



**SureStart**  
Cambridge

# Annual Evaluation Report 2004

Juliet Snell

## List of Contents

Introduction	1
Information about Sure Start Cambridge	2
Evaluation Strategy	4
Analysis of Monitoring Information	6
Research and Evaluation of Key Issues	12
Evaluation plans in 2005	20
References	22
Annex 1: Evaluation Strategy	23
Annex 2: Evaluation and Monitoring Policy	25

## 1. Introduction

Sure Start Cambridge is a 5th wave Sure Start local programme, covering two distinct areas in the City of Cambridge. This report describes evaluation and monitoring activity within the programme during 2004. The programme gained approval in March 2003.

Sure Start Cambridge has had a challenging year, and 2004 was a period of great changes for the programme. There have been staffing difficulties, and delays in service delivery, but also growth of new activities and significant building of partnership working and parent/carer involvement.

Within this report the findings of a range of monitoring and evaluation activities are summarised.

### **Ethics**

☞ Names of individual children, parents, carers or workers do not appear in any evaluation reports.

☞ Monitoring data is securely held and anonymised if it is put in the public domain.

☞ Case histories are altered sufficiently to disguise the families involved.

## **2. Information about Sure Start Cambridge**

### **The local community**

The Sure Start Cambridge areas are the Abbey and Kings Hedges wards of the city. These are 2 distinct areas about a mile and a half apart.

Abbey ward is situated to the north east of the city. As compared with the Kings Hedges area, Abbey ward has been the focus of fewer initiatives by various agencies over the last few years and has a smaller range of community groups and networks operating in the area. Although Abbey does have a mobile population, unlike Kings Hedges it has many families who have been living in the area for several generations.

Kings Hedges is in the north of the City, about 3 miles from the city centre. The ward has been the focus of number of initiatives by various agencies over the last few years and has a range of community groups and networks, which operate in the area. As compared with Abbey area, Kings Hedges is a more mobile community, with fewer established families.

There are up to 670 children aged 0-4 in the 2 areas. Around 15% of those children are from an ethnic minority, with significant Bangladeshi and African Caribbean communities. In addition there are likely to be a proportion of travellers housed within the areas, this being a large community in the region. There is one traveller site near to the Kings Hedges area, but not within it.

Abbey ward is served mainly by one school and one doctor's surgery, whereas in Kings Hedges, the families use one of a number of schools and surgeries. Within the areas there is pre-school provision in a number of settings- 3 Local Education Authority nurseries, 3 voluntary providers and a network of child-minders.

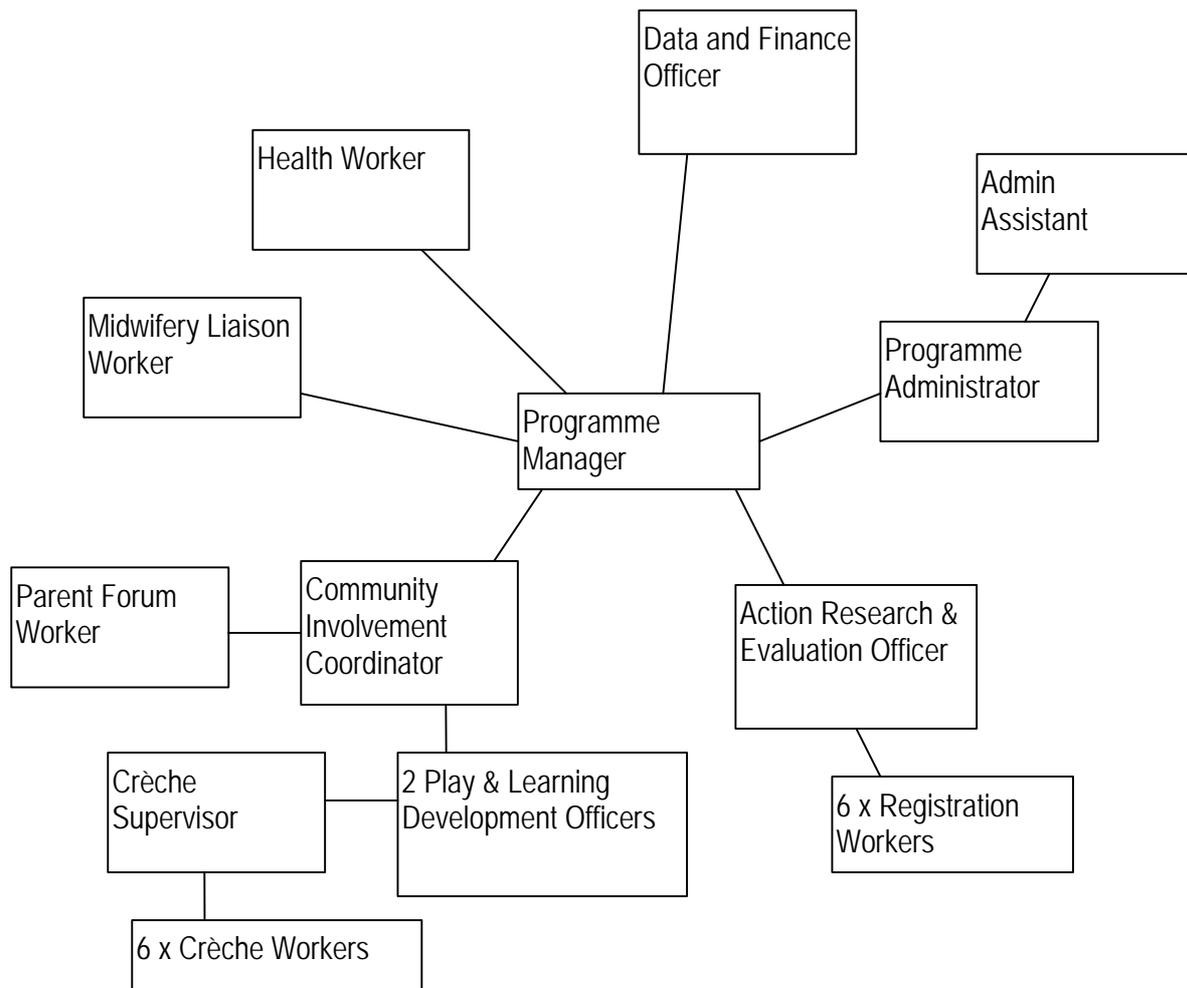
### **The programme**

Sure Start Cambridge gained approval in March 2003. It is a fifth wave programme. The accountable body is the Cambridge City Primary Care Trust, and the employing body is the Care and Education Partnership.

