists. Almost all participants in the User Satisfaction Survey felt that their children had good quality play / learning opportunities.

Recommendations

7. SSB should review the evidence contained in the User Satisfaction Survey and explore the following issues with a view to implementing appropriate changes in practice and service provision.
 - the need for additional support for mothers living on their own particularly with smoking cessation and post natal depression
 - promoting breast feeding including continuation beyond three months
 - improving access to NHS dentists, undertaking development work on this issue locally, and raising the issue in national forums

- continuing to increase the provision of information about Sure Start to local parents
- although parents with special / additional needs had high satisfaction levels with local services, SSB should prioritise improving access to services for these parents and children

Outreach Team and File Review

8. By the time of the three-year review, the Outreach Team was experienced and confident in supporting families and community projects; and its work was competently supervised. A male Outreach Worker and Play Development and Parent Information Workers had been integrated into the staff team.
9. The interviews conducted and the file review of the work undertaken during the three-year period provided a body of data on referral patterns, record keeping, types of problems referred and the level of work carried out.
10. Just over two-fifths of families worked with were two-parent families, and nearly three-fifths were lone parents. Eighty-three per cent (83%) of families worked with were *white British* and 17% were from *minority ethnic groups*. Approaching half the families were referred by Health Visitors, and nearly a quarter were self-referrals. The average length of contact with families was 5.3 months. Support with accessing child care, isolation, depression (including post-natal depression), domestic violence and housing made up a significant proportion of referrals. The Outreach Team demonstrated an appropriate awareness of child protection issues. Levels of contact and methods of work were felt to be appropriate in the light of SSB's remit but these merit further exploration.

Recommendations

- SSB should prioritise reviewing, and where necessary improving, its data inputting systems to ensure reliable management information is available

- SSB should consider how the proportion of self referrals might be increased further
- SSB should continue to keep under review the optimal length of contact between workers and families; and to continue to develop best practice around closing cases, including referral to other agencies.
- The overall findings of the file review as outlined in the main report should be considered carefully by SSB in order to review and plan appropriate service provision.
- Exploration of the benefits of short-term brief intervention therapy should be encouraged

Strategic overview of services

11. The main report outlines the background to and the process involved in conducting an overview of services in relation to domestic violence, post natal depression, counselling and work with fathers.

Recommendations

- All groups run by SSB should have equivalent status and broadly share similar referral, structure and review processes which are owned by all staff working for SSB. Rotation of staff across all projects should be considered in order to encourage ownership of all the issues dealt with by SSB
- Training on the interconnectedness of issues such as child abuse, domestic violence, depression (including post natal depression) and parenting difficulties should be put in place by SSB for all staff
- Consideration should be given to developing a qualitative evaluation in Year 4 exploring with mothers what they understand by depression in the context of the transition to motherhood

- The impact upon children of issues such as domestic violence and post natal depression need addressing and provision should have both a child and adult focus
- If work with violent men is to be developed this should be done within an inter-agency framework and appropriate support should be sought for this work.

Speech and Language service

12. This service is provided by the Primary Care Trust to SSB. A range of methods were used to elicit satisfaction levels and clarify developmental issues. Satisfaction levels with the Speech and Language Service overall were found to be good. The enhanced service provided for SSB was effectively integrated with the work of the Outreach Team, and also with the speech therapists at the local Health Centre. Development work has been undertaken with refugee families, and promotional activity has helped to raise the profile of the Speech and Language Service.
13. This evaluation should be used to establish targets for the next stage of the enhanced Speech and Language Service, including a training plan involving SSB staff. The possibility of allocating additional funds for this service should be considered.

Cost Effectiveness

14. Building on work on *Value for Money* undertaken in Year 2 work on Cost Benefit Analysis was undertaken in Year 3. This focused on costs of home visits and other contacts with service users. A comparative element was possible because of access to data about costs of services provided by Bramley Family Support and home visits provided by Home-Start UK. It was found that costs per contact were within the range of costs found in other Sure Start programmes. Data entry requires further attention in order to facilitate measuring the benefits and effectiveness of different kinds of contact and support, (for example the effectiveness of home visits compared with group support).

Recommendations

- SSB should consider the implications of the Cost Benefit Analysis undertaken so far, including the implications for record keeping and data submission; and should decide whether to commission further cost effectiveness research
- The local evaluators should continue to inform SSB about work on Cost Benefit Analysis undertaken nationally or by other Sure Start programmes.

The Next Phase for SSB

15. This phase of the evaluation explored three areas: Children's Centres; information gathering and management issues in SSB. Whilst there was considerable enthusiasm for the development of Children's Centres, there was also some anxiety that the bottom up community ethos of SSB might be weakened through an emphasis on providing day care for working parents, and associated concerns that family support services for the most vulnerable families might be less well resourced. In relation to information gathering, whilst important technological advances had been made, there were concerns about the delays in earlier years which now had consequences for future evaluation. It was considered that, as SSB was entering a new phase of development, under the leadership of a new Programme Manager (PM2), an evaluation of how the management team functioned might be helpful.

Recommendations

- Further monitoring of the development of Children's Centres and the focus on managerial issues should be considered for inclusion in the Year 4 evaluation.

2 Introduction

16. This three-year evaluation report on Sure Start Bramley (SSB) covers the period from February 2001 until March 2004, during which time the Nationwide Children's Research Centre and the University of Huddersfield have been appointed as local evaluators for the programme. This three-year report is designed to meet the requirements of the National Evaluation of Sure Start (NESS). An executive summary is provided.
17. The report begins with an overview of evaluation activity in Years 1 and 2. Detailed evaluation reports were completed by the evaluators for both Year 1 and Year 2. Copies have been made widely available to the Sure Start Bramley Partnership; they are also available on the NESS website.
18. A baseline survey on the needs of families with children under four living in the Sure Start Bramley area was carried out between February and April 2000. A User Satisfaction Survey for residents in Sure Start Bramley was conducted in the second half of 2003 and a report on the findings of the survey was completed in April 2003. This report has been made widely available to the Sure Start Bramley Partnership and has also been placed on the NESS website. A summary of the main findings of the User Satisfaction Survey is contained in this section.
19. The next section brings up to date the evaluation of the Outreach Team in Sure Start Bramley carried out in 2001. This section also contains an analysis of a review of files of work carried out with families by the Outreach Team over the three-year period. The methodology used is explained and key findings are summarised.
20. Section 5 comprises a Strategic Overview of the work of Sure Start Bramley including an analysis of the women's group (domestic violence); an update on work with fathers; a position statement on SSB's work on post-natal depression; an overview of counselling provision; and an evaluation of the enhanced Speech and Language service in the SSB area. The strategic review was carried out between January and May 2004.

21. Work on cost effectiveness is considered in the next section (Section 6). An analysis of costs of home visits and other support to families and children is included, with comparative costs for two voluntary sector services funded by SSB.
22. Section 7 reviews SSB's involvement in the development of Children's Centres; information gathering issues; and a review of current management issues.
23. Data sources and methodology are described for each section as appropriate. The report concludes with a series of recommendations for the SSB Partnership.

3 Evaluation Reports Years 1 and 2

This section is based on the separate evaluation reports produced for Years 1 and 2

Year 1

24. The Year 1 report included important demographic data. The number of children under 4 in the Sure Start area was 1039 (*Source: Leeds Community Health Trust, 2001, quoted in the revised Delivery Plan, 2001*). There were 907 families with children under 4 in the area (*Source: Local Health Visitor records quoted in the revised Delivery Plan, 2001*). Census data for the year 2000 recorded that the total population in the Sure Start Bramley area was 22,428. Nearly 98% of the Sure Start Bramley population was described as white. The largest ethnic minority group were people born in Ireland 199 (0.88%). The next largest group comprising Indian, Pakistani and Bangladeshi people totalled 122 (0.54%). There were 65 people who described themselves as Black Caribbean, or Black African, or Black Other (0.29%).
25. An Evaluation Sub Group was set up following an initial seminar in March 2001.
26. The Nationwide Children's Research Centre (NCRC) proposed that *the style of the evaluation should be participative, promoting endorsement by those involved of the principles of evaluation and feedback, and developing the skills of local practitioners and also of local people in contributing to evaluation methodology*.
27. Sure Start Bramley (SSB) is a second round programme which gained approval from the Sure Start Unit in July 2000. The first Programme Manager (PM1) was appointed in November 2000. (She remained in post until March 2004. Her successor, PM2 took up her post in May 2004). SSB was incorporated as a company limited by guarantee and became operational in January 2001. SSB is also a registered charity. The Trustee Directors' Board comprises six parent Board members; three representatives of statutory agencies; three representatives of voluntary agencies and one for the Chair of the Community Involvement Team, an elected member of Leeds City Council. Places are reserved on the Board for a parent representing special needs issues, and a parent representing minority ethnic families.

28. The report contained an evaluation of the work of the Outreach Team which then comprised three full-time and two part-time (job-share) staff. These staff were appointed by March 2001. The evaluators noted that by the summer of 2001 the Outreach Team had developed a detailed framework for handling project proposals which included an initial *feasibility assessment* (including projected costs); *community consultation*; *approval by Sure Start Management locally*; *planning phase* (consultation with agencies / developing protocols / guidelines); *work / implementation phase*; and *evaluation*. The annual report included a summary of eight project evaluations; and also a description of one-to-one work carried out by the Outreach Team with five case examples. The Outreach Team had prioritised developing inter-agency contacts during the first year of its work with both statutory and voluntary sector partners. The Outreach Team had been heavily involved in the launch of Sure Start Bramley and also in plans for an Early Years / Community Centre on the largest estate in the area. The Outreach Team acknowledged the danger of their activities being monopolised by a group of families particularly keen to join in Sure Start projects. Feedback received by the Outreach Team in its first year of work had been very positive, although Sure Start was perceived mainly as a service for women, not readily accessible to men.
29. The NCRC promoted the involvement of Health Visitors in practitioner evaluation from September 2001 until the summer of 2002 in the *Health Visitor Support Project for New Mothers*. Data was collected through use of the Edinburgh Post Natal Depression Scale and through use of an NCRC questionnaire. Sure Start Group Work Support for mothers experiencing post-natal depression was also evaluated.
30. An evaluation of the Family Support Service provided by the NSPCC was also completed during Year 1. Recommendations were made about the project's first contact with families, and about the need for revisiting criteria for ending work with families.
31. An overview of the work of Sure Start Bramley was also completed. Recommendations were made for the Management Board to review priorities for the programme overall, including exploration of the programme's work on domestic violence.

32. A recommendation was made that SSB should establish a computerised management information system as soon as possible. *This recommendation was eventually implemented by the beginning of 2004.* It was also recommended that practitioner evaluation of group work with new mothers should continue. The evaluators recommended that Sure Start Bramley should consider how to develop strategic links between the Outreach Team's one-to-one work and other Family Support Services, for example Home Start. *Home Start's Service Level Agreement with SSB was reviewed in detail in 2002 / 03 and a new contract for its family support service was agreed.* Recommendations were made about the need for further evaluation of the NSPCC's Family Support Service. *These were not implemented because of changes in the structure of the service provided.* Priorities for the Year 2 evaluation included development work on the role of fathers and male carers; and facilitating community involvement in evaluating the local impact of Sure Start.

Year 2

33. Evaluation priorities were agreed with the Programme Manager and then explored in detail with the Evaluation Sub Group at the beginning of Year 2.
34. Development work on engaging fathers in Sure Start was undertaken by one of the evaluators, who produced a detailed literature review which was included in the evaluation report. Priorities for engaging fathers in Sure Start Bramley were analysed: work with first-time fathers and with partners of mothers with post-natal depression was agreed as a focus for further development work. The evaluator's role was extended to include involvement in the recruitment, selection and subsequent support for a male Outreach Worker, appointed in September 2003.
35. The wish to develop community participation in the evaluation led to the appointment of a part-time Parent Researcher in October 2002. The person appointed lived in Bramley and had a three-year old son, and extensive knowledge of local child care facilities. The Parent Researcher undertook an evaluation of the Bramley Family Support Service provided by Spurgeon's Child Care, one of the largest voluntary sector organisations supported by Sure Start Bramley. Her evaluation was supervised by the evaluation team and included a detailed analysis of the patterns of use of the service; an analysis of twenty-five interviews with parents and additional interviews with children; an exploration into the experience of hard to reach parents in accessing services; and recommendations for the further development of Bramley

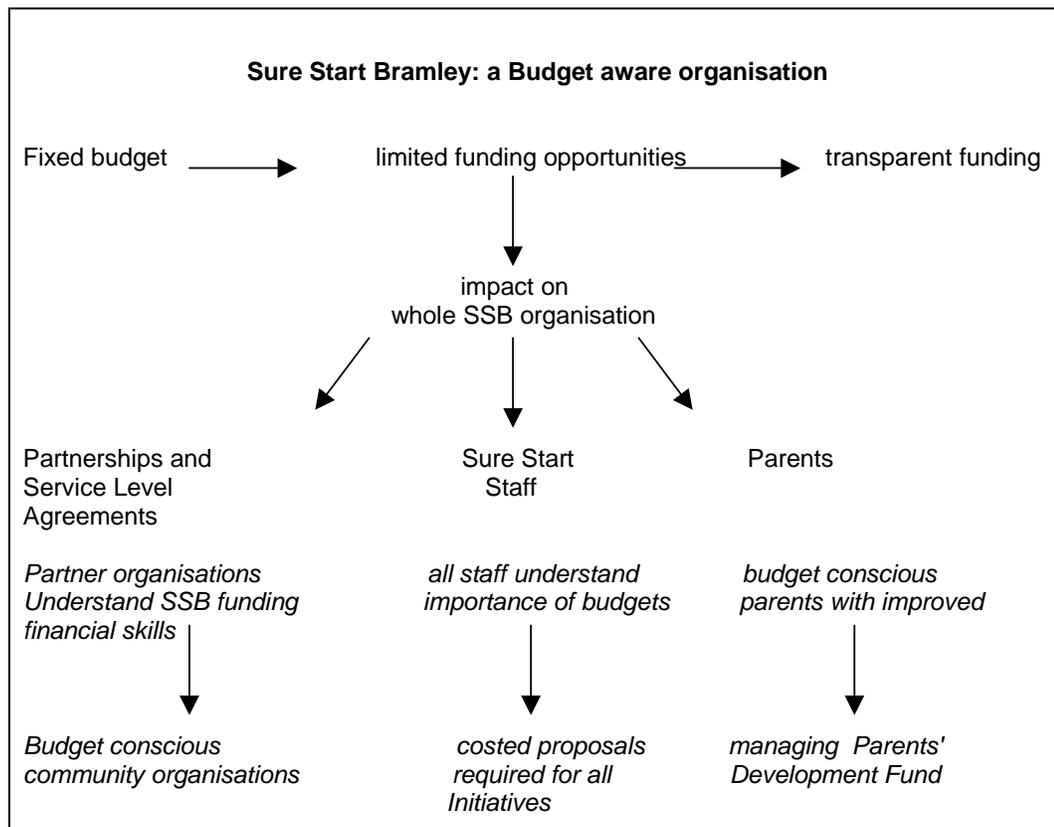
Family Support Service. The report was presented to the Evaluation Sub Group and the Partnership Board, and is available on the NESS website.