In planning stages, Sure Start Cambridge adopted a commissioning model of provision. Through the first year of delivery, activities were slow in getting started for a range of reasons; slow or problematic decision-making, problems with recruitment, and little parent and carer involvement.

A small core team were to administer and evaluate the provision, which would be delivered by partner organisations. Until June 2004 the core team consisted of 6 posts: a programme manager, an administrator, a programme development coordinator, a data handler, a parent involvement worker and an action researcher/evaluator. For much of the last year two of these posts, the programme manager and the parent involvement worker have been vacant. The programme was without a manager for 7 months.

Since the 12 month risk assessment (June 2004) the programme has grown with new momentum. New activities were planned and organised by the core team and commissioned providers have begun to deliver on their Service Level Agreements. The commissioning model has changed into a mixture of commissioned services, and those organised by the Sure Start core team. The staff structure now looks like this:



### Evaluation at Sure Start Cambridge

The Sure Start Cambridge areas are communities experiencing deprivation in an otherwise affluent city. People in the community express frustration at being researched extensively, but not properly having their needs met. Community members were asked by the Action Researcher about their wishes from the evaluation process, and the message was that using a lot of surveys, questionnaires and stake-holder events would only annoy people further. Families wanted to see things happen and not be asked what they want any more.

This informed the evaluation strategy in that the focus on action research means that activities are tested and improved continually, rather than carrying out periodic structured evaluation.

### **3. Evaluation Strategy**

Research and evaluation at Sure Start Cambridge takes place in 3 broad categories:

#### *Analysis of Monitoring Information*

Registration, activity attendance and data from external sources are routinely analysed to evaluate the programme's success in reaching all sections of the community, sustaining contact with families, and meeting national and local targets.

All activity providers are asked to report quarterly on their milestones, on their feedback from parents and children, and any changes to their activities.

#### *In-depth research/evaluation of key issues*

The action researcher has focused on particular issues as directed by parents/carers, core team, working groups or the evaluation steering group. In most cases this has been reactive- the issue has arisen from the experiences of the programme, and the researcher has directed work into that area, or driven by gap analysis- the programme realising that it was failing to meet a target.

#### *Reacting to community feedback*

The parent involvement and monitoring systems within the programme invite parents and carers to feed back to the programme as a whole, and to individual providers about their experiences of services. Parent forums are held in each area every month, and actively seek involvement and feedback. Parent/carer and children's views should be central to each piece of monitoring or evaluation work.

Sure Start Cambridge has had difficulties in recruiting to the parent involvement post in the core team, and in 2005 the new momentum in involving parents should offer the opportunity to involve parents/carers more in evaluation. The challenge to the programme is then to give this feedback value in the decision-making process.

#### **The evaluation and monitoring strategy**

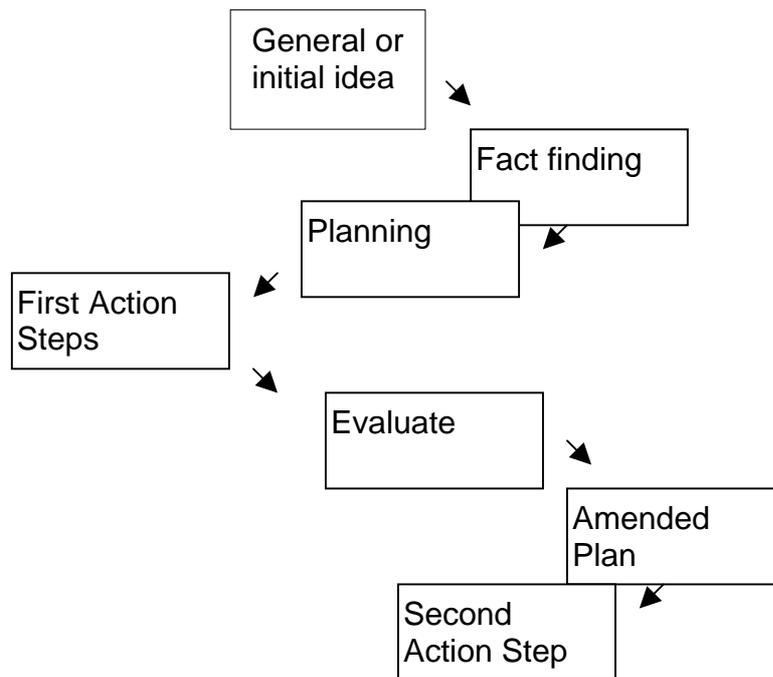
Sure Start Cambridge has adopted an action research model. The programme employs an Action Researcher and Evaluator in-house. This has the advantage of having research and evaluation embedded in the programme, and has increased awareness of research and evaluation as a tool for improving services. There is also a draw-back; that a researcher based within the programme can be easily drawn into service delivery.

Action Research has been described as:

“the systematic collection of information that is designed to bring about social change”  
Bogdan and Biklan 1992

The researcher marshals evidence and data, to highlight issues and recommends actions for change. They are also actively involved in the cause for which the research is conducted.

Lewin (1948) described the approach as involving a spiral of steps, which basically involves the following:



An evaluation policy was approved by the partnership board on December 2003 (see Annex 2), and an evaluation strategy was completed in May (see Annex 1).

Within the programme, evaluation is carried out and overseen by the Action Researcher, and was to be guided by the Evaluation Steering Group, a sub-group of the partnership board. The role of this group was to guide the action researcher in directing evaluation. However, the staffing difficulties faced by the programme during the year have effectively suspended the group- the action researcher not having the time to facilitate it.

## **4. Analysis of Monitoring Information**

Monitoring the use of services for young children and their families has not been normal practice for some of the Sure Start Cambridge partnership, and the programme has spent some time in 2004 negotiating and helping with monitoring systems. As many services are commissioned, this involved supporting providers to change practice in tracking the use of their service.

Sure Start Cambridge has also spent much of the year aiming to establish baselines to under-pin future monitoring. There are sets of data that are simply a Sure Start Unit requirement to collect, but Sure Start Cambridge have applied the principle that wherever possible the data should have a local context, local meaning and be useful locally.

Sure Start Cambridge has collected reach data since approval, and have regularly analysed the data and explored ways of reaching more of the families in the community.

The reach data has broadly been used to explore 3 issues:

- 1) Is the programme reaching an increasing number of families?
- 2) Is the programme accessible to all sectors of the community?
- 3) How much are families attending activities and are there any patterns?

Taking these in turn...

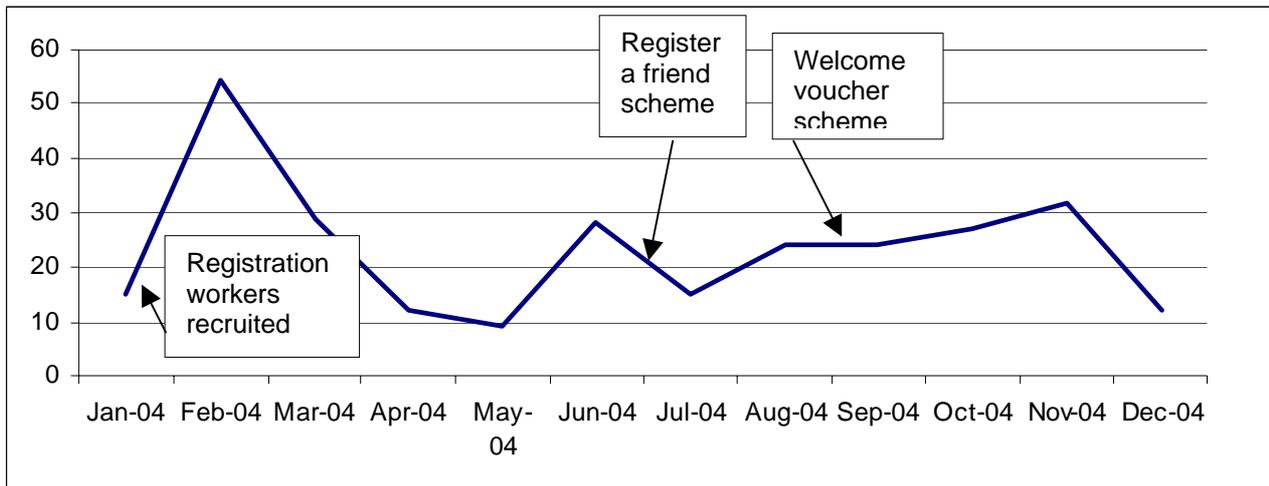
### **Is the programme reaching an increasing number of families?**

This is explored using registration data. The programme began with Child Health Data, and has compared our numbers of registrations against this data. Increasingly this has been a tool for checking the effectiveness of our registration process. For example, we have identified where we are less successful in registering families, either by their geographical location, their ethnicity, and have taken steps to improve the opportunities for contacting these families.

At the beginning of the year, 228 children had registered with Sure Start, 34% of those eligible to do so. This had happened as a result of some mail-outs, and at fun-days and stake-holder events. The programme was concerned about this low level of registration, this being the only way of having data agreement to contact families.

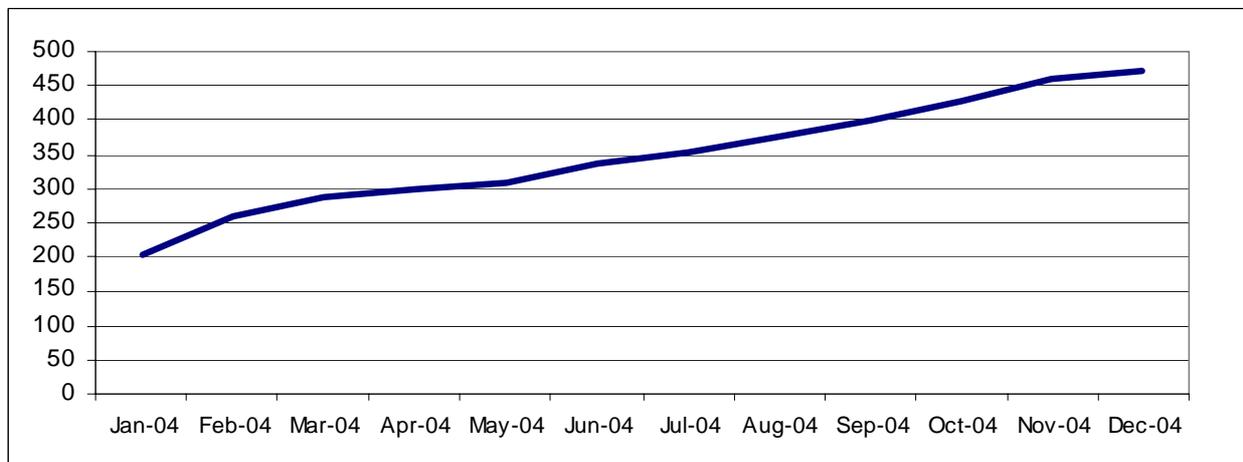
The analysis of registration data through the year therefore focussed on the process of registration- how and when families registered.