36. The Parent Researcher also helped to complete an evaluation of a conference held with local parents and agencies in October 2002 entitled *Sure Start As Others See Us*. Data from the conference indicated that SSB had been successful in involving parents. Priorities identified by parents (*viz involving fathers; engaging hard to reach families / needier parents; encouraging / accommodating opportunities for parents of children over four; getting parents onto the Management Board; and extending school holiday activities*) continue to be relevant to SSB.
37. The evaluation for Year 2 included a survey of the views of partner agencies in relation to the impact of SSB. Partner agencies expressed a high degree of satisfaction with SSB's activities and approach. Partner agencies' understanding of *mainstreaming* was carefully explored and there was "*a broad level agreement that this should involve a reconfiguration of services*". This process was already underway for Early Years Services, although, at that stage, the future for organisations such as Social Services was not clear.
38. Development work on support to mothers experiencing post-natal depression was continued in Year 2. A small survey was completed using the Edinburgh Post Natal Depression Scale Questionnaires. The survey indicated that perhaps one fifth of parents were vulnerable to post-natal depression; young parents (aged 20, 21) appeared to be equally or more vulnerable than teenage parents; and the small number of parents from ethnic minorities appeared more likely to be isolated and vulnerable. NCRC questionnaires exploring support available to local mothers found that respondents were positive about having *someone to talk to*; and considered that being part of a group programme for mothers would be helpful. Health Visitors involved advised that in the practitioner evaluation advised that "*for families living in poverty or in poor standard housing, the demands of a new baby could trigger mental health problems*". Health Visitors advised that members of extended families generally did not recognise Post-Natal Depression. Sure Start Bramley continued to prioritise group work with mothers experiencing post-natal depression. A resource pack for service providers was developed for a multi-agency seminar held by SSB, promoting good practice in supporting mothers with post-natal depression, in March 2003. An evaluation of three group work programmes for these mothers was included in the evaluation report.

39. The evaluation team conducted an initial exploration of *Value for Money* issues with programme managers as a precursor to more detailed work on cost effectiveness. The Programme Manager (PM1) highlighted work on ensuring that SSB was a budget aware organisation in which all Sure Start staff understood the importance of budget issues; partner organisations were well informed about SSB funding; and parents were encouraged to become budget conscious and had been allocated responsibility for managing a Parents' Development Fund. Financial transparency at all levels of the organisation was encouraged.

40. **Figure (i)** is reproduced from the Year 2 evaluation report.

Figure (i)



Priorities / Recommendations

41. Recommendations in the Year 2 report included for SSB to ensure the appointment of a male Outreach Worker *which was implemented early in Year 3*. The evaluation report recommended that SSB should contribute to promoting dialogue between

statutory and voluntary sector agencies (*an inter-agency seminar promoting a multi-agency approach was held by SSB in September 2003*). SSB was asked to consider promoting further development work on mainstreaming Sure Start. *The Programme Manager (PM1) agreed in discussion with the evaluators that further work on mainstreaming should be carried out at a regional level, involving all the Leeds-based Sure Start Programmes.*

42. SSB was asked to consider commissioning a detailed evaluation of the impact of Post-Natal Depression group work on participants. *The detailed evaluation recommended was not carried out. One reason for this was that Leeds University negotiated for SSB to become involved in a piece of research comparing the impact of the SSB Post-Natal Depression Groups, and other groups in which the main emphasis was on physical activities. The other reason was that the group work facilitators considered that participants on the group work programmes were becoming over-exposed to evaluation research.*
43. A further recommendation was that the Consumer Survey required in 2003 / 04 (*User Satisfaction Survey*) should build on the experience of the Parent Researcher project, using and developing the skills of local parents. *This recommendation was carefully considered by the Evaluation Sub Group in September / October 2003. The proposal to use local parents to carry out the User Satisfaction Survey was reluctantly dropped because of the length of time it would have taken to recruit and train local parents, and to obtain Criminal Records Bureau checks.*
44. A final recommendation from Year 2 was that SSB should comply with requirements for a Cost Benefit Analysis from Sure Start nationally, while continuing to approach its good practice model regarding transparency of financial issues. *A later section of this report records work carried out on cost effectiveness as part of the Year 3 evaluation.*
45. Other priorities identified by the Programme Manager (PM1) included development work on domestic violence and on the SSB Counselling Service, and an evaluation of the Speech and Language contribution to SSB. *Later sections of this report describe development work on domestic violence and an evaluation of counselling and Speech and Language services.*

4 User Satisfaction Survey

This section is based on the SSB User Satisfaction Survey Report produced in April 2004 by the local evaluators. It includes reference to SSB's Child Care Survey carried out in February 2000. The questionnaire for the 2000 survey was included in the User Satisfaction Survey in the Autumn of 2003, to provide comparative data. This section draws particularly on the final chapter of the User Satisfaction Survey Report entitled Discussion / Conclusions. The User Satisfaction Survey can be viewed on the NESS website.

46. NESS Guidance requires that Sure Start programmes obtain baseline data at the beginning of their operations about the needs of families with children under four. NESS requires that a survey exploring the satisfaction of local residents with children under five with both general services and with services provided by Sure Start is undertaken and repeated at three-yearly intervals. In Bramley a Child Care Survey had been carried out in February 2000 which provided baseline data about the views of local parents about services available, and other services which were needed. The questionnaire on which this survey was based was repeated verbatim and included with the User Satisfaction Questionnaire developed in the summer of 2003, ensuring that comparative data was obtained. The local evaluators, working closely with the Evaluation Sub Group, developed a User Satisfaction Questionnaire in the summer of 2003. This was distributed through all local Sure Start services and to the five Nursery Schools in the Bramley area. With the co-operation of local Health Visitors, questionnaires were sent to local parents with children with special / additional needs.
47. One hundred and fifteen (115) copies of the Repeat Survey Questionnaire were completed. One hundred and twenty-five (125) User Satisfaction Questionnaires were completed by parents in the SSB area and analysed using the SPSS 11 computer programme.

Findings

48. The Repeat Survey was smaller than the one in 2000, although more focused on parents with children under five. The proportion of participants with one child was much higher in the Repeat Survey than in 2000, and the proportion with two children was lower. There was evidence in the Repeat Survey of an upward trend in the use of pre-school services. The proportion of participants using *Parents and Toddlers*

was up by over 30%, and use of *playgroups* had increased by 17.5%. A smaller proportion of participants expressed a wish for more *Nursery provision* in the Repeat Survey, and this may be an indicator of needs being satisfied by more Nursery places. The same proportion of participants wanted more *child care advice* in the repeat survey as in 2000, which may indicate that an increased supply of child care services is linked to increasing demand.

49. The Repeat Survey seems to indicate that fewer participants were using *Dentists*, which deserves further exploration. The Repeat Survey also found increasing evidence of parents wishing for *opportunities to meet with other parents / carers*, and for groups *helping to prepare children for school*. Demand for *parenting groups* remained high.
50. Almost all the participants in the User Satisfaction Survey were mothers, and described themselves as *white UK*. Sixty per cent were in the 26 - 35 age group. Over two-thirds were living with a *partner* ; more than one-fifth were living with *no-one else*. Most of the participants had either one or two children. Participants were mainly either *at home looking after children* or in *part-time employment*. A higher proportion of participants with *partners* were in employment than those living with *no-one else*. Participants with *partners* responded that almost all of their partners were in *full-time employment*.
51. Most participants had high satisfaction levels with services during pregnancy and during the first five years of their child's lives. Satisfaction levels were highest in the first two months after the birth of the child.
52. Just over 40% of participants said that they had breast-fed their youngest child, most of them continuing until their child was three months old. Satisfaction levels with support services were high.
53. One-third of participants said that they had experienced post-natal depression and a smaller group said that they were *not sure*. Participants gave detailed accounts of support received from local services, most referring to help from more than one agency. Those who had experienced post-natal depression had high satisfaction levels with services available. While mothers from all family types experienced post-natal depression, those living with *no-one else* or with *adult relatives* appeared more vulnerable.

54. The proportion of mothers aged under twenty-five experiencing post-natal depression was lower than for mothers aged twenty-five or over. Satisfaction levels amongst participants were *high* or *very high* across all services including general health provision and under fives' services. There was much evidence of appreciation of *nurseries* and *pre-school* services. Satisfaction levels were lower for *parks / playgrounds* and for some aspects of *leisure provision* (e.g. swimming baths). Participants with children with special or additional needs expressed *very high* satisfaction levels with all local services.
55. Almost all (95%) participants felt that their children had *good quality play / learning opportunities*. Nearly three-quarters of participants said that they read to their child *every day* or *every other day*, including parents with special or additional needs.
56. Virtually all participants had heard about Sure Start Bramley. Well over half the participants had had contact with a Sure Start worker in the previous twelve months. Levels of satisfaction with Sure Start services, or with services funded by Sure Start were *very high*. Responses indicated that more information about services provided by Sure Start was required.
57. More than half of the mothers who said that they smoked had continued smoking during their last pregnancy. Most of them had not had help stopping smoking, and two-fifths of them said that they would welcome such help. A much higher proportion of participants living with *no-one else* compared with those living with *partner* smoked. Parents living with *no-one else* were more likely to welcome help giving up smoking.
58. It was acknowledged that the survey was probably skewed towards the views of people who had been able to access services including Sure Start, and was less representative of people with fewer contacts with local services.

Implications

44. The survey produced positive evidence about levels of satisfaction with local services, and about the impact of Sure Start, which is becoming widely known in the area. Satisfaction levels were high across a broad range of services.

45. Particularly positive features include:
- quality of nursery provision
 - development of good quality play facilities
 - range of parent and toddler clubs and creative opportunities for children under four and parents provided by Sure Start
 - Services developed locally to support mothers experiencing post-natal depression, including support provided by Sure Start
46. The survey highlighted the need for additional support for mothers living on their own with young children, for example their being more likely to experience post-natal depression and their need for additional help with smoking cessation.
47. The survey indicated that a broad range of promotion and advertising strategies for Sure Start were likely to be effective. Parents had information about Sure Start, but wanted more. Sure Start Bramley should review its information strategy to try to meet this demand.
48. Parents' requests for more supervised soft play areas for young children should be taken into account by Sure Start Bramley in planning future services. *(The evaluators have noted that this is already happening, for example in investments made by Sure Start Bramley at the Community Centre in the main council estate in the area served).*
49. Although parents of children with special / additional needs had high satisfaction levels with local services, Sure Start Bramley should prioritise improving access to its services by these children and their parents / carers.

Other Developmental Issues

50. Sure Start Bramley should review its strategies for promoting breast-feeding, including continuation beyond three months, with the Primary Care Trust and with local midwives.

51. Strategies for helping mothers who wish to stop smoking should be reviewed with public health professionals and the Primary Care Trust. Development of an information pack about smoking cessation could be considered.

52. Sure Start Bramley should prioritise development work about improving access to NHS dentists by local families. Information should be shared with other local Sure Start programmes and with Sure Start nationally.

Recommendation

Sure Start Bramley should review the evidence contained in the User Satisfaction Survey, and the implications highlighted in this section, and implement appropriate changes in its practice and service provision.

5 Outreach Team and File Review

This section updates the evaluation of the Outreach Team included in the Year 1 evaluation report. This is followed by a review of 212 files (closed cases); all the families included in the File Review had been supported by members of the Outreach Team.

Outreach Team

This section is based on interviews with the Deputy Programme Manager; with all the six members of the Outreach Team; and with a Play Development Worker and a Parent Information Worker. The section starts with an overview of the work of the Outreach Team and is followed by three case examples. Highlights of the work of members of the Outreach Team are included. The section ends with comments on the limitations of the Outreach Team's role and a recommendation about recording policy.

Overview

53. Five members of the Outreach Team are white British and one is Black Caribbean. Five of them are female and one is male. One (OR1) is a seconded health visitor. OR2 was previously a qualified nursery nurse. OR3 is a nurse with mental health experience. OR4 (a local mother who had completed a degree level course) and OR5 (a local mother with a counselling qualification) job-share a full-time Outreach Worker post. These five staff were all appointed by March 2001. OR6 is the male worker appointed in September 2003. The Deputy Programme Manager (DPM) was appointed in July 2002 and took over responsibility for supervising the work of the Outreach Team from the Programme Manager (PM1).
54. Sure Start Bramley has created posts for three Play Development Workers, the first of whom has been in post since the beginning of 2003. One of the three workers had the BTEC National Diploma in Play Work and was very experienced. SSB has established a Parent Information Worker (PIW) post which has been job-shared since the beginning of 2003. One of the PIWs is a qualified nursery nurse and the other has a background in Social Care. The Deputy Programme Manager provides monthly supervision for the Outreach Team, Play Development Workers and Parent Information Workers, including a review of work with individual families and project work. The DPM puts a premium on safe professional practice, ensuring that child

protection guidelines are carefully followed. Case files have also been assessed on a quarterly basis by a Senior NSPCC Officer. A recent development has been establishing Family Support plans which should be reviewed after twelve weeks. The DPM is interested in exploring short-term Brief Intervention Therapy as a tool for family support work, and some of the team have expressed an interest in this. Members of the Outreach Team have developed a model for tackling social exclusion: families are initially provided with intensive support; they are then offered support in accessing local services and developing support networks; the aim is to encourage families to develop confidence and independence and to be able to access support networks themselves.

55. All members of the Outreach Team undertake one-to-one support with families and also have commitments to supporting community projects. Overall, the team members allocate about half their time to each of these two activities. At the time of the interviews with the Outreach Team (May 2004) the average number of families supported was 8, with a range of 7 - 10 (the two job-share team members' caseloads were about the same as the full-time Outreach Team members). Team members were becoming more aware of the emphasis being placed on closing cases (referred to as "archiving") after a period of focused support. Three staff members including one Parent Information Worker (PIW) were involved in external training courses.

56. The five original members of the Outreach Team were by now experienced and confident in supporting families, developing community networks, initiating new projects, liaising with local agencies and promoting Sure Start. The role of the Male Outreach Worker was becoming established and was well supported. The Outreach Team had welcomed the appointment of the new Sure Start staff. The Outreach Team were working closely with the Play Development Workers, for example, on parent and toddler initiatives, and the Play Development Workers brought a new dimension to individual work with families (although time for this was at a premium). The Parent Information Workers had eventually been successfully integrated into the Sure Start team. This was after an initial rather isolated period based at the Children's Centre on the edge of a large council estate, until the whole Sure Start team moved to their present premises in Elder Road. The Parent Information Workers were now a valued resource and were becoming well known in the area. The PIWs had taken a lead role for the Sure Start team in manning the Drop-in and Advice Centre.

57. Evidence from the interviews with the Outreach Team confirmed that the level of motivation and commitment to and belief in Sure Start remained very high. There was a strong sense that working for Sure Start had been a positive and life changing experience for them. This belief was shared by more recently appointed members of the Sure Start team.