The chart below shows a timeline of the year, showing the number of registrations per month. The chart shows points during the year at which a new initiative was used to increase registrations.



NB: the reduced rate at the end of the year can be explained by a time-lag in registration forms being submitted to the office and processed.

This translated into a gradual improvement throughout the year of overall registration levels:

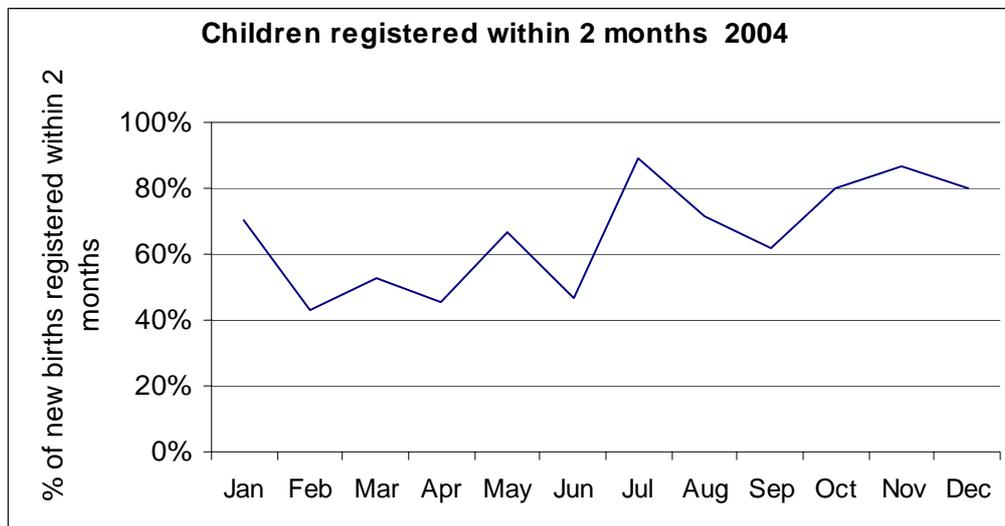


Another target for the programme is to visit all newly born babies and their families within the first 2 months of their life. This visit is achieved by the child and family teams introducing Sure Start to families at the new baby visits. In most cases this should lead to the family being registered with the programme. At the beginning of the year Child and Family teams reported that they were sometimes too busy to complete the registration, and that families were reluctant to be registered.

The Action Researcher visited all Child and Family Nurses in the areas to discuss. Child and Family Nurses were given more information about the

activities that Sure Start offered, and informed about the sorts of activities that were available.

The chart overleaf shows the proportion of new babies that were registered within 2 months of their birth throughout the year. There has been a gradual improvement in the proportion registered throughout the year.



At the end of 2004, 576 children had registered with Sure Start, and the programme had, by focussing attention on the issue of registration, reached a point where most families were registered and the registration targets set by the unit had been met.

#### **Is the programme accessible to all sectors of the community?**

At the beginning of the year, Sure Start Cambridge recognised that our registration rate would need to improve, but also that we needed to increase our registrations of isolated or hard-to-reach communities (see chapter 5). In addition, we were comparing our registration ethnicity data against child health and census data, both of which had flaws. For this reason, in answering the second question, we decided to adopt a qualitative approach alongside the numbers (see chapter 5).

Group	Representation in the community as a whole	Representation as Sure Start registered families	Representation attending activities
Static travellers	Not recorded*	1	None identified
Lone parents	8% of all households	12 families identified themselves, about a third have one carer registered.	Not recorded
Parents with disabilities	*	Disability: 4% Special Need: 2%	*
Children with disabilities	*	Disability: 1% Special Need: 2%	2.5%
Fathers	Not measurable	40%	16%
Ethnic Minorities	Up to 18% of children 0-4	*	14.9%

\* data needed

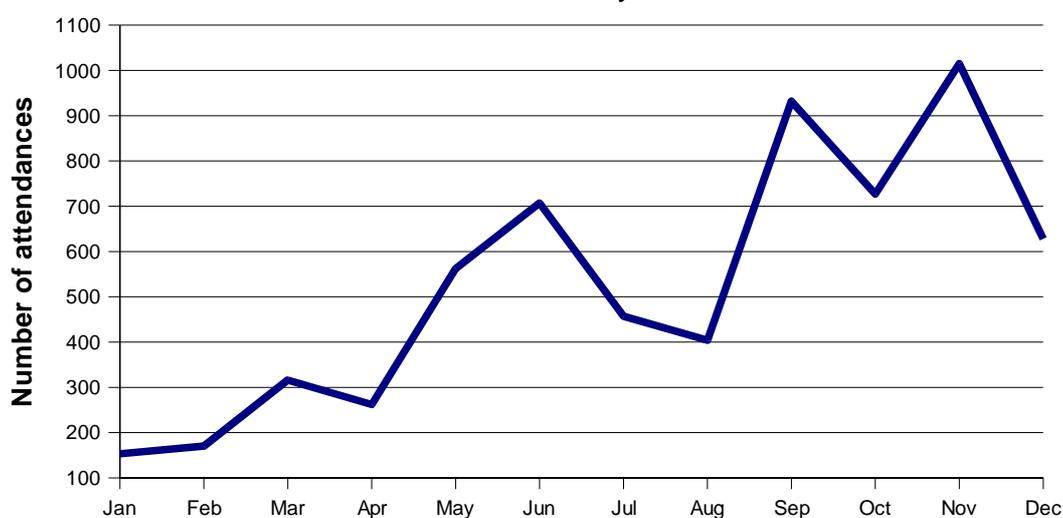
This exercise highlighted the amount of data that the programme was missing, some of which will be accessible through child health data, programme monitoring data and through other partners.

### How much are families attending activities and are there any patterns?

Activity providers are asked to record each contact with a child or parent/carer. Increasingly over the year, the Data Handler has used this information to question how the activities are working, who uses them and how.

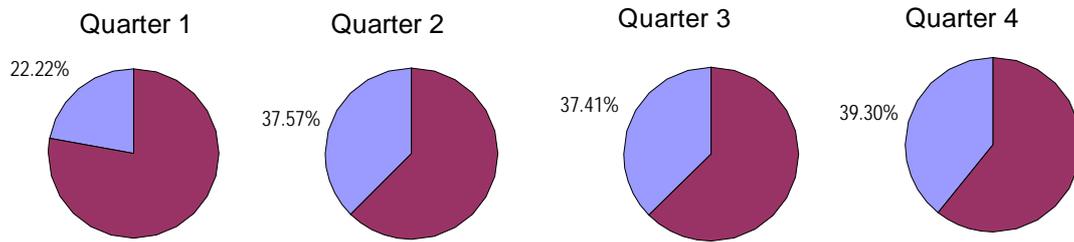
As our registration rate increased, so did the number of families who attended Sure Start activities throughout the year. Looking very simply at numbers of attendances, there was a definite and marked increase in attendance at activities, with one identifiable dip in the summer when many activities were closed. The chart below shows total attendances throughout the year:

Combined carer and child activity attendance 2004

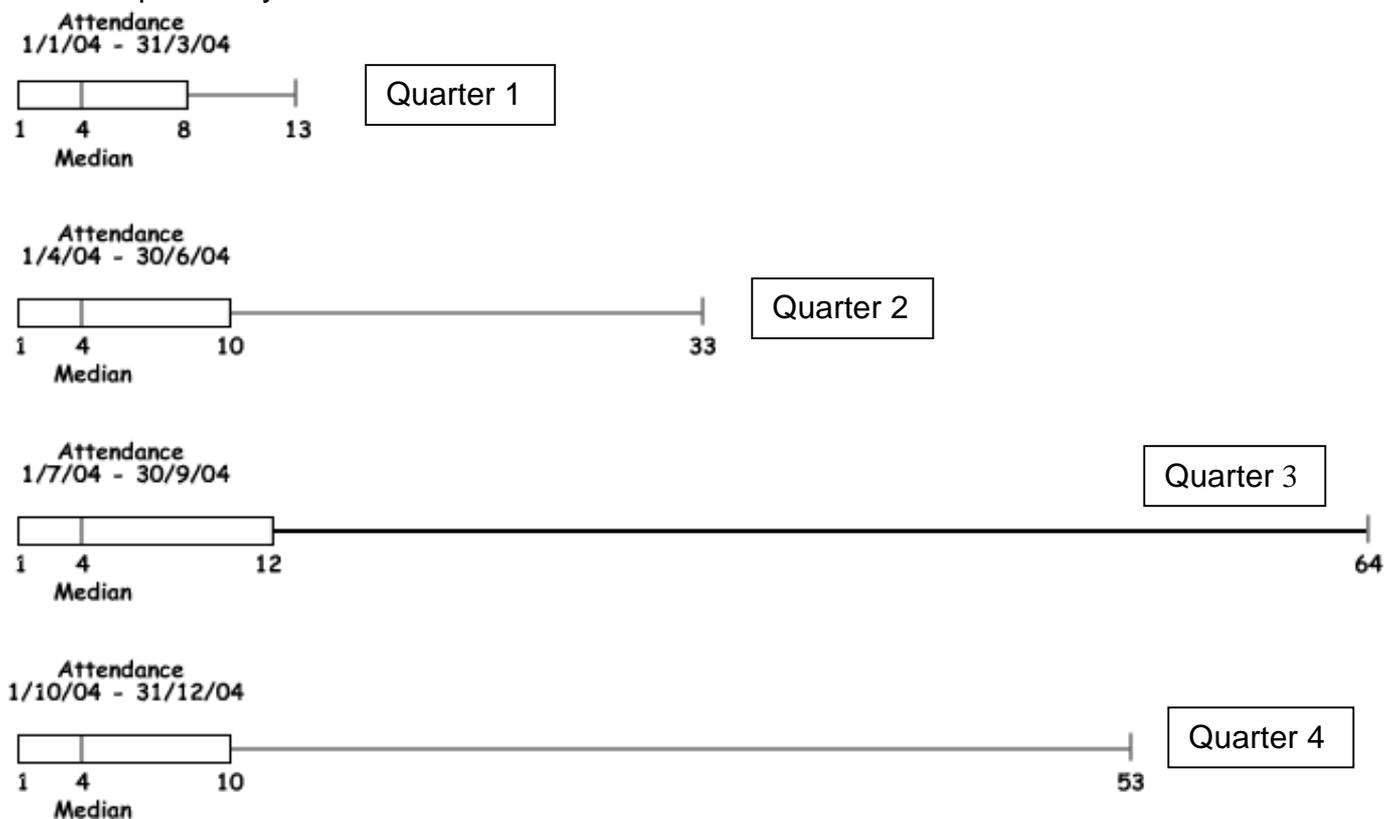


We also analysed attendance as a proportion of our increasing pool of registered families. The charts below show the proportion of families who

attended an activity each quarter, as compared to the total number of registered families. The lilac section represents those families who had attended at least one activity.



We then tracked how often families would typically attend activities within a quarter. Below are box plots that show the spread of attendances in a quarter per family.



This showed that while we had a minority of families who were using more and more activities, the median number of attendances in a period of three months was 4, and remained that throughout the year. The aims for us was to attract families to activities more frequently, and also to have families introduced more often to new activities by their attendance at an existing one. This did not happen.

We then explored possible reasons. The quantitative data that might shed light on this was the extent to which families who attended one activity might also go to others. Families were tracked through their attendance at activities to see if there were patterns of cross-referral. This was not the case, and there were a few families moving around different activities in their area, and the majority who used just one or two groups.

### **Analysis of Monitoring Information in 2005**

Monitoring in 2004 was focussed on establishing and testing data collection systems, and then on exploring issues of how we work by analysing the data. There were some issues, such as the one of registration, that were successfully resolved throughout the year.