Case Examples

58. Three case examples were presented to the evaluators by members of the Outreach Team as part of the work undertaken on cost effectiveness (May 2004). In each case *presenting issues, resources within the family, inputs from SSB, and outcomes* are described. Reference is made to the Hardiker Grid (see **Appendix 1**) to assess the level of work in each case.

Case Example A - OR6 (Male Worker)

Length of Contact: 7 months

Presenting Issues

In this family, a mother and her one-year old child moved to Bramley from another part of the country, experiencing isolation, post-natal depression and housing problems.

Resources within the Family

Although separated, mother had access to a supportive former partner who remained involved with his son. M had good parenting and child care skills.

Inputs from Sure Start

Intensive weekly then fortnightly visits by OR6, plus supportive telephone calls. OR6 had an advocacy role, regarding housing, utilities, benefits. Health Visitor, GP and Home Start involved.

Outcomes

Effective help with housing and financial problems. M became less isolated and overcame post-natal depression. M developed a network of friends and her son was introduced to Mother and Toddler groups. M more aware of local facilities and planning to obtain a job.

Hardiker Grid: Level 2

Comment

59. The Outreach Worker's help, allied to other positive factors, appears to have had optimal impact on this family.

Case Example B - OR3

Length of Contact: 2½ years

Presenting Issues

Mother and three children aged 3, 5 and 7 came to the UK as refugees. Presenting issues included domestic violence; isolation; debts; housing and homelessness issues. M found it difficult to manage her practical affairs (e.g. obtaining passport).

Resources within the Family

M was outgoing and sociable. Positive approach to caring for her children. Able to access educational courses for a time.

Inputs from Sure Start

Intensive involvement by OR3 over three-year period. Weekly visits eventually reduced. M involved in Women's Group (Domestic Violence). OR3 provided advocacy on financial and housing issues. OR3 provided role model for handling issues of racism. Health Visitor, Racial Harassment Team and Police also involved.

Outcomes

Range of practical problems dealt with including housing repairs, opening bank account, obtaining passport, and successful application to SSB Parents' Fund for furniture and Hoover. OR3 provided mediation with other agencies.

M dependent on OR3 and resistant to case being closed.

Hardiker Grid: Level 2 (felt like Level 3!)

Comment

60. This family relied heavily on the OR Team's support for a long period. Without such support the family would have struggled to survive.

Case Example C - OR2

Length of Contact: 14 months

Presenting Issues

Mother and five children aged 8 months - 12 years with multiple problems; mother had experienced domestic violence, had alcohol problems and possibly learning difficulties. Daughters aged 2 years and 8 months were overweight. Serious non-school attendance for older children. Son 5 had speech delay. Daughter 8 seemed withdrawn at school. Daughter aged 12 much involved in supporting mother. Gaps in ante-natal care, health checks and immunisation. Children neglected.

Resources within the Family

M loved her children and bonded with them. M had eventually accepted that she needed support. 12 year old daughter very helpful.

Inputs from Sure Start

OR2 had been involved for a year, frequently visiting twice per week. Had regularly taken daughter aged 2 to nursery. OR2 had successfully involved a range of agencies to support the family. Liaison with Education Welfare; School Nurse; Learning Mentor; Social Services (Family Aid); Speech and Language Therapist; Health Visitor; Children's Centre and Police. SSB Play Workers visiting the family fortnightly.

Outcomes

Mother persuaded to attend Health Clinic for ante-natal care. Immunisation for five children obtained. OR retained focus on child safety issues in the home. Problems with benefit forms resolved. Daughter aged two attending nursery regularly.

Hardiker Grid: Level 3

OR2 commented that in this case she felt that SSB had provided a "buffer" for Social Services as regards child protection issues.

Comment

61. The OR Team's support helped produce tangible social and health gains for this family with complex problems. The OR Team Worker helped co-ordinate multiple agency support.

Outreach Team: Key Issues

62. OR1 had taken the lead role for SSB in facilitating support groups for mothers experiencing post-natal depression (jointly with a Health Visitor and the NSPCC). OR1 had also been involved in development and promotional work linked to post-

- natal depression. OR1 was now completing an accredited course run by Voluntary Action Leeds on the management of volunteers, including training, recruitment and retention. SSB planned to develop training for volunteers jointly with Home Start. Volunteer involvement is an important strategic objective for SSB.
63. OR2 has taken on more responsibility as link worker with the Children's Centre and for the Community Centre on the large housing estate in the SSB area; and represents the Outreach Team on the Child Care Sub Group and the Building Sub Group. OR3 also attends the Community Café at the Community Centre and supports a drop-in there and is developing a Healthy Living Network providing lunch, housing and benefits advice with involvement from the Leeds Credit Union.
64. OR3 initially provided individual support to minority ethnic families. OR3 has played a lead role in the Women's Group (Domestic Violence). OR3 has helped develop play sessions at a local hostel for homeless women and at the Reception Centre for refugees. OR3 is undertaking an advanced diploma in Therapeutic Counselling, which contributes to raising standards in SSB of work on, for example, domestic violence.
65. OR4 has had a main involvement with a very well attended Parents' and Toddler Group, now shared with one of the Play Development Workers. One of OR4's main contributions has been continuing to run Infant Massage courses, at least one every half term over the past three years. All the courses have been evaluated and have been very popular. OR4 has also provided Infant Massage to more isolated mothers in their own homes. She has plans to undertake a Baby Yoga training course.
66. OR5 has specialist knowledge on benefits which has been a resource for the Outreach Team. Her counselling qualification has been valuable both in her one-to-one work, and as OR3's co-worker in the Women's Group (Domestic Violence).
67. OR6 (Male Worker) is now an established member of the team. OR6 carried out consultation with local fathers in his first few months in post which indicated the importance of fathers being able to access support, and appropriate activities, at evenings and weekends. Further analysis of the Male Worker's role is included in the section below on *Work with Fathers*.

Limitations

Comments drawn from interviews with members of the Outreach Team

68. Members of the Outreach Team considered that their brief to work only with children under four was restrictive. Older children in families supported by Sure Start had missed out on opportunities now available to younger children. Members of the Outreach Team thought that Government initiatives placed too much emphasis on expecting parents to go out to work. The benefits of Sure Start could be more apparent for parents who were sociable and able to join in activities for parents and children.
69. A key issue for the Outreach Team was achieving a balance between supporting parents and avoiding dependency. SSB provided many benefits to parents with small children. The Outreach Team had constantly to keep in mind the importance of parents taking over responsibility for initiating and running events themselves.

Record Keeping - Recommendation

70. Members of the Outreach Team considered that record keeping had improved as a result of recent initiatives such as the review of archived files. Families fill in a registration form and this is entered onto the computerised database, together with details about contacts with families recorded on separate sheets. During recent evaluation exercises concerns have been noted about registration forms not having been completed, and about delays in contact sheets being inputted. Although improvements have been made, SSB has not consistently been able to access reliable computerised data up to the present time.
71. ***Ensuring that reliable data is entered onto the SSB database is a priority for SSB and the Outreach Team. Sure Start Bramley Management should urgently review, and where necessary improve, its data inputting systems to ensure that reliable management information is regularly available.***

File Review

In discussion with the Deputy Programme Manager and the Outreach Team it was agreed that a review of files for families with whom the Outreach Team had worked should be undertaken in May / June 2004. This section describes the way the review was carried out and reports findings from the analysis of data collected.

Methods

72. It was agreed that the evaluators should not read the case files themselves as consent would have been required for this from the families involved. Instead, a data sheet was compiled (see **Appendix 1**) and this was completed for each file by a member of the Outreach Team. One of the evaluators attended the Sure Start Office for the first two days of this exercise to provide advice to the Team. The review was time limited over a three-week period from late May to mid June. Each data summary took approximately ten minutes to complete.
73. The File Review included both open and closed cases. Data summaries were completed for two hundred and twelve (212) files comprising all open and closed files going back over the three years during which the Outreach Team had been running. The content of the data summaries was then inputted onto an SPSS database and the results were analysed, producing the findings below. An estimate of the level of work undertaken, with reference to the Hardiker Grid (see **Appendix 2**) was included in the data summaries. This involved an assessment of whether the work undertaken by the Outreach Team was at the level, for example, of general family support, or of planned intervention, following an assessment, to deal with complex problems. This assessment was carried out for all cases reviewed by one of the evaluators, to ensure a consistent and independent approach.

Limitations

74. Members of the Outreach Team completed data summaries for their own files as well as for other workers. This produced the required data, but was a less independent approach than having the files summarised by a third party. Outreach Workers completed data summaries on families known to them, and on families known to

other members of the team. In this exercise families did not have an opportunity to comment themselves.

75. The File Review provided an opportunity to describe the focus of their work with each family themselves, and did not restrict them to describing particular categories of work. This made analysis complex as some activities had to be grouped together, for example, different kinds of financial help. The analysis enabled clear patterns to emerge, but total accuracy may not have been achieved.

Findings

76. The File Review produced data about two hundred and twelve (212) families who had been referred to the Outreach Team over a three year period.
77. Out of the 212 families eighty-eight (88) were two-parent families; and one hundred and twenty-four (124) were lone parents.
78. Numbers of children in the families referred are shown in **Table 1** below:

Table 1
Number of children under four

Age	Number	Per Cent (out of 199)
0	1	
1	146	73
2	46	23
3	5	
4	1	
Missing	13	
Total	199	

79. The total number of children in the families referred are shown in **Table 2** below:

Table 2
Number of children in Family

Age	Number	Per Cent
0		
1	95	45
2	52	25
3	29	14
4	25	12
5	7	
6	1	
8	3	
Total	212	

80. The ethnicity of the families referred is described in **Table 3** below:

Table 3
Ethnicity

Ethnicity	Number	Per Cent
White British	177	83
Dual Heritage	7	
African	6	
European	4	
Middle East	3	
Chinese	2	17 (all minority ethnic groups)
Irish White	2	
Asian	1	
Montserrat Caribbean	1	
Total	213	

There is a discrepancy of 1 on the total figure

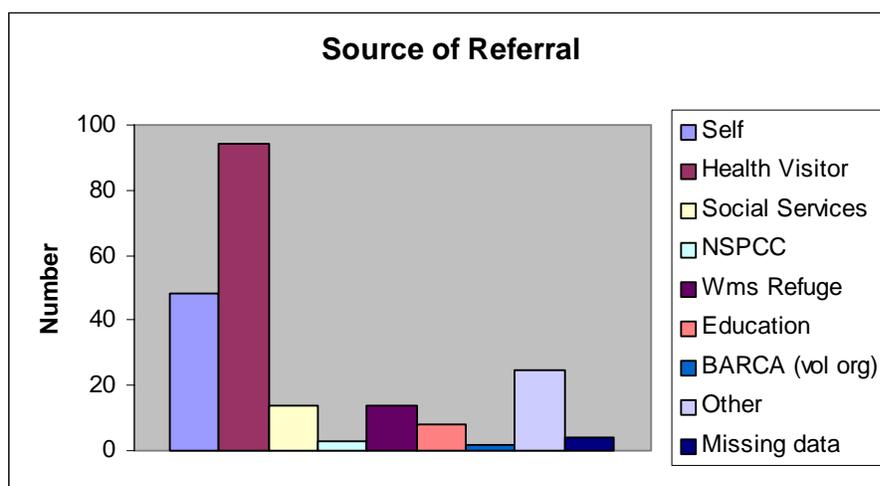
Notes

81. Dual Heritage included Asian White; Asian African; father White, mother Caribbean Black; and other descriptions. African included Somali; Egyptian; Ugandan; Zimbabwean; and Black African (2). European included Portuguese; Polish; Kosovan and Greek. Middle East included Iraqi; Syrian and Kurdish.

82. The source of referral for the families included in the File Review is described in **Table 4** and the bar chart below:

Table 4
Source of Referral

Ethnicity	Number	Per Cent (out of 208)
Self	48	23
Health Visitor	94	45
Social Services	14	7
NSPCC	3	
Women's Refuge	14	7
Education	8	
BARCA (local voluntary org.)	2	
Other	25	12
Missing	4	
Total	212	



83. Main reasons for referral to SSB are summarised in **Table 5** below:

Table 5
Main Reasons for Referral

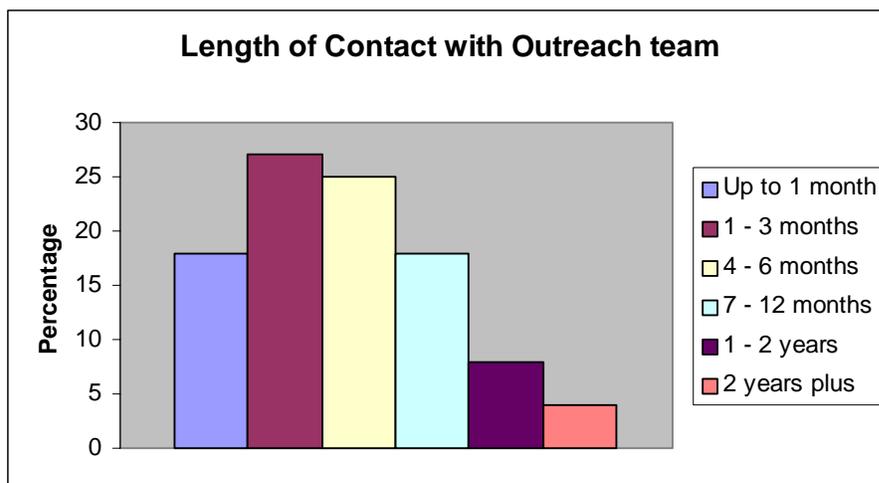
Access Groups, Child Care	Isolation	Domestic Violence	Housing	General Support	Depression	Child Behaviour	Information local services	Parenting Skills	Post Natal Depression	Health Issues
50	49	45	43	33	29	27	24	20	20	15

84. Other reasons for referral mentioned fairly frequently were *new to area* (11); *financial or benefit issues* (11); *child protection issues* (11); *drugs / addiction* (8) and *parental mental health* (7).

85. Other issues mentioned less frequently were: *children with special needs* (5); *refugees* (5); *relationship issues* (5); *practical support* (4); *deprivation* (3); *sleep problems* (3); *partner in prison* (3); *mother in hostel* (2).
86. The length of contact between families referred and the Outreach Team is summarised in **Table 6** and in the bar chart below:

Table 6
Length of Contact with Outreach Team

Time	Number	Per Cent (Out of 192)
Up to 1 month	35	18
1 - 3 months	52	27
4 - 6 months	48	25
7 - 12 months	34	18
1 - 2 years	16	8
2 years plus	7	4
Missing	20	
Total	212	



87. The average length of contact per family was 5.3 months. This was calculated by taking a mid point for the five time intervals up to two years. *Two years plus* was calculated as twenty-four months.
88. Additionally, the File Review included seven families who were re-referred after their cases had been closed. Four of this group were two-parent families and three were lone parents. Three of them were *self-referred*; three were referred by their *Health Visitor*, and one was referred by *Education*. Reasons for referral were *isolation* (3); *depression* (1); *general support* (1); *housing problems* (1); *financial problems* (1).

Domestic violence was an additional reason for referral in one case. In none of these cases was *child abuse* or *child neglect* a reason for referral.

89. The numbers of areas of work focused on are described in **Table 7** below:

Table 7
Number of Areas of Work Focused On

Number of Areas	Frequency	Per Cent (Out of 179)
0	4	
1	26	15
2	38	21
3	38	21
4	46	26
5	18	10
6	7	
7	5	
8	3	
9	1	
10	2	
13	1	
Missing	33	
Total	212	

90. The main areas of work focused on are described in **Table 8** below:

Table 8
Main Areas of Work Focused on

Housing	Liaison	SSB Provision	Child Care / Nursery	General Support	Information	Financial Help	Domestic Violence	Liaison with GP / Health Services	Parenting Skills	No access achieved
67	61	38	37	34	30	29	26	24	22	20

91. Providing *furniture* was mentioned 17 times. In 15 cases work on *post-natal depression* was highlighted. Helping parents access *education courses or training* was described 13 times. Accessing *nursery* was described 13 times. Accessing *courses* was described 11 times and there were, additionally, 9 further instances of information being provided on courses. Work focusing on *education* was mentioned 10 times. Involving *speech and language* was mentioned 9 times.
92. Other areas on which work focused were mentioned less frequently including: *practical support* and *help obtaining grants* (7); referral to *NSPCC* (6); accessing *infant massage* (6); work on *child behaviour / tantrums* (5); work on *isolation* (6); work

on *mental health* (5); referrals to *Home Start* (5); referrals for *counselling* (5); work on *drugs / alcohol* (4); referrals for *swimming* (4); work on *sleep problems* for children was also recorded (4). *Safety* or providing *safety equipment*, and *information about volunteers* were referred to 3 times. Referrals to *CAB* were mentioned 3 times and involvement in the *Toy Bag* scheme was also mentioned 3 times. In 3 cases referrals to *Social Services* were recorded.

93. A number of areas of work were mentioned infrequently including *smoking cessation* (2); *eradication of mice* (2); *work with older children* (2); *providing baby equipment* (2); and *general advice* (2).

94. Outreach Team Workers described the range of activities in which they were involved with individual families as illustrated below:

...work on alcoholism, integrate M. into groups, support with Probation issues...

...baby massage, swimming, hydrotherapy, accompany to activities...

...case conference, hygiene advice, Toy Bag, Children's Fund (Worker) with older children...

...children's behaviour, child protection reviews, support re Parenting Fund application about holiday...

...English classes, accompany to Parents and Tots, referral to BARCA Worker, information about services in area...

...information about Helping Hands Creche, information about Parents and Tots and about Nursery, Summer Fund programme...

...isolation, accompany to courses, counselling, self-esteem and confidence building...

...practical and emotional support with Education, Health, Housing, alcohol and substance abuse...

...involve Refugee Support Worker, access English classes, breast-feeding support...

Child Protection

95. Work on *child protection* or *neglect* issues was mentioned infrequently as a focus of work, mainly in cases where children were on the Leeds Child Protection Register. Additionally, in thirty-eight (38) cases the File Review indicated that child protection issues had been identified. The File Review recorded that there was no evidence of child protection or neglect issues in one hundred and twenty-seven (127) cases. These figures may underestimate the contribution being made by the Outreach Team in cases where child protection issues, and associated issues in domestic violence cases, have been identified.
96. In thirty-six (36) cases Outreach Team members commented on child protection issues. The comments indicated that the Outreach Team were aware of child protection issues and of the involvement of other agencies. In these cases, such serious concerns provided the background for the Outreach Team's intervention. Their comments included the following:

...child on register - alleged sexual abuse - not proven...

...child protection issues mainly with older children...

...children on register at risk from father regarding sexual abuse (father is Schedule 1 offender)...

...Grandma has children due to daughter's violent partner. Social Worker involved...

...Mother's mother has children due to daughter living with violent partner...

...Social Worker intervention - children hungry and unkempt...

Groups Used by Parents and Children

97. In approaching half of the cases analysed (105 out of 212), the Outreach Team described groups used by parents linked to their involvement with SSB. Groups or activities frequently mentioned included *counselling; holiday activities; Parents and Toddlers and Parents and Tots; post-natal depression groups; swimming activities; Toy Bag scheme; and Women's Group (Domestic Violence)*.
98. The number of groups accessed by individual parents is described in **Table 9** below:

Table 9
Groups used by Parents

Number of Groups accessed by each family	Frequency	Per Cent
1	47	47
2	30	30
3	9	
4	11	11
5	2	
6	1	
7	1	
Total	101	

99. Groups mentioned as frequently used by children partly overlap with those used by parents. They include *creches; holiday activities; Tuesday Tots / Parents and Toddler Groups* (over 30 references); *swimming activities; Toy Bag scheme; and trips / activities / summer fun*. The number of groups accessed per child are described in **Table 10** below:

Table 10
Groups used by Children

Number of Groups accessed per Child	Frequency	Per Cent
1	41	48
2	24	28
3	10	12
4	9	10
5	0	
6	2	
Total	86	

Other Outcomes for Parents and Children

100. The File Review provided an opportunity to record *other outcomes for parents and children* and this was done in seventy (70) cases. In a large majority of these positive comments were made about successful outcomes, problems having been resolved or appropriate referrals having been made to other agencies. These are illustrated below by quotations from the Data Assessment Sheets.

...able to complete GCSEs.

...accessing services independently.

...access to Family Aid and Home Start (there was positive mention of Home Start in five other cases).

...asylum status granted, re-housed.

...children attending school regularly.

...family relationships better, qualifications gained.

...more confident in community, now has network of friends via the groups.

...parent feels better for meeting other parents.

101. Three families had been re-housed. One of them had been *re-housed outside SSB area; confidence and management of finance and housekeeping improved.*

102. In some cases there was evidence that complex problems had been resolved.

...son attends nursery; mother and father not on heroin; father in work; mother looking at courses.

...Social Services returned children from care to mother.

...sorted out access for daughter, partner now out of house.

103. In three cases there was specific mention of parents obtaining qualifications. In four cases mothers had obtained employment ...*M does not want SSB help now, got a job.*
104. In other cases there was reference to...*counselling through GP*; and...*English classes*. Four families were referred to the NSPCC for family support including direct work with children. Another family was referred to the SSB Counselling Scheme; there was mention of support from a Speech Therapist in one case and to support from a Community Psychiatric Nurse in another.
105. In two cases there were unresolved issues. One referred to ...*second child in care*; and in the other there was reference to a child being remanded into care.

Reasons for Ending Work / SSB Involvement

106. In a large majority of cases (157 out of 163) a single reason was given in the File Review for closing cases. Two reasons were given in six cases. Some of the main reasons for closing cases are described in **Table 11** below:

Table 11
Reasons for Closing Cases

Moved Away	Accessed Appropriate Services	Achieved Independence	Children taken into care	Problems solved	No access
46	19	12	7	6	6

107. Information was analysed on other reasons for ending work / involvement in individual cases. In some of these there is evidence of a carefully considered plan to terminate involvement.

...parent went back to work; planned ending; youngest child turned five

...children registered, M in new relationship and planned ending

108. In other cases it was clear that the time had come for the case to be closed. In some cases parents were accessing services independently (7 quotations). In one case the ...*Health Visitor said there was no need for further work*. In other cases there was reference to parents (mothers) *moving on to training*, or *starting full-time work*.

In another case it was stated that *...M has enough support now*. In another case, the *...Mother was supported by Father and (did) not need help*; and in another instance it was the *...parents' decision (that) support was no longer needed*. Other cases were closed when parents' needs for information had been met (2).

109. In five cases work came to an end because the children reached the age where they were too old for Sure Start's involvement. In one of these cases the family *...needed more support with older children, not in SSB's remit*. Sure Start Bramley's remit was mentioned as a reason for closure in another case as well.

110. In a small number of cases there was evidence that cases were closed in unhappy circumstances. In one case the *...Mother lost faith in Sure Start, worried that her children would be taken into care*. There were references to mental health problems for parents in two cases. In one of them the mother was *...admitted to (name of mental hospital), children in custody of father, outside SSB area*. There were also brief illustrations of cases of ending when children had to be taken into care, as illustrated in Table 11.

Estimated Level of Work

111. An estimate of the level of work undertaken by the Outreach Team was made in 164 cases, where there was evidence of engagement and a period of continuing activity. In the other (38) cases, the Outreach Team may have spent a considerable amount of time providing information, and attempting to make contact with the family. This review had shown that this was not always possible.

112. The assessed level of work (Hardiker Grid) is summarised in **Table 12** and the bar chart below. What was evaluated was the work done by the Outreach Team, and not the complexity of the problems which families experienced. Some families with very complex problems were referred where the Outreach Team may have focused, quite appropriately, on support and liaison, rather than attempting to deal with deep-rooted problems. The assessment was made on the basis of the data summaries provided, and it is probable that these summaries underestimate the level of work undertaken by the Outreach Team in some cases.

Grading Scale

113. Levels of work in **Table 12** below have the following definitions:

Level 1: work has mainly involved liaison and signposting to both general and Sure Start services.

Level 1.5: the Worker has spent time supporting the family, with the main emphasis on signposting and liaison.

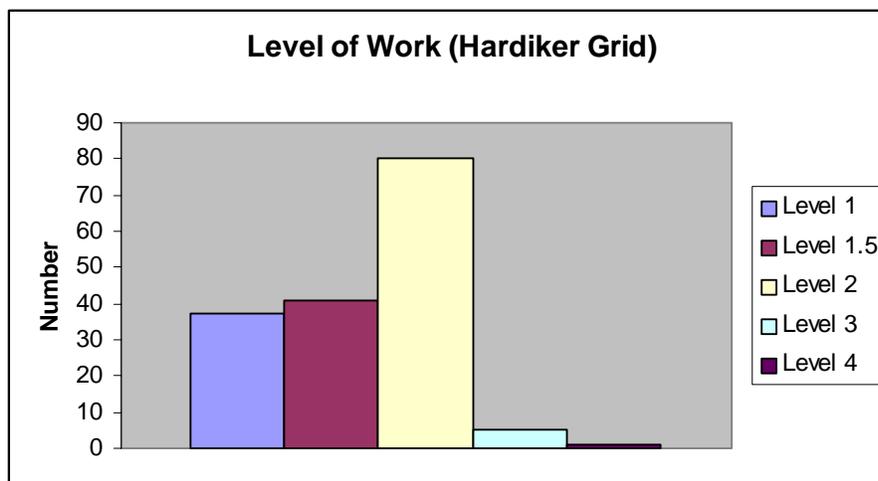
Level 2: clear evidence of time spent on supporting / counselling the family, as well as liaison and signposting activity.

Level 3: key worker role with children and families with complex needs requiring intervention.

Level 4: key worker role with children and families in crisis needing urgent and/or intensive intervention.

Table 12
Level of Work (Hardiker Grid)

Level of Work	Frequency	Per Cent
Level 1	37	23
Level 1.5	41	25
Level 2	80	49
Level 3	5	3
Level 4	1	
Total	164	100



Commentary on Findings

114. The File Review indicates that the work of the Outreach Team is appropriately targeted to lone parents. Evidence from the User Satisfaction Survey (see above) was that lone parents tended to need more support than two-parent families. There is also evidence that the Outreach Team's work is appropriately targeted towards families from ethnic minority groups, who make up 17% of the families supported, whereas people from minority ethnic groups constitute less than 3% of the Sure Start Bramley population.
115. Health Visitors refer approaching half of all families through Sure Start Bramley. The next largest group are *self-referrals* (approaching a quarter of the total). Arguably, people who refer themselves to services are more highly motivated than people referred by agencies. Sure Start Bramley may wish to consider how the proportion of self-referrals might be further increased. Families are referred to Sure Start with a wide variety of presenting problems. Indications from the File Review are that two reasons for referral per family was about average.
116. *General support, accessing groups / child care, and information about local services*, taken together, made up one hundred and seven (107) reasons for referral. Another group comprising *isolation, depression, and post-natal depression* made up ninety-eight (98) reasons for referral. *Domestic violence* was a reason for referral in forty-five (45) cases, and *Housing* in forty-three (43) cases. *Child behaviour*, and *parenting skills* were a reason for referral mentioned forty-seven (47) times.

117. In thirty-five (35) cases the Outreach Team's period of contact with families was up to one month. Overall, the evidence suggests that in these cases (or possibly slightly more), it proved difficult to engage with the family. Discounting cases where the period of contact was up to a month, the average period of contact was more than six months, representing a considerable investment of time. The Outreach Team is now placing a priority on closing cases when targets have been achieved. The Team may wish to review whether the current average period of contact is about right, or whether a slightly shorter period should be aimed for.
118. The File Review shows that it was relatively unusual for the Team to focus on a single area of work (26 cases). More typically, the Team were assisting with two, three or four areas as part of the support provided. Work undertaken could have a practical focus such as providing information or helping families to access local facilities; and this could be combined with emotional support, tackling isolation, or depression or assisting with parenting skills. Some families would need more practical help, and others more help focusing on confidence building. A number of examples are included in the text.
119. Child protection was infrequently the main focus of work for the Outreach Team, and was more often part of the context in which team members worked. However, as indicated in paragraph 95 (above) the contribution being made by the Outreach team in cases where child protection concerns had been identified should not be underestimated. It is reasonable to assume that Social Services or the NSPCC would take on a key worker role in these cases. Sure Start Bramley has placed a premium on child protection awareness training, and child protection issues are regularly covered in supervision sessions.
120. The Leeds Home Start Co-ordinator has commented that, after reading the file review, she noted that some families could have benefited from the one to one emotional support that Home Start offer alongside the support of the Outreach Worker. Some of these families had not been referred to Home Start and, in this regard, the Outreach Team could make fuller use of the partnership resources available.

Domestic Violence

120. Issues regarding domestic violence are covered in a later section of this report.

Services provided and endings

121. The File Review demonstrates that the work of the Outreach Team involved linking both parents and children to groups and services available in the Bramley area: about half the parents and about half the children were linked with a single group; the other half accessed two or more groups.
122. *Moving away from the area* was the most frequently cited reason for ending contact. Out of the seventy (70) cases where the Team commented on the position reached when cases were closed, a large majority referred to positive conclusions, where families had benefited from support and were now more independent, or where referrals to appropriate agencies had been achieved. In a small number of cases Sure Start Bramley was unable to help because the children were too old. In a few cases *mental health* or serious *child care* problems persisted.

Level of Work

123. Assessment of the level of work undertaken indicates that the Outreach Team was generally working at Level 1 / 2, with about half the families with whom the Team engaged receiving Level 2 support. This seems appropriate. Sure Start provides a valuable addition to local resources to support families, and the Team has placed a premium on ensuring that team members can access appropriate training to ensure that support provided to families is effective. Work at Level 3 and Level 4 is mainly undertaken by specialist agencies such as Social Services or the Children and Adolescent Mental Health Service (CAMHS) for families with complex needs.

Recommendation

124. It is recommended that Sure Start Bramley considers the findings of the File Review and implications for practice, including possible opportunities to refer more families to Home Start.