In 2005, the programme will be busier, and the monitoring systems need to be consistent, and embedded in the programme. The one area to be added is that analysis of costs.

A review of the year's monitoring by the Programme Manager, Data and Finance Officer, and Action Researcher has established the data to be collected quarterly in the coming year:

- Registration rates (including by ethnic origin)
- Activity Attendance (including by ethnic origin)
- Unit Costs
- Cross-referrals

This data will be presented quarterly to the partnership board.

#### **What has 2004 monitoring data taught the programme?**

The programme has registered an increasing number of families, through a range of initiatives, and has reached its registration target.

The programme was not reaching all sections of the community, in terms of registrations or activity attendance, and in 2005 the data collection systems need to be robust to test if initiatives to increase diversity are working.

The programme has substantially increased overall attendance at activities.

Individual families are not generally attending activities more often, and families that move between activities are in the minority. So whilst the programme is reaching an increasing number of families, the amount of contact with each family is not increasing substantially.

## 5. Research and Evaluation of Key Issues

### Satisfaction Survey

Background: In 2002 there was a consultation done, which measured the satisfaction rates, and views of a group of parents/carers in the areas. This was not based on a representative sample, and there were some concerns in the programme that we needed to look again at satisfaction rates and carer needs before the 3 year point.

In autumn, the programme decided to conduct a satisfaction survey with parents and carers in the areas, with the following aims:

1. To find out if Sure Start Cambridge is providing services parents and children want to use and enjoy using.
2. To measure the proportion of parents (children under five) who are very satisfied, satisfied, dissatisfied or very dissatisfied with services for young children and their families. (Sure Start Unit requirement).
3. To establish a baseline for measuring the percentage of families reporting personal evidence of an improvement in the quality of services providing family support (in this instance this means all Sure Start services). (Sure Start Unit Requirement).
4. To include extra learning for the programme.
5. To invite moans.

Time Scale and Methodology After consultation and piloting, a questionnaire was sent to the carer of each child aged under 5 within the Sure

sent

Start areas. Carers were offered entry into a prize draw, and asked to return the questionnaires within 4 weeks. The response rate was good, with 145 questionnaires returned out of a potential 650. The questionnaire was out in November 2004, and the report published in January 2005.

### **Summary of Satisfaction Survey Findings:**

#### *The families*

The majority of carers were women in their late twenties and early thirties.

There were good responses from minority ethnic carers, but where there was not enough of a response (the Asian community) follow-up work is needed.

The survey showed that about half of households had at least one carer who smoked, and around a quarter had no carer in employment.

Over a third of carers were caring on their own.

Cont...

Second carers wanted activities at the weekend or evenings, which involved sports or active play.

About a third of families had children in school, and one in 10 had a child in secondary school or older.

One in ten families had a child with a disability.

#### *Satisfaction rates*

The percentage of carers either very satisfied or satisfied with all services was 88%.

Non-registered carers were less satisfied with services, with 64% satisfied or very satisfied.

Black and minority ethnic carers showed satisfaction rates more at the extremes of the spectrum- very satisfied or very dissatisfied.

In scoring individual activities, carers showed that they were on the whole satisfied with Sure Start activities.

When carers tried to score on behalf of their children, they felt their children were less satisfied.

#### *What carers wanted to change about services*

The most common change suggested was to change the time or venue of an existing service.

Carers felt that they needed better or more information.

Carers wanted services to be flexible about age, and offer things to their older children.

Very few responses were about the quality or type of activities.

Most carers knew about Sure Start, and that the services they were using were Sure Start services.

*About support for families*

Carers said they had been supported at difficult times by Sure Start funded services, or the knowledge that they were available to them.

Carers highlighted the need to talk to others with similar experiences, and had valued both friends and family.

Carers found inflexible services didn't help.

Carers said that being criticised or judged did not help

cont.

*Requests for new services*

Carers were happy with the sort of activities available and wanted more of the same services.

Carers often requested a service that already existed, suggesting they did not know about that service.

Common suggestions for new services included soft play and physical play sessions, advice on domestic violence, and a range of training opportunities.

**Black and Minority Ethnic Families**

Background: Sure Start Cambridge serves a diverse population, and there were concerns that some groups were not generally speaking engaged with activities. Looking at reach and activity attendance, both families registering and families attending activities were not representative of the community we serve. There was some engagement with workers who may represent this "hard-to-reach" group at working group level, but there was a sense that this engagement has not reached families. Working groups have said that not enough is known about the needs of some groups. This research was therefore aimed at building contacts, and seeking feedback from a range of groups and individuals about their needs and wants from Sure Start Cambridge.

The risk assessment process highlighted the requirement that Sure Start Cambridge listens to groups whose needs are less well met, establishes needs and devotes resources to meeting those needs.

Time scale and June-July 2004: Data analysis to identify groups.

Methodology:	<p>July-Sept 2004: Semi-structured worker interviews.</p> <p>Sept-Nov 2004: focus groups, case studies, recruit and train community outreach workers, present interim report to board.</p> <p>Nov-March 2004: Collate feedback from outreach workers, pilot services with communities, semi-structured interviews with families.</p> <p>March 2004: Final report and service planning for next year.</p>
Findings	<p>From early meetings with workers in community groups that work with black and minority ethnic families, the idea to be tested was that services were not welcoming and inclusive, and that there was a lack of trust which stopped some families feeling able to use activities. The work to be done was to explore what barriers might be and to test ways of overcoming them.</p> <p>The suggested working model was that outreach workers with existing links in communities could work alongside Sure Start Cambridge to assist families in using services, and feed back from families. Meanwhile Sure Start Cambridge would offer training and resources to existing activity providers, and include outreach worker time in visiting activity providers and sharing knowledge.</p> <p>The first 2 reports from outreach workers show that barriers are different in the different communities, but include fear of racism, fear that services are culturally inappropriate, language barriers and poor access to information.</p>
Future Work:	<p>The outreach work will end in March 2005, and findings from the workers will be fed into a range of proposals to deliver services in 2005/6.</p>

### **Families in Need of Support**

Background:	<p>Alongside the black and minority ethnic communities research the core team also wanted to look at families in need of support, and the extent to which the programme was engaging with them. The aim was to find out the numbers of families identified as needing support, and track their use of key Sure Start Cambridge funded support services.</p>
Time scale and Methodology:	<p>May-August '04: Data Handler met with Child and Family Teams in the four main GP's surgeries, and showed them the Child Health data base, asking them to identify families in need of support (the level of need was not specified- this could mean anything from a friendly phone call to child protection issue).</p> <p>The Data Handler also met with all the Sure Start services that offered a level of support to families at that time. These workers were asked to identify families that</p>

they had worked with. None of the workers saw the comments of other workers, and all data was destroyed. The resulting data was analysed to track the level of need, and the extent to which it was being addressed by Sure Start Cambridge services.

Findings:

When we tracked these families to discover how many were registered with Sure Start or were attending activities, there was a different pattern according to surgery:

Surgery	Proportion of Sure Start eligible children identified as needing support	Proportion of Sure Start eligible children registered with SSC.	Proportion of children identified as needing support registered with SSC.	Prop. of children identified needing support attending activities before Aug '04.	Prop. of children identified needing support attending activities after Aug'04
E Barnwell	21%	65%	74%	43%	69%
Arbury Rd	19%	51%	49%	30%	40%
Nuffield Rd	21%	35%	45%	40%	40%
York St	14%	27%	67%	25%	50%

It should be noted that surgeries C and D covered a smaller number of Sure Start children. What emerges is that whilst child and family teams identified a relatively stable proportion of children as needing support, the level of response to this need varied, both in terms of registration with the programme and attendance at activities or services (outreach, home visiting and advice are included in "activities", as are very short term contacts). On a positive note, families in need of support were more likely to be registered than the general population in all surgeries. Looking at the last 2 columns, as the year progressed, families needing support were also more likely to be attending activities. This data is to be taken to child and family team leaders the SSC home visiting focus group. The data also offered an opportunity to look at how Sure Start funded services are responding to need as identified by child and family teams. Taking the group of children identified as needing support as a whole, we tracked their use of a group of activities and services that were identified in particular as offering support:

	Proportion of Sure Start eligible families who have used that service.
ABC drop-in and Home visiting	8%

Homestart	15%
Parents First	1%
Meadows drop-in	0%
Kings Hedges family support drop-in	6%
Romsey Mill home visiting and groups	4%
<b>All these activities combined</b>	<b>33%</b>

From this we can see that of all the children identified by Child and Family teams as needing support, a third were being seen by Sure Start funded support services, and the rate between services ranged from 0% to 15%. It should be noted that for most of these activities, the target families are less than the full 100%, for example Romsey Mill would only be working with young parents. This exercise demonstrated that Sure Start Cambridge is increasingly working with families that are described as needing support, but that the services that are funded to provide support are meeting a small proportion of the need as defined by child and family teams. There are a number of factors to bear in mind:

- This data highlights a “hard-to-reach” group- families who are seen as needing support but who do not now engage with services.
- It should be noted that child and family teams and services may have different definitions of “needing support”.
- The Child and Family teams care plan pilot will identify families in need of more than a universal service, and identify services that may meet needs in a formalised care plan. This data suggests that this will result in a substantial increase the numbers of these families who are referred to Sure Start funded support services.

Future work: These findings need to be seen in a qualitative context, so this data will be presented to focus groups, and included in the forthcoming family support evaluation.

### **Brazelton training**

Background: Sure Start Cambridge was approached in August 2003 by Joanna Hawthorne of the Brazelton Centre in Great Britain with a proposal for teaching and training the Brazelton neonatal Behavioural Assessment Scale (NBAS) in the Sure Start areas. Other Sure Starts have sent multi-disciplinary groups to be trained in the NBAS in order to provide a supportive intervention from birth. Sure Start Cambridge delivered an introductory series of workshops. This was in 2 rounds of 1 introductory workshop followed by 2 follow-up workshops- 6 events in total. Each round was available to 40 delegates, with the follow-up workshops available to half of these people. The introductory workshop covered infant brain development, the importance of the mechanisms of early

relationships, understanding new-born behaviour and the Brazelton assessment. The follow-up workshops covered the NBAS assessment in more detail, sleep and awake states, specific signals of babies, self-comforting and self regulation and using NBAS with different sorts of babies. In looking back at the original proposal and its early discussion, there were no records of how SSC felt that the training would specifically meet local and national targets. The expected outcomes of using the NBAS are clearly relevant to Sure Start families, and it would have been useful for the relevant working groups to review how these new skills and awareness are used and maybe targeted.

Time Scale and Methodology:

Jan- May 2004: Evaluation Questionnaires from Introductory Workshops.

August 2004: Write up report

September 2004: Presentation of recommendations to Improving Health working group.

Findings:

Most trainees were working directly with babies and small children and their families. The feedback from the training showed that the workshops had been successful in introducing the principles of the Brazelton technique, and that trainees understood the value of the approach, and were enthusiastic about learning more. When asked what they had gained from the course, trainees typically said they had gained an insight or understanding of the approach, but not a working knowledge. This suggested that to gain value from the training, the programme has to offer trainees a structure within which they could use some of the principles they had learnt in their work, but also identify families that might particularly benefit from an assessment and refer them to a trained assessor.

Future plans:

Sure Start Cambridge is funding three health workers to undertake full Brazelton training.

### **Smoking Cessation/ Smoke-free homes**

Background:

The smoke-free homes campaign was started on No-Smoking Day and recruitment to the programme continued to the end of May, involving 37 families. During the campaign Sure Start Cambridge contacted the families 3 times, twice with a letter, promotional material and vouchers, and once as a home visit. On the final day there was a celebration event for families including a prize draw. Only 2 families took part in the event. Workers were disappointed that so few families came and were anxious to find out why.