6 Strategic overview of current service provision in Sure Start Bramley

125. This chapter outlines evaluation activities in relation to the following areas of work:: domestic violence; fathers and male carers; postnatal depression; counselling, and speech and language services. It documents what has been an evolving evaluation process in relation to the first three areas of work, before moving on to consider the latter two. Work with men can also be located usefully within the concerns of the first part of this section. The speech and language evaluation was a separate piece of evaluation.

Background

126. The initial impetus for this overview came from the former Programme Manager (PM1), in a meeting with the evaluator Brid Featherstone in January 2004. She wished to consider the reconfiguring of services currently operating as discrete services; the women's group; the post natal depression group and the individual counselling provided by specialist counsellors. A rationale for this was a perception that there was a degree of overlap between the issues experienced by women attending the two groups and those attending for counselling. The issues were identified as: childhood experiences of violence and abuse, and difficulties in adult partner relationships around power and control. PM1 perceived violence by men to women as the key underlying factor in the difficulties presented by women to many of the services in Sure Start Bramley.

127. PM1's concerns included:

- lack of opportunities within Sure Start Bramley for discussion about the commonalities between women attending services;
- a perceived degree of stigma attached to those who explicitly stated they were experiencing domestic violence and an associated hierarchy in relation to what were considered the most valuable activities engaged in by Sure Start Bramley;

- the current situation in which groups operated as separate services;
 - the need for discussion about how post natal depression was conceptualised and dealt with.
128. This meeting was also attended by the Sure Start Consultant (CC) who delivers the specialist counselling service. She was interested in using the evaluation to reflect on how the counselling role operated in a community setting, and to contribute to discussions about service provision based upon her experience of what issues were emerging as important in the counselling sessions.

Evaluation Plan

129. The evaluation evolved for a number of internal and external reasons.
- whilst the above discussions provided a framework, they reflected the views of one person in the main and needed to be tested out much more widely and explored empirically;
 - testing out such explorations prompted further refinement of the evaluation as will be apparent particularly in relation to the work with women experiencing violence;

Evaluation activities undertaken

- a series of discussions were held with the workers currently delivering the service to women experiencing violence ;
- a preliminary file review was undertaken to assess the extent of domestic violence issues at the point of referral;
- a joint discussion was held with those running both domestic violence and post natal depression services;
- a series of discussions were held with the counsellor;

- the work with fathers was evaluated through an interview with the male outreach worker partly but not wholly in the context of considering the overall service provision in relation to domestic violence;
- Speech and Language: data sources and methods are included in the section dealing with this subject.

(i) Domestic Violence

The women's group

130. The women's group is the term which is used, for safety reasons, to refer to the group which is run for women who have experienced violence from a man they know, or for any women concerned about the issue who want to know how they can support someone they know. Initial discussions with those delivering this service ascertained that they were concerned to:

- explore how their service interrelated with other services provided by Sure Start Bramley which, as indicated, was the initial brief of this evaluation;
- and review their provision in relation to a range of issues such as the structure and content of the group, referral practices and working practices.

131. *The group : its current structure and functioning*

The group started in January 2001. It was designed to meet the target of *improving social and emotional wellbeing*, in particular by improving contact with parents to ensure early identification and support. The Delivery Plan (2002) for Sure Start Bramley specified the following activities:

- training for local workers on the issues for women and children who are experiencing violence from men they know;
- group work, effective resourcing and referrals to specialist agencies for women requiring support;

- opportunities for men to address their behaviour and access support services.
132. Thus the group is part of a programme offering a range of services at different levels in relation to domestic violence. The evaluation has mainly concentrated on group activities although the other services are also considered.
133. From the start the group took referrals from outside the Sure Start Bramley area and from women with children over four. This has changed in relation to children (participants must now have children under four), but women from outside the area can still attend. There is a twelve-week programme which intermixes advice, support, craft and relaxation inputs. However, attendance at the group is not time limited, with two women having attended for over two years. Weekly membership varies from two to eight. A register is kept and workers have noted that turnover has been high. Many women come to find out about specific resources and do not attend the full programme. All women are followed up although there are issues here when women do not live in the Sure Start area. For example, such women cannot be referred to the counselling service. The costs of running the group are considerable, as it involves two outreach workers running the group, two crèche workers and the room has to be paid for.
134. The workers had already begun a process of reviewing aspects of the service provided, as well as related issues concerning the appropriateness of current provision. In particular, they were considering moving towards a time limited format for the group with a follow on drop in facility. This would mean that the group functioned more like the post natal depression group. Thus there would be a structured format for twelve weeks, then a review, and women could move on to the drop in facility where attendance would also be reviewed after twelve weeks. For those who wished to contribute and stay involved in the longer term, the possibility of developing a befriending scheme could be considered, and this scheme could be incorporated in current proposals to develop volunteer involvement more generally in Sure Start Bramley. The above possibilities had been discussed with current group attendees by workers during the course of this evaluation, and whilst there was some anxiety about the possibility of change, there was also an understanding of the rationale for change.

135. A key impetus behind changing the format was that a structured programme does not work well with a non time limited set of participants. It can become tedious and repetitive. There were other reasons also for change which emerged throughout the course of the evaluation. One important reason was that the different format adopted had singled out this work from other services provided by SSB in ways which were counter productive.
136. In terms of appropriateness of current provision the workers were concerned about the following:
- a group response is not always what is wanted by women experiencing domestic violence; the complexity of women's needs means that a set venue and crèche provision may not be sufficiently flexible;
 - although emergencies can be dealt with, the group has not been set up as a provision which responds in a crisis: it is not open weekends or evenings and does not operate in school holidays;
 - staffing difficulties in partner agencies have meant that other resources appropriate to the women's needs have not always been accessible.

Process issues and working practices

137. The workers expressed concerns that the women's group was not perceived as positively as other aspects of Sure Start Bramley's provision generally. They felt that there was a degree of stigma attached to both the women who explicitly expressed concerns about domestic violence, and the workers who ran the group.
138. The workers were also concerned that particular sessions could be very harrowing. Many of the women attending have been sexually abused in the past. Workers reported, for example, that of the five women currently attending, four had been sexually abused. The workers do debrief afterwards, are supervised as all Sure Start workers are, and have more recently employed the services of the counsellor (CC), particularly in relation to discussing the impact of child sexual abuse upon adults. The latter development has arisen partly because (CC) is supervising one of the workers for her work on an external course.

Overlap / interface between services

139. A consultation exercise had been undertaken at the end of 2003 with service users and workers by staff in Sure Start Bramley to ascertain whether a general women's group might be more useful to women than a group which concentrated on identified issues, such as domestic violence and post natal depression. The questionnaire used for this purpose asked women whether they would they like to attend a group and a range of possible topics were identified. This showed that women would welcome discussions on a variety of topics but was not detailed enough to give a clear view of whether women with particular issues would attend a more general group. Moreover, only three women who attended the post natal depression and the women's groups at that time returned forms. (The evaluators were not involved in this exercise and are not able to comment on the process by which the questionnaire was administered).
140. Consultation with staff indicated that merging the groups would have the advantage of freeing up time and resources, but was also considered problematic. It was felt that it might be uncomfortable to deal with the issue of domestic violence in a mixed setting, and that this discomfort might be felt by those experiencing such violence and those not.
141. The evaluator explored the issue of a merger and the establishment of a general women's group in a variety of discussions with staff in both groups and more broadly with programme staff. It seemed as if there was little enthusiasm for a merger although staff from the women's group were more positive.

Discussion

142. The evaluation has revealed that the question of a merger was probably a distraction from considering a range of important issues.
143. There seemed to be a lack of understanding about the complexity of the links between childhood abuse, domestic violence and difficulties in parenting. For example, a number of staff members expressed the opinion to the evaluator that domestic violence and post natal depression were different issues requiring different responses. Whilst different responses may indeed be required, there are complex links between domestic violence, depression and child abuse/neglect (Stanley,

1999). This does not mean that all mothers who are depressed are experiencing violence and are either neglecting or abusing their children. Research evidence does not always lend itself to either crude prediction or to causal explanations. However, the research evidence does suggest the importance of bearing in mind a range of possible factors and consequences when considering mothers' depression.

144. The issue of consequences is very important here. For example, a concern of those running the women's group was that there was little provision for children, although a crèche is provided for those whose mothers attend the group. Structured work is not undertaken with children about what is happening in their homes. This is problematic as there is an established body of research, sanctioned at a policy level by government, highlighting the importance of understanding the implications for children of living in a household where domestic violence is occurring (Cleaver et al, 1999) This links to an important issue about provision for children in Sure Start Bramley more generally which was raised by others during the evaluation (see discussion below in relation to counselling). There is a focus on running groups for parents or providing counselling for parents which does pose questions about the spaces available to children to deal with the impact upon them of post natal depression and / or violence.
145. As indicated earlier, in the original brief for this evaluation, the issue of stigma was raised in relation to domestic violence. This term recurred throughout the evaluation and, when unpacked, seemed to carry a range of different meanings. There was a clear feeling that work on domestic violence was not perceived to be as valuable as other work carried out by Sure Start Bramley. In the evaluators' view this may be due to a number of intrinsic and extrinsic factors. Domestic violence work does not explicitly relate to a Sure Start target. In the evaluation carried out in Year 1 there was a view that such work might be off putting to the local community, and in particular, contribute to a perception of Sure Start as "*anti-men*". Consequently, it is probable that this work has not been owned by all involved in Sure Start Bramley from the onset, and there is now a historical legacy of discomfort in relation to this work. This may have been compounded by a mistaken but influential view in Sure Start Bramley that most family problems have their origin in domestic violence (see original brief for this evaluation, and discussion of the statistics below). Furthermore, it is our view that it was problematic to set up the provision in ways that were different from other provision (for example, by not having fixed time limits and taking the parents of children over four).

146. It is possible that alongside factors intrinsic to Sure Start Bramley there are extrinsic factors to consider, although it must be stressed that the following is a hypothesis on the part of the evaluators, and is offered in the spirit of contributing to an ongoing discussion within Sure Start Bramley. Despite the enormous strides that have been made in addressing domestic violence within society generally and in a range of agencies specifically in recent decades, it can still be viewed as shameful and / or only experienced by particular sections of the community and is often avoided as a topic of discussion, thus contributing to the silencing of those concerned with the issue. Women who experience such violence internalise feelings of shame and self blame as well feeling silenced. The evaluators felt it was a possibility that what was happening in Sure Start Bramley mirrored wider societal perceptions of and constructions about domestic violence.
147. An important consequence of current service provision is that some workers in SSB became specifically identified with work on domestic violence. In itself this is quite a usual practice, but in the context of the discussion above this may impact negatively upon those undertaking domestic violence work.
148. This part of the evaluation has concentrated on reviewing the functioning of the group and the interface between services in Sure Start Bramley. As indicated, the group facilitators did raise wider issues about the resourcing of domestic violence work more generally in the area as well as their concern that a group response was not always required. Both these issues require further discussion in Sure Start Bramley in terms of looking both at internal working practices and provision more widely

Evaluation of work on domestic violence more generally in Sure Start Bramley

Statistics

149. A review of Sure Start Bramley files, separate from the File Review already described, was undertaken in March 2004 to explore the prevalence of domestic violence. Out of two hundred and six (206) files, domestic violence was the initial reason for referral in forty-two (42) cases; and was a secondary reason for referral in seventeen (17) other cases. Fifty-seven (57) families were being worked with at that

time by the Outreach Team: in twenty (20) of these cases domestic violence was the initial reason for referral; in a further three cases it was a secondary reason.

150. This file review only covered the case work of the Outreach Team and did not include group work. Initial telephone enquiries are not recorded on files, and a number of these routinely involve inquiries in relation to resources and support for women experiencing domestic violence. Thus the above figures may underestimate levels of domestic violence work being carried out.
151. A key point is that out of 206 referrals, domestic violence was a reason for referral in 59, in other words, 28.6% which is over a quarter. National prevalence figures vary, although there is some agreement that one in four women experience domestic violence. The figure for Sure Start Bramley is slightly higher than the national figure. As indicated above these statistics are important because they do not support the assumption that domestic violence underlies all the difficulties experienced by parents, but they do reinforce the point that it is a significant issue.

Partnership working and promotion work

152. An inter-agency advisory group has been set up which is a strategy group and part of the community safety strategy developed by Fairfield Inter Agency group. This inter-agency advisory group includes those involved in work around domestic violence issues in the area; the police domestic violence co-ordinators, Leeds Women's Aid, the Help, Advice and Law Team (HALT) and housing advice workers. The former Programme Manager (PM1) chaired this meeting and it is attended by OR3 (the women's group facilitator). Quarterly meetings are held and minutes of these meetings plus discussions with workers would indicate the following:
- the police domestic violence co-ordinators report significantly increased levels of referrals from the largest council estate in the SSB area;
 - the rehousing process has improved as a result of the links with the housing advice workers;
 - partner agencies are able to give ongoing feedback on services provided;

- Sure Start staff are kept up to date with changes and resource issues in the partner agencies.
153. In terms of wider promotion and partnership working, regional Sure Start have used the Sure Start Bramley group as a model of good practice. Advice has been solicited and given to other Sure Start programmes seeking to set up groups. PM1 contributed to a Leeds wide conference on domestic violence and community safety issues, by providing a key note presentation and running a workshop.
154. These activities are located within the aims set out in the Delivery Plan 2002 of providing training for local workers on the issues. It is also clear that the inter-agency partnership work has contributed to more coherent planning and support for local workers. But it did become apparent that staffing changes and shortages in other agencies have impacted upon the services available to particular women at particular points.

(ii) Work with fathers

155. The Delivery Plan 2002 also indicated that work with men would be developed in relation to domestic violence issues. A male outreach worker took up post in September 2003. The brief of the worker was to work as a member of the outreach team and develop services for fathers and male carers. A literature review entitled *What Works with Fathers?* had been completed. This literature review (which was included in the Evaluation Report for Year 2) concluded that work with men around domestic violence issues raised very complex issues in relation to safety and inter-agency co-ordination. It was recommended that a first step might be to start work with men more generally on parenting issues including their use of discipline and their anger.
156. As part of this evaluation the male outreach worker was interviewed about how the work with fathers and male carers was progressing. The findings were in line with more general findings from the literature which suggest that this work requires a great deal of persistence and can take some time to develop (Lloyd, 2001). It was very encouraging, however, that a range of very specific initiatives had already happened or were about to happen. These were: individual work with specific fathers, a five a side football team (which had fifteen fathers already expressing interest), a Dads and Tots group, and a parenting skills group for fathers.

157. There are a range of possibilities for the future including work with the male partners of women with post natal depression, and changing patterns of service provision in order to undertake evening and weekend initiatives. Issues for men who have contact with children at weekends are also being considered. An important development has been the emergence of a network of Project Workers undertaking work with fathers and male carers in a range of projects in Leeds more widely, and beyond, which has provided opportunities for ideas to be shared, and for support and the pooling of resources.
158. In relation to work with violent men, an anger management course was being considered by the Outreach Worker, and another local programme had already started work on this. If work with violent men is to be progressed more generally in line with the aim set out in the Delivery Plan 2002, it would need to be located within an inter-agency framework and it would require the development of a clear strategy with support systems. It is recommended below that an inter-agency seminar be organised as a first step to plan this work. It is also recommended that advice be sought from those already doing such work in the community. Fathers Direct (www.fathersdirect.co.uk) would be able to advise on such resources.

(iii) Post Natal Depression

159. The provision in relation to post natal depression in Sure Start Bramley has been evaluated fairly extensively by the evaluators in previous years and by other evaluators based at the University of Leeds. This section documents the results of a very limited exercise focusing on how post natal depression was being understood and worked with. As indicated, at the beginning of this chapter, PM1 had indicated she would welcome a discussion on these issues. This links in with a debate which is emerging more generally among health professionals. For example Hehir (The Guardian, May 31, 2004) has questioned the increased use of the term "*post natal depression*", arguing that it signals the problematising of parents and their relationships with children rather than being a "new" and "real" problem. She argues that the Edinburgh Postnatal Depression Scale, which is the main diagnostic tool used to identify post natal depression, pathologises what should be seen as perfectly normal adjustments to change on the part of parents when a baby is born.. There has also been an associated and unwelcome change in health professionals' practice in her view.. '*Our preoccupation with parents' mental health problems*

means... that minor problems relating to children's emotions, behaviour and sleep- once the bread and-butter issues for health visitors- are no longer being addressed directly with parents'. Consequently, practical help is less available.

160. Other writers have questioned the idealisation of motherhood in our society which can make it difficult for mothers to express negative feelings towards their children, or negative feelings about becoming a mother (Parker, 1995, 1997). However, Parker argues that her therapeutic work has revealed that such negative feelings are widespread and, if managed properly, can contribute to the positive development of mother- child relationships. Too often they are seen as problematic, however.
161. This evaluation did attempt to address such issues with workers. The model used in Sure Start Bramley to address post natal depression was characterised as a social support model rather than a medical model, although aspects of the medical model were seen as valuable.
162. Given that there had already been considerable evaluation of the post natal depression provision, it was felt inappropriate to follow up the possibility of the evaluator interviewing mothers themselves about the meanings motherhood and depression carried for them. Such explorations with mothers can help to move beyond checklists of symptoms and professional diagnoses to an appreciation of the complexity of the emotions which motherhood can evoke for individual women. This could be helpful in moving provision onwards and advancing discussions within Sure Start generally about post natal depression. It may be that this might be seen as useful to undertake in next year's evaluation with women who have not been involved in so many evaluation exercises.
163. Finally, as indicated above, the evaluator found that there was not always an awareness of the links between maternal depression and issues such as violence and childhood sexual abuse and the implications for children. More consideration needs to be given to supporting children whose mothers experience post-natal depression.

(iv) Counselling Provision

164. This section is based on a number of interviews with CC. There was no attempt to evaluate the work being done although the evaluator did ascertain that monitoring figures are kept in relation to numbers of referrals, where referrals come from, take up of services and retention. An evaluation of the work may be a possibility in the future but clearly the views of service users would be central in order to do a thorough evaluation. It was not felt that there was sufficient time to seek such views in an appropriately sensitive way, given the complex nature of the issues being faced by those using the Counselling Service.
165. The aim of the evaluation was to ascertain from CC the kinds of issues emerging in the counselling sessions, and to explore how the counselling role operated in a community setting, in line with the remit for the evaluation set out at the beginning of this chapter.
166. CC is a qualified counsellor with a background of working in child protection and domestic violence issues within the police force, as well as offering training and consultancies to a range of organisations nationally and internationally. The service level agreement with CC specifies that five sessions of counselling a day are offered, two days a week. There is another counsellor (CC2) who offers specific input on trauma.
167. The counsellor's role is to work with individual parents, primarily mothers and couples. Her work is adult focused. CC's experience is that considerable numbers of women in counselling are living with high levels of previous and present abuse and often live in fear in violent communities. Debt problems are a serious issue. Emotional difficulties figure largely for women when in relationships with men, and loneliness can be a feature when not in relationships with men. Many mothers felt deeply inadequate about being good mothers in the absence of being parented well themselves.
168. The issues raised by women within counselling sessions have led CC to ask whether Sure Start Bramley is a *children's agency*, a *family agency* or a *parents' agency*? For example, issues raised in counselling sessions by mothers who have caused them concerns about the implications for the welfare and safety of their children. For the evaluator this linked with the concerns which emerged in the previous section about

the lack of provision for dealing with the implications for children of living in violent / abusive households.

169. A further issue which emerged from the counselling was how often women were dealing with a considerable number of professionals visiting their homes and/or offering appointments to deal with the complexity of the issues in their lives. The purposes and aims of such endeavours were not always apparent and could contribute to feelings of overload/frustration. There seemed to be a lack of strategic management on some cases with no lead professional pulling things together.
170. It also became apparent in the course of discussion that CC's background in child protection and domestic violence work in the police was being seen as a resource by workers, and involved her in moving beyond the role boundaries that might normally attach to a counsellor. This may reflect the lack of a social worker with a child welfare/protection background in Sure Start Bramley. Her expertise was clearly valued by other colleagues as discussions with the evaluator demonstrated. She herself expressed an awareness that she was operating in a different manner compared to situations where she worked as an independent counsellor.

Recommendations

171. All groups run by Sure Start Bramley should have equivalent status and they should broadly share the same transparent referral, structure and review processes. These should be owned by all staff working for Sure Start Bramley.
- (i) To aid ownership of the issues which Sure Start Bramley deals with in groups such as post natal depression and domestic violence, rotation of workers between groups should be considered.
 - (ii) Training on research around the links between child abuse, domestic violence, depression, and parenting difficulties should ensure that the interconnected nature of parents' difficulties are understood and that appropriate services are developed.

- (iii) Consideration could be given to developing a strand of evaluation in Year 4 which explores with mothers themselves what they understand by depression in the context of the transition to motherhood
- (iv) The impacts upon children of issues such as domestic violence and post natal depression need to be addressed and provision should have both a child focus as well as an adult focus. This could be done by developing groups for children which incorporate the crèche facilities already provided for service users attending groups.
- (v) If work with violent men is to be developed this should be done within an inter-agency framework and a seminar should be organised to plan this. Support should be sought from Project Workers with experience in this area.

(v) *Speech and Language Service*

172. A review of the part-time Speech and Language service provided by the Primary Care Trust to Sure Start Bramley was requested as part of the current year's evaluation by the Programme Manager (PM1). This section is based on information obtained from interviewing Sure Start's part-time Speech and Language Therapist, and on information provided by the Health Service Speech and Language Therapist based in Bramley Clinic. Feedback data from parents who attended birthday party events for two-year olds in Bramley Library is included. Satisfaction data about the service is taken from the User Satisfaction Survey, and obtained in the autumn of 2003, already described. Information contained in the two case examples is based on visits made jointly by one of the evaluators and members of the Outreach Team. Other data were collected between January and April 2004.

Satisfaction Levels

173. Satisfaction levels for Speech Therapist services are described in the User Satisfaction Survey, p31 as follows:

Table 15
Speech Therapist Service - Satisfaction Levels

Services	very satisfied 	Satisfied 	Dissatisfied 	Very dissatisfied 	Not used services
Speech Therapist	17	7	1	1	99

174. Numbers of respondents who had used the Speech Therapist service were small compared with numbers using general Health services, such as midwives or health visitors. Twenty-four (24) out of twenty-six (26) respondents were *satisfied* with the service provided and more than two-thirds of respondents were *very satisfied*. The proportion of *very satisfied* respondents was the highest for the range of services included in the survey.
175. A relevant finding in the User Satisfaction Survey was that more than half the respondents said that they read to their child *every day* and nearly three-quarters said that they did so *every day* or *every other day*. Just over a quarter of respondents said that they read to their child *weekly* or *less often*. Information obtained from the User Satisfaction Survey indicated that the smaller number of respondents with children with special / additional needs read to their children at least as often as other respondents.

Health Service Provision

176. Two part-time Speech Therapists are based at Bramley Health Clinic three days per week. One of them also provided a Speech and Language service to schools in Bramley and Armley, with additional input to some Bramley Schools from a senior hospital-based Speech Therapist. The area covered includes Bramley, Farsley, Stanningley, Rodley and Armley.
177. She estimated that about two-thirds of the children seen by the service were under five. The highest number of children seen were aged three / four, an age at which parents become aware of speech problems as children start to socialise in pre-school and nursery provision. Children are referred from eighteen months onwards and an increase in the number of two-year olds being seen had been noted. The oldest children being supported by the service were aged ten / eleven.

178. Traditionally, the Speech and Language Service sees boys and girls on a ratio of 3:1. Reasons for referral include parents' concerns about speech delay, or unintelligible speech. Delay is the most common factor. For younger children, the Speech and Language Service concentrates on parental management, with more direct input for older children. The service has access to a Nursery Nurse able to undertake home visits under the supervision of the Speech and Language Service, especially for very young children. Families are usually offered a block of six clinic-based sessions. Referrals can be made by the service to the Child Development Centre, Belmont House at Leeds General Infirmary, and to local paediatricians. The service provided is clinic-based and does not usually have sufficient resources to provide home visits.
179. The part-time Speech Therapist commented that speech and language problems seemed to correlate with other factors, for example dyspraxia, low levels of social interaction and lower levels of literacy skills. Speech and language problems could correlate with socio-economic background, although this did not explain why some children in larger families experience speech delay while others do not. Speech and language problems often appeared to have hereditary links. Parents involved with the service offer varied responses about reading to children. Speech and language problems are likely to be linked to lack of stimulation at home, which can include small children being exposed to too much television.
180. The part-time Speech Therapist was aware that the Sure Start Speech Therapist was able to provide a home visiting service for children under four, and to operate on a more preventative basis. The Clinic service was more likely to be reactive, and take-up of the service at the Clinic could be problematic.

Sure Start's Speech and Language Therapist (SSSLT)

181. The Sure Start Speech and Language Therapist is funded by Sure Start to work for them on one day each week. The SSSLT started work early in 2001. The rest of her time is spent providing a speech and language service to a large number of Primary Schools and High Schools in the North Leeds area. She was appointed just as Sure Start Bramley was being set up early in 2001.
182. The SSSLT has provided a service for children aged up to four, including a follow-up of families who did not keep Clinic-based appointments. The SSSLT has targeted

work with hard-to-reach families, including some children on the Child Protection Register, with the aim of increasing parents' awareness of the importance of speech and language and helping parents access existing groups (Parents and Toddlers, Parenting Groups and Pre-School provision). The SSSLT has liaised with the Outreach Team and the Play Development Workers to develop a Play Bag scheme which provides a selection of toys matched with children's developmental age and supported by Outreach Team visits.

183. Visits made by the SSSLT in the year which ended in March 2004 are summarised below:

Table 16
Visits made by the Sure Start Speech and Language Therapist

Age of Children	Number of Visits
Up to 1 year	6
Between 1 and 2	9
Between 2 and 3	12
Between 3 and 4	5

184. The theoretical basis for the SSSLT's work was based partly on research (see Ward S. "*Baby Talk*" which found that young children were not able to distinguish between foreground and background noise; the research highlighted the benefits of parents spending ten minutes each day talking to their baby. The SSSLT emphasised the importance of intervention with children between twelve months and two years to deal with speech delay problems. Much of the SSSLT's work involves positively promoting the role of parents in developing children's play and talk. Improving parenting skills in Sure Start should mean that the next generation of two-year olds will have better speech and language life chances. The Department for Education is now producing Foundation Stage Profiles which will include assessment of children's speech and language skills.

Development Work

185. The SSSLT's development work had included providing training for Outreach staff. She also planned to be available at the Sure Start Drop-in Centre in the shopping precinct on a fortnightly basis. The SSSLT had also provided group work sessions for three groups of six children at the Reception Centre in Bramley for refugee families over a period of several months.

186. The SSSLT had been involved in organising birthday party events for two-year olds with the Outreach Team in the local library. These events had been positively noted in the Year 1 Evaluation Report. Their aim was to promote awareness by parents of the services provided at the library for very young children, and awareness of the contribution of the Speech and Language survey. The SSSLT had completed a small survey of thirteen parents who had attended recent birthday party events. All the parents enjoyed the events; all of them replied *yes* when asked whether spending a little time each day playing and talking to their two-year old was important. All of them responded *yes* when asked whether switching off the television when playing, singing or looking at books together (with their two-year old) was important. Twelve out of the thirteen parents said that the party had made them more aware of the importance of talking about play and books with their two-year old to help their speech development.
187. Only two of the parents said that their two-year old had books from the library. Ten of them said that their two-year old would now be joining the library. Half of them knew that the library had a good selection of books for children from birth onwards; only four of the parents knew that there were no fines on children's books. Half (6) of the parents knew that Sure Start Bramley had a Speech and Language therapist who could advise parents on helping with speech development; the other half (7) did not know this.
188. The SSSLT's view was that the approach taken to children's needs in the Sure Start part of her job was more holistic than when she was operating as a Speech Therapist in the rest of the week. The SSSLT obtained support from Sure Start Bramley. She put a premium on the training role she had been able to develop for the Outreach Team staff and these staff had played an important role in developing initiatives including the Play Bags and the Birthday Parties schemes.

Case Example D

This family comprised a mother, living with a daughter aged three and a son aged nineteen months, who had been supported by the Outreach Team since her son was born. M had experienced serious problems herself. Her home was exceptionally clean and tidy. M had been concerned that her daughter was not talking when she was nearly two. The Outreach Team Worker had provided long-term support, and had recently successfully argued for the three-year old to start nursery early. M's view was that Sure Start had

helped her make contact with people outside the house and to meet other mothers. She said:

If there was no Sure Start where would you take the children?

The Outreach Team Worker had referred the family to the SSSLT who had visited once a week for a long period, using play and books to help the child recognise words. M was very keen on books and read to her children at least once a day. The SSSLT was still visiting frequently and the three-year old's speech was developing well.

M knew that the SSSLT had children herself and had asked her for guidance on many aspects of parenting: *I can ask her anything, e.g. about potty training and sleepless nights. If (name of SSSLT) hadn't come when she did, I would have needed professional help by now with (name of three-year old daughter). (The SSSLT) teaches through play. My daughter is doing brilliantly now. She has got a better vocabulary and (name of SSSLT) is starting to teach her sentences. The SSSLT understands everything and really gets down to (name of daughter)'s level.*

Case Example E

This mother lived on a large Council estate in Bramley with her husband and three children, a daughter aged three and twins aged two and a half. The Outreach Team had provided support for the family and had involved the SSSLT as the older child's speech was delayed. M had appreciated Sure Start's help. She had had a Home Start visitor, and had attended the Sure Start Women's Group and had accessed the Sure Start Counselling Service. After experiencing being helped herself, M was now planning to train as a counsellor. M said that Sure Start had been able to provide advice on any subject from Housing to Counselling. M acknowledged that she had been able to access support from a wide variety of agencies, and had developed a network of support with other mothers.

M had been worried about her older daughter's speech delay as she herself had had a speech impediment as a child. The SSSLT had visited very frequently for quite a long period and had stimulated the three-year old's interest in books. The SSSLT's assessment was that the three-year old did not have a speech disorder. Her speech had started to improve although she was shy and still quiet now that she was attending Nursery. M described the SSSLT as *very attentive. (Her daughter) had her own little time with a different person - often she could get left out because people were drawn to the twins.* The SSSLT worked with all three children and provided advice on toys, using the Toy Bag Scheme for example a rainbow toy which taught children about colours and sounds and kept them occupied for hours. The SSSLT helped M understand how to stimulate children and also provided sound advice on behaviour problems.

The SSSLT was no longer visiting, but M was making positive use of the Toy Library.

Comment

In both these case examples support from the SSSLT was carefully co-ordinated with support provided by the Outreach Team.

Conclusion

189. The Speech and Language Service provided in Bramley is appreciated by service users. The SSSLT's service is well co-ordinated with the Clinic-based service and very good relationships have been developed with Sure Start Bramley and the local library service. In the one day a week available the SSSLT has provided a valuable home visiting service for children under four which is well integrated with other family support services provided by Sure Start Bramley (both the Outreach Team and the Play Development Workers). Development work has been undertaken with refugee families and promotional activity has helped to raise the profile of the Speech and Language Service.

Recommendation

190. This evaluation of the Speech and Language Service should be used to establish targets for the next stage of its development, including a Training Plan involving Sure Start staff. The possibility of allocating additional funds for the service should be explored.

7 Cost Effectiveness

This section reviews available evidence about costs of home visits in Sure Start programmes. Evidence is collated about costs of home visits and contacts in Sure Start Bramley. Costs are also included for Bramley Family Support Service and for the costs per visit by Home Start in the Sure Start Bramley area.

Background

191. The National Evaluation of Sure Start (NESS) requires that each programme commissions work on Cost Benefit Analysis by local evaluators or other organisations. NESS requires that local programmes focus their cost benefit work on a substantial element of the service which they provide. A preliminary exercise on *Value for Money* in Sure Start Bramley was included in the Year 2 Evaluation Report, described above. The Programme Manager (PM1) requested that work on Cost Benefit Analysis should be included in the Year 3 Evaluation Programme.

192. It was decided that work on Cost Benefit Analysis should focus on costs of home visits and other contacts with service users. These activities constituted a substantial part of the work of the Outreach Team, the largest element of Sure Start Bramley involved in direct work with families. Another reason for selecting this area of work was that Sure Start nationally had produced guidance on costs of home visits. One member of the evaluation team worked on this with the Programme Administrator and with Sure Start Bramley's accountant, who is also a member of the Partnership Board. It was decided to programme this activity for April / May 2004, so that data for the financial year ending in March 2004 could be included. Sure Start Bramley had access to data about costs of services provided by Bramley Family Support (a local voluntary organisation run by Spurgeon's Children's Charity, which had been evaluated in Year 2); and also access to data about the costs of home visits provided by Home-Start UK in the Bramley Sure Start area. It was decided to include information about these two services in the analysis undertaken.

General Approach

193. Cost Benefit Analysis was a new area of work for Sure Start Bramley and also for the evaluation team. It was decided that an exploratory approach would be appropriate, looking for general indicators about costs of services, making comparisons with other programmes where possible, and identifying areas where improvements could be made, for example in record-keeping, to assist with future work in this area. The work involved was described as a first essay in Cost Benefit Analysis rather than a definitive exercise.
194. Work undertaken followed guidance provided by NESS, particularly *Guidance for Sure Start Local Evaluators on...Cost Effectiveness at a local level* (Meadows. P. 2001) and in the NESS publication entitled *Cost Effectiveness Evaluation Methodological Report (2001)*. The Guidance requires that the unit of service identified for analysis is clearly defined; and that all costs involved in producing the service, including hidden costs, are included in calculations. It was also decided to attempt to explore the concept of *benefits* from services provided, if only at a preliminary level.

NESS Guidance on Home Visiting Costs

195. Meadows (2001) provides the following example of the costs of home visiting services provided by Health Visitors.

Example 1: Home Visiting	
Salary cost of home visitor	£10,000
National Insurance and superannuation	2,500
1/8 share of cost of supervising health visitor	3,230←
1/25 cost of office support staff	1,000↑
1/25 share of office rent (notional or actual)	560
1/25 share of office cleaning, lighting, heating etc.	144
Overhead costs (central services, telephone, Stationery etc. and Sure Start management)	1,250→
Total costs per home visitor	£18,684
Number of weeks worked per year (excluding holidays, Sick leave and training)	42
Average number of visits achieved per working week	15

Number of visits achieved per working year	630
Staff and related costs per visit	29.66
Travel costs per visit	2.00
Average cost per achieved visit	£31.66
Notes:	
← This is based on one health visitor supervising 8 home visitors	
↑ This is based on a receptionist and clerical assistant with a total cost of £25,000 servicing an office with Two teams of 8 home visitors and 9 health visitors)	
→ This is based on 10 per cent of salary and related costs	
↓ Although home visitors will undertake other tasks (eg attend team meetings, work with groups of parents etc, these are ancillary to their main purpose). If they did not undertake home visits they would not be employed and would not therefore be doing these other tasks.	

196. This is one of the most accessible models available and shows the kinds of hidden costs which need to be included. The calculation is achieved by dividing total costs per home visitor by the number of visits achieved per working year. This model produces an average cost per achieved visit of **£31.66**. Meadows states that the example is based on visits of around two hours each. This can be compared with typical visits by a Health Visitor lasting between half an hour and an hour. Health Visitors' salary costs are higher than those quoted in the above example, so that a typical Health Visitor home visit might cost an average **£25 - £30** at 2000 price levels.
197. Although some local Sure Start programmes have identified home visiting services with costs in this range, it is likely that average costs are considerably higher, in a range of **£30 - £60**, or even higher. Even if the model is varied to assume shorter visits, it may be unrealistic to assume that the number of visits can be increased accordingly, given the high proportion of development, liaison and administrative work required for each family supported.
198. The main problem with the example quoted above is that the salary of **£10,000** (roughly equivalent to £6 per hour) seems much too low and at today's prices a salary of **£20,000** plus 18% on costs i.e. **£23,600** appears more realistic (equivalent to an unqualified Social Worker scale). Assuming other costs remained constant, total costs for the home visiting service on this model would be **£29,784**, providing an average cost per visit (assuming the number of visits stayed constant at **fifteen** per week) of **£49.28** (including travel).

Examples from other Sure Start programmes

199. A large number of Home Start programmes (including Sure Start Bramley) now place their evaluation reports on the Sure Start website. These have been trawled, and four programmes have so far been found which refer to unit costs of home visits. **Barton, Treadworth and White City Sure Start** in Gloucester has produced a detailed report and had identified unit costs per visit in a range from **£11.23** (Learning Support Workers); **£20.73** (Involvement Workers); **£25.00** (Home Safety Check Scheme); and **£36.26** (Child Counsellor). These costs were compared with statutory services unit costs per visit including Social Worker: **£22.00**; Health Visitor: **£30.00**; Home Care Service: **£40.00**; and Consultant Psychiatrist: **£260**.
200. **Newcastle North East Sure Start** (Interim Report 5) identifies an average cost per visit (including preparatory and follow-up work) of **£159.49** based on a salary cost of **£28,484**, total costs of **£34,450.50** and two hundred and sixteen (216) visits. **Sure Start Weir Valley** (Year 2 Evaluation Report) found that the average cost per home visit was **£42.00**; the report does not include the basis for this calculation. The **Sure Start Thornhill** (Year 2 Evaluation Report) included calculation of costs of visits (their definition included all contacts with service users) of approximately **£60.00**.

Note

201. The above examples provide a wide range of average costs per visit. Salary costs and number of visits achieved are important differentials.

Unit Costs in Sure Start Bramley

202. The Cost Benefit exercise in Bramley focused initially on costs of *home visits*, but as the exercise developed it proved more appropriate to focus on costs of *contacts* with service users. No guidance was available from Sure Start nationally or regionally about a standard definition of a home visit. The evaluator noted that Thornhill Sure Start had defined a visit as *an individual who either accesses services in one of the Sure Start Centres, or who is visited in their home by a Sure Start Worker*. Each time an individual (child or parent) accesses a service it is considered a visit. Following discussion with the Deputy Programme Manager and the Outreach Team it was agreed that the Sure Start Bramley definition should include *home visits; telephone contact with included a substantial element of assessment or support; and contact with the service user in a group work or similar setting which contributed to their*

support. However, while this guidance was generally followed, it has proved difficult to distinguish from the records available between different types of contact.

203. Contact levels vary throughout the year. The highest number of contacts with both children and parents have been in August during summer holiday programmes. (294 contacts with children in August 2003 and 283 contacts with parents in the same month). Contact levels have been lower when fewer programmes have been offered (for example, March 04 when there were 87 contacts with children and 64 contacts with parents). In order to calculate the unit costs of each contact the Programme Administrator reckoned in salaries; on costs including National Insurance and superannuation; and a proportion (five/twelfths) of management costs, and the same proportion of administration, finance, building and running costs. The SSB accountant advised that total additional costs should equate to 19% of the salaries and on costs of the Outreach Team (20% is the maximum allowable for administration costs by Sure Start nationally). The two different calculations produced very similar results.
204. Results of the Cost Benefit Analysis for Sure Start Bramley, Bramley Family Support and Home Start are in the Cost Benefit Analysis Tables, **Tables 13** and **14** below on pages 65 and 66:

Table 13
Cost Benefit Analysis - Sure Start Bramley



Analysis
BRAMLEY

Cost Benefit

Sure Start Bramley

Year 2002/03

No. of Children seen:	1588
No. of Parents seen:	1519
Total	3107

Budget

Outreach/home-visiting	£156,500
Management costs - 20%	£ 31,300

Total: £187,800

Cost per contact

£60.44

Actual

Outreach/home-visiting	£153,600
Management costs - 20%	£ 30,720

Total: £184,320

£59.32

Year 2003/04

No. of children seen:	1728
No. of parents seen:	1477
Total:	3205

Budget

Outreach/home-visiting	£168,500
Management costs - 20%	£ 33,700

Total: £202,200

£63.08

Actual

Outreach/home-visiting	£168,413
Management costs - 20%	£ 33,682

Total: £202,095

£63.06

Table 14
Cost Benefit Analysis - Bramley Family Support



Bramley Family Support

Year 2002/03

No. of children seen:	1480
No. of parents seen:	1268
Total:	2748

Budget	£127,087	Cost per contact £46.24
Actual	£131,000	£47.67

Year 2003/04

No. of children seen:	1066
No. of parents seen:	825
Total:	1891

Budget	£132,000	£69.80
Actual	£131,000	£69.27

Home-Start

Year 2002/03

No. of children seen:	173
No. of parents seen:	142
Total:	315

Budget	£ 24,330	£77.23
Actual	£ 22,282	£70.73

Year 2003/04

No. of children seen:	176
No. of parents seen:	150
Total:	326

Budget	£ 25,000	£76.68
Actual	£ 24,400	£74.85

205. Tables 13 and 14 were both produced by the Sure Start Programme Administrator. For all three services two costs per contact are provided: one is based on the sums allowed in the budget; and one is based on actual costs. Differences between *Budget* and *Actual* costs are small. Costs for Bramley Family Support and Home Start include on costs and administration costs on the same basis as Sure Start Bramley.

Comment

Sure Start Bramley

206. The total number of children and parents seen in 2003 / 04 was slightly higher than in 2002 / 03. The budget for 2003 / 04 was increased by 2½% over the 2002 / 03 budget to cover increased salary costs and inflation. This accounts for the difference between *Budget* and *Actual* costs between the two years.

207. Costs per *contact* are within the range of costs produced for other Sure Start programmes. Nonetheless, it is clearly important for staff to be aware of the financial costs of each contact which they initiate or organise. Future analysis could aim to distinguish between costs of different types of contact, for example home visits or attendance at groups.

Bramley Family Support

208. All the services provided by Bramley Family Support (BFS) involve Group Programmes for young children / parents. Unit costs are likely to be lower for Group Programmes than for programmes involving one-to-one support or home visits. Bramley Family Support costs were lower than the other two services in 2002 / 03. BFS's unit costs were considerably higher in 2003 / 04 than in the previous year. BFS is part funded by Sure Start Bramley and contact between the two services is regulated through a Service Level Agreement. All changes in the levels of service provided by BFS are discussed regularly with Sure Start Bramley.

209. Numbers of children and parents seen at BFS were substantially lower in 2003 / 04 than in the previous year. The Deputy Manager at BFS said that the explanation for this was that numbers attending the BFS Toddlers' Session had previously been

between twenty and thirty and had now reduced to between ten and twenty. The main reason for this has been the expansion of local provision, including services provided by Sure Start. BFS has planned to increase its service levels in other areas. For example, numbers of children attending the BFS creche (for children aged six months to school age) have increased recently, and this is likely to show through in figures for 2004 / 05.

210. Numbers of children attending BFS Pre-School sessions have increased. Registration for this session has been raised from twenty children to twenty-four. Attendances were previously 12 - 15, and are now around 20 or higher.
211. BFS anticipates that unit costs will be lower for 2004 / 05 than in 2003 / 04.

Home Start

212. Home-Start UK has been contracted to provide a discrete service for families in the Sure Start Bramley area for the past three years. Home Start trains volunteers to standards prescribed by Home-Start UK to provide supportive visits to families with children under five. Home Start has the potential to provide a more intensive Family Visiting Service than other agencies, including the Outreach Team.
213. Numbers of children seen were very similar for 2002 / 03 and for 2003 / 04. Home Start's costs per contact are higher than for Sure Start Bramley or for Bramley Family Support. Salary costs are much lower than for the other two services as Home Start volunteers are paid only expenses. Home Start's training costs are fairly high. The main reason for Home Start's higher costs per contact is the much lower number of children and parents seen. Home Start provides a smaller scale service mainly through home visits. The average length of visits is between one and two hours, longer than average visits by the Outreach Team. The Service Level Agreement between Home Start and Bramley Sure Start has been regularly reviewed and Sure Start Bramley has expressed satisfaction with the level of service provided.
214. The Leeds Home Start Manager has explained that the number of families supported by Home Start varies dependant on the number of trained volunteers available. At its highest point, Home Start was regularly visiting twenty-one families in the Sure Start Bramley area. The number had reduced to approximately ten by April 2004, and was

expected to rise as a further group of nine Bramley volunteers was currently being trained. Fluctuations in unit costs were to be expected.

Benefits

215. Work on Cost Benefit Analysis frequently relies on benchmarking to find out how service costs compare with comparable costs in other areas or for other services. Where benefits are described, a comparison is sometimes made between the costs of preventative work, such as home visits, and the higher costs incurred following family breakdown which may result in children being accommodated by a local authority. Reference is also made to avoiding the costs of children and young people becoming involved in the Criminal Justice System.
216. The three case examples of families supported by the Outreach Team, described earlier in this report, provide indications of the kinds of benefits experienced by families. In Case A an initially isolated and somewhat depressed mother was helped to establish her own support networks in the local community, and after a few months was actively looking for work. The need for more costly services to be involved was avoided and the family was making good progress towards economic independence. In Case B long-term support from the Outreach Team enabled the family unit to stay together and a series of family crises were averted. In Case C there was a serious danger that the family would disintegrate and the children could have needed local authority care. Although a number of agencies were involved, sustained support from the Outreach Team Worker helped to avoid family breakdown; improved health care for both mother and children was organised, with potential savings to National Health Service costs later on. Although it is hard to quantify cost savings, it can be argued that the value of benefits received by these three families considerably exceeded the resources invested by Outreach Team members.
217. The File Review in this report and the User Satisfaction Survey recently produced for Sure Start Bramley provide further evidence about effective problem solving, and about high levels of user satisfaction which have produced or reflect tangible benefits from work undertaken by Sure Start Bramley for the local community.
218. The evaluation of Bramley Family Support carried out by a Parent Researcher for the NCRC in Year 2 contained much evidence of user satisfaction (both parents and children) with the services provided. A number of evaluations of Home Start

programmes have been carried out and these have consistently demonstrated the high level of appreciation of service users for volunteer support.

Conclusion

219. This first essay in Cost Benefit Analysis in Sure Start Bramley has provided some useful comparative information between services provided by the Outreach Team and by two voluntary sector partner agencies. Costs per contact at somewhat over £60 appear comparable with the costs of other Sure Start programmes, although relatively few have published findings on Cost Benefit Analysis so far. The analysis highlights that each *contact* has a cost and has the potential to produce benefits. The Outreach Team represents a scarce resource. Its work needs to be carefully targeted (the File Review indicates that this is generally the case) and reviewed, so that work is not carried on longer than necessary.

The exercise has focused attention on ensuring that records of contacts with service users are clearly recorded as soon after the contact with the child or parent as possible. (Some delays in data submission were noted in the period leading up to the Cost Benefit exercise; and some data was submitted after a lengthy time interval).

220. Perhaps the most important lesson has been to focus attention on different elements of support provided to families and different methods used. For the future, it will be helpful to differentiate between data submissions recording individual support to parents and children and support provided through group programmes. This would enable differential unit costs to be established between, for example home visits, parents' support groups and activities for young children.
221. Following work undertaken this year, consideration could be given to giving more attention in future Cost Benefit exercises to the benefits experienced by service users, in the context of other Sure Start research.

Recommendations

222.

- Sure Start Bramley should consider the implications of the Cost Benefit Analysis undertaken so far, including the implications for record keeping and data submission; and should decide whether to commission further cost effectiveness research.

- The local evaluators should continue to inform Sure Start Bramley about work on Cost Benefit Analysis undertaken nationally or by other Sure Start programmes.

8 The Next Phase for Sure Start Bramley

This chapter explores Children's Centres; information gathering and Management issues in Sure Start Bramley. The data is largely, but not exclusively, based on interviews with PM1, the Deputy Programme Manager and the Administration Manager.

Children's Centres

223. The next period will see the further extension of Sure Start nationally and locally with the development of Children's Centres. The Start up guidance for Children's Centres (DFES, August, 2003) outlines the principles which should underpin the work of centres, the Public Service Agreement and the roles and responsibilities of such centres. The main points are summarised here.
224. Local authorities have been given strategic responsibility for the development of Children's Centres. The Public Service Agreement agreed with the Treasury means the following targets must be met:
- an increase in the proportion of young children meeting Early Learning Goals for personal, social and emotional development;
 - a 6 percent reduction in the proportion of mothers who continue to smoke during pregnancy;
 - an increase in the proportion of young children with satisfactory speech and language development at age two years and in children reaching early learning goals for communication, language and literacy;
 - a 12 percent reduction in the proportion of young children living in households where no one is working.
225. Sure Start funded children's centres must be located in, and service families in, one of the 20% most disadvantaged wards and/or pockets of disadvantage. All must offer

access to the following core services: early education integrated with child care; family support and outreach to parents; and Child and Family health services.

226. Key points in relation to core services are that day care must be provided which is suitable for working parents (a minimum of 5 days a week, 48 weeks a year and 10 hours a day). An early years teacher on a half time basis should be employed in each centre, but this is a minimum and it is expected that this would be expanded over time.
227. As the Guidance indicates, Children's Centres are a way of working rather than a single initiative or brand. Thus a constellation of services in any one area may all fall within the Children's Centre remit.

Children's Centre: Sure Start Bramley

228. In the evaluation report in 2003 it was noted that the Programme Manager and the Deputy had been involved in a steering group to define the Leeds City Council Strategy, which required that a proposal in relation to Children's Centres be submitted by October 2003. Since then Sure Start Bramley has been awarded official Children's Centre Status. By July 2004 ten Children's Centres had been officially designated status (including Bramley), with more to come on line in the future.
229. The Programme Manager (PM2), deputy and administration manager were all invited this year as part of the evaluation to explore their views on the future of Sure Start Bramley which involved discussing developments in relation to children's centres.
230. This revealed quite a complex picture in relation to current and future capital developments. Sure Start Bramley has already built one nursery which, due to staffing issues, was not fully operational at the time the interviews for this evaluation were being carried out. Whilst the Local Authority Early Years Department has been awarded the tender to run this nursery, Sure Start Bramley as a limited company by guarantee and a registered charity, will continue to own the building and a service level agreement has been put in place. This ensures that spaces will be available in that nursery for some respite provision rather than being wholly dedicated to meeting the requirements of working parents.

231. A fifty-place nursery will also be opening and an operational centre will open later in the year and it is anticipated that current staff will move from their current rented building. Another rented property, known as the 'Drop In and Advice Centre', has been functioning on a limited basis in the shopping centre and its future is yet to be decided.
232. There was considerable optimism expressed in relation to the future. New provision and mainstreaming were both seen as ensuring the continuation and geographical expansion of services, thus removing some of the anxiety which staff had felt about the future. Furthermore, the delays in capital spend programmes were felt to be coming to an end thus removing a source of frustration.
233. However, there was also uncertainty and anxiety about the future in relation to **what** services might be offered and their **focus**. Uncertainty is increased because funding levels after 2007 are not clearly known, but it is likely they will taper off. Some of the concerns expressed were: *Will the focus of the Children's Centre be on providing day care with preventive work being less well resourced? Will the emphasis on family support continue given that there will only be one family support worker attached to the nursery provision? Will children's centres end up like Early Years Centres?*
234. The PCT have not been involved sufficiently in planning for the Children's Centre, according to one respondent. PCT priorities currently do not map easily onto the concerns of children's centres. This linked with a concern about how much statutory health services had been involved in Sure Start as it currently operates. Midwives had never been fully involved in SSB and whilst there had been a realignment of the health visiting service initially to correspond with Sure Start boundaries, this was no longer the case.
235. The lead role of local authorities in developing Children's Centres had been welcomed by some, marking the recognition of the success of Sure Start and the importance attached to it continuing. However, there were concerns that the community development 'bottom up' ethos of Sure Start might be lost. Parental involvement has not been as apparent in the planning for Children's Centres as it had been in the initial development of local programmes such as Sure Start Bramley. It was also unclear whether parental involvement in the running of children's centres would be encouraged to the same degree as has been the case for Sure Start programmes.

Information Systems

236. There is now a computerised data base in place. Although this is not being used fully yet, it is planned that it will become fully operational by September. Thus the current situation, which is a mix of manual and computerised data gathering, will cease. There have been problems in data gathering with some professionals less willing than others to provide such data, and some parents being unwilling to register as recipients of Sure Start services.
237. The failure to establish a fully functioning computerised data base from the start of the programme was considered a lost opportunity and was recognised as a mistake. Some inconsistencies in the monitoring data collected for the National Evaluation of Sure Start were noted, and levels of confidence in the accuracy of these data were not high.

Management issues

238. Much of the evaluation concentrated on exploring with managers what they felt the future held as well as reflecting on past difficulties and successes. This involved exploring capital programmes, information gathering, targets, service level agreements, the relationship with regional and national Sure Start, and the operation of the project particularly in terms of involving partners and parents. Respondents were also asked for their views on the priorities for future evaluation.
239. Some of the issues such as capital spending and information gathering have already been considered above. In terms of the relationship with regional and national Sure Start, it was apparent that for some that the national dimension was quite remote with the only clear point of reference being the submission in of monthly monitoring forms. There was a lot of involvement from the regional advisers at times of difficulty and there was a sense that they had become more helpful as time had gone on, although there was also a question mark over whether both national and regional levels were needed. Greater clarity about allocation of roles and functions at regional and national level would be helpful.
240. Targets were not experienced as restrictive and the freedom to undertake innovative work which Sure Start offered was felt to be highly valuable. Service level

agreements with partner organisations were felt to provide a useful mechanism for commissioning and reviewing work and had generally worked very well.

241. There was some concern about the current state of partnership working. A number of initiatives such as the 'Drop In and Advice Centre' had been less fully developed because of the lack of commitment by partners, although there was also very positive examples of partnership working, such as the post natal depression group and the parenting programme directed at fathers. In general partnerships with the voluntary sector have proved more satisfactory than those with the statutory services. Concerns about links with health services have already been mentioned. Liaison with both Health and Social Services had been impaired by serious staff shortages in both agencies.
242. The involvement of parents in SSB was patchy overall. A few parents gave a lot of time to Sure Start. As was to be expected, key committed parents had moved on in the lifetime of the project. Encouraging and retaining parental involvement was an ongoing concern. There was also an issue about whether and how parents who chose to become involved represented the views of other parents. Parents' forums have been tried but have not been successful.
243. A key point to emerge from the discussion on priorities for future evaluation was that there was felt to have been a gap in the evaluation so far in terms of looking at how the management team operated, and how Sure Start Bramley was managed generally. A focus on managerial issues would be particularly timely as a new Programme Manager, PM2, had been appointed and took up her post in May 2004, bringing a new perspective to bear on the management and development of Sure Start Bramley. It was felt this would be particularly important to evaluate in the context of the move towards children's centres and the next period of change. The move towards children's centres needed evaluation on a range of dimensions particularly in the light of concerns expressed above.
244. The cost benefit exercise carried out in this year's evaluation was considered to have been helpful and enjoyable and it was hoped that this would be developed further.

Recommendation

Further monitoring of the development of Children's Centres and a focus on managerial issues should be considered for inclusion in the Year 4 evaluation.

8 Recommendations

Recommendations from earlier sections are repeated below

User Satisfaction Survey

- (i) Sure Start Bramley should review the evidence contained in the User Satisfaction Survey, and the implications highlighted in this section, and implement appropriate changes in its practice and service provision.

Outreach Team and File Review

- (ii) It is recommended that Sure Start Bramley considers the findings of the File Review and implications for practice, including possible opportunities to refer more families to Home Start.
- (iii) Ensuring that reliable data is entered onto the SPSS database is a priority for SSB and the Outreach Team. Sure Start Bramley management should urgently review, and where necessary improve, its data inputting systems to ensure that reliable management information is regularly available.

Strategic Overview

- (iv) All groups run by Sure Start Bramley should have equivalent status and they should broadly share the same transparent referral, structure and review processes. These should be owned by all staff working for Sure Start Bramley.
- (v) To aid ownership of the issues which Sure Start Bramley deals with in groups such as post natal depression and domestic violence, rotation of workers between groups should be considered.
- (vi) Training on research around the links between child abuse, domestic violence, depression, and parenting difficulties should ensure that the

- interconnected nature of parents' difficulties are understood and that appropriate services are developed.
- (vii) Consideration could be given to developing a qualitative evaluation in Year 4 exploring with mothers themselves what they understand by depression in the context of the transition to motherhood.
 - (viii) The impacts upon children of issues such as domestic violence and post natal depression need to be addressed and provision should have both a child focus as well as an adult focus. This could be done by developing groups for children which incorporate the crèche facilities already provided for service users attending groups.
 - (ix) If work with violent men is to be developed this should be developed within an inter-agency framework and a seminar should be organised to plan this.
 - (x) Support should be sought from Project Workers with experience in this area.
 - (xi) This evaluation of the Speech and Language Service should be used to establish targets for the next stage of its development, including a Training Plan involving Sure Start staff. The possibility of allocating additional funds for the service should be explored.

Cost Benefit Analysis

- (xii) Sure Start Bramley should consider the implications of the Cost Benefit Analysis undertaken so far, including the implications for record keeping and data submissions; and should decide whether to commission further cost effectiveness research.
- (xiii) The local evaluators should continue to inform Sure Start Bramley about work on Cost Benefit Analysis undertaken nationally or by other Sure Start programmes.

The next phase for Sure Start Bramley

- (xiv) Further monitoring of the development of Children's Centres and a focus on managerial issues should be considered for inclusion in the Year 4 evaluation.

References

DFES (2003) *Children's Centres - Developing Integrated Services for Young Children and their Families: Start Up Guidance*, www.dfes.gov.uk

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R. Parker (1995) *Torn in Two: The experience of maternal ambivalence*, London, Virago

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PPPPPP

Sure Start Bramley

File Review May 2004

Case No.

Date of Referral:.....Source of Referral:.....

Reason for Referral:.....

Family
Composition:.....

Ethnicity:.....

Children: age and gender (at date of referral):.....

Duration of Contact with Family: *from*.....*to*.....

Focus and content of work:.....
.....
.....

Child protection issues: YES NO

Comment.....
.....

Other Sure Start Services / groups used by parents.....
.....

Other Sure Start services / groups used by children:.....
.....

Other outcomes for parents / children including services provided:.....
.....

Reason for ending work / involvement (if ended):.....

Estimate of level of work (Hardiker prevention grid)



Hardiker Grid: Summary

The Hardiker Grid has been used extensively to provide a frame of reference for assessing the level of work undertaken with families by statutory and voluntary agencies.

An explanation is enclosed in the Guidance document prepared by the Children's Fund in 2000/01, Annex A (p.37).

This document under the heading *Prevention* states: "Better a fence at the top of the cliff than an ambulance at the bottom". This image reflects the notion that relatively inexpensive and simple measures put in place early can save the need for more expensive, complex interventions precisely at a time when successful resolution will be less likely...intervention at an early stage can reduce the future probability of (adverse) outcomes and maximise the chance of (beneficial outcomes).

There are four levels of prevention.

Level One: *Services available for all children and families.* Diversionary - here the focus is before problems can be seen - thus prevention strategies are likely to focus on whole populations.

Level Two: *Children and families needing extra support;* early prevention implies that problems are already beginning to manifest themselves and action is needed to prevent them becoming serious or worse.

Level Three: *Children and families needing intervention.* Heavy-end prevention would focus on where there are multiple, complex and long-standing difficulties that will require a customisation of services to meet the needs of the individual concerned.

Level Four: *Children and families in crisis needing urgent and / or intensive intervention.* Restorative prevention focuses on reducing the impact of an intrusive intervention. This is the level of prevention that would apply to such as children and young people in public care, those permanently excluded from school or in youth offender institutions or supervision and / or those receiving assistance within the child protection framework.

(Sources: Adapted from Policies and Practices in Preventive Child Care (1991) Hardiker, P., Exton, K., Barker, M. and further adapted in Preventive Work with Families: The role of Mainstream Services (1997) Sinclair, R., Hearn, B., Pugh, G.)

A version of the Hardiker Grid using an inverted triangle diagram is included in the Green Paper *Every Child Matters*.