Time Scale and Methodology:

November-December 2004

All the 37 families who had originally been part of the campaign were contacted and visited, to conduct a semi-

structured interview. 12 completed evaluation interviews were achieved.

**Findings:** In general the campaign was thought to be useful with 8 out of 12 families – finding the support offered welcome. Just over half the families were finding it easy to maintain smoke free zones but the remainder found it difficult. The same numbers were appreciative of support in keeping the pledge and had no further ideas on how Sure Start Cambridge could have helped differently. As far as the celebration day was concerned there were many and varied reasons for non-attendance. All the families aimed to keep a smoke free home in the future and cited numerous things which might help including willpower, self-determination and having children around. Overall, it seems this programme raised the profile of second hand smoke and its effects on children. Four families had changed their smoking habits.

**Future Plans:** The evaluations have shown some interest in services to help parents/carers give up smoking. With a Sure Start Cambridge health worker now in post, there is capacity to refer families to NHS smoking cessation services and evaluate the outcomes.

### **What have 2004 evaluation projects taught the programme?**

Information about the programme that goes out to families and partners has to be clearer and more accessible to the whole community.

Families want services to be flexible in the age range of children, and availability in evenings, weekends and school holidays.

Parents and Carers are generally satisfied with services, and carers who are registered with Sure Start Cambridge are more satisfied than those who are not.

Black and Minority Ethnic families experience barriers in taking up services, which vary in the communities, but there are common themes of fear of racism and services perceived as culturally inappropriate.

The programme broadly meets the requests of parents and carers, with few requests for services that do not exist.

Sure Start Cambridge increasingly works with families who have been identified as needing support, but is still reaching a small proportion of these families with the activities that were envisaged as offering support.

Brazelton training was valued as raising awareness of the benefits of the technique, but to gain value from the training the programme needs to formalise a structure where partners can refer to fully trained workers.

The smoke-free homes campaign raised awareness of the benefits of smoke-free homes for children, and for a small group of families, assisted them in changing their smoking habits.

## **6. Evaluation plans in 2005**

### **Family Support Evaluation**

#### *Background*

Sure Start Cambridge has devoted a large proportion of its budget to the area of “family support”, within the target of improving social and emotional development. This emphasis has led to a large provision of family support workers, outreach and home visiting services and family drop-ins.

#### *Aims of Research*

1. To conduct a literature search on models of and best practice in family support, including Sure Start targets.
2. To negotiate a shared definition within SSC partnership of family support, informed by findings from 1.
3. To understand what the individual experiences of children and parents receiving family support are, inviting in particular the histories of families who feel they have not been well supported.
4. To identify where families could have been offered support in a better way.
5. To feed this information into SSC decision-making process.

### *Methodology*

1. Review literature available via Sure Start and partners, and synthesise to produce options that relevant working groups can consider.
2. Meet with workers within the main Sure Start family support providers:
  - Kings Hedges Family Support
  - Child and Family Teams
  - Homestart
  - Social Services
  - Ormiston
  - Christ the Redeemer
  - Romsey Mill
  - The Fields Early Years Centre

Cover within meetings:

Their perceptions of family support and degree of overlap with the models described by 1.

Their experiences of supporting families, and some case histories of families in need of support.

3. Explore feasibility of meeting with parents/carers through parent forums and activities. Conduct semi-structured interviews where possible.

### **Analysis of Cost and Value**

#### *Background*

All Sure Start local programmes are required by the Sure Start Unit to evaluate cost-effectiveness as part of their local programme evaluations.

#### *Aims of the Research*

To provide information for the programme about the cost-effectiveness of the programme as a whole, and of its component parts.

### *Methodology*

1. All services mapped.
2. All costs, including overheads apportioned.
3. A unit cost for each service calculated.
4. Aims, objectives and measures for each activity considered, and progress towards these recorded against unit costs.
5. Aims and objectives of the programme as a whole considered against overall cost.
6. Compare costs with other local providers and national benchmarks.
7. Consider savings that can be attributed to any of the achieved targets, and estimate value of any savings.
8. Findings synthesised into report.

## References

Bogden, R and Biklen, SK (1992) *Qualitative Research for Education*, Boston: Allyn and Bacon.

Lewin (Ed.). New York: Harper & Row, 1948

Meadows, P: *Guidance for Sure Start local evaluators and programme managers on the estimation of cost-effectiveness at a local level*: NESS

Smith, MK (1996 2001) *"Action Research" the encyclopaedia of informal education*, [www.infed.org](http://www.infed.org)

## **Annex 1 Evaluation Strategy**

(See Evaluation and Monitoring Policy, approved December 2003)

Goals of Evaluation and Monitoring:

- To enable an understanding of how the programme is performing
- To track progress towards objectives and targets
- To make on-going changes to the programme
- To influence mainstream services
- To identify good practice
- To meet the Sure Start Unit's requirements.

### **Evaluation Timetable**

Monthly

Each activity or service funded by Sure Start will return monitoring information, to include:

list of names and postcodes (or family and individual ID) of registered Sure Start families, and numbers of eligible but unregistered families who have accessed each individual event. The return should also state the total number of parents/carers and children at the event.

This information will have to be collected differently according to the type of activity. Drop-ins can simply return their weekly register, whereas outreach services may have to have monitoring carried out by central admin staff. The method should be agreed when funding is agreed.

#### *Quarterly*

Monitoring information for one month will be collated for each activity to be submitted to Sure Start unit.

Each activity will submit Evaluation feedback, in a pro-forma. This will include how the activity has progressed towards the milestone set for that quarter, how the parents/carers and children using the service have been consulted on their experiences, and how any issues coming out of this are going to be taken forward.

Quarterly milestones and the structure and methods of evaluation will be agreed when funding is approved. The aim of this evaluation is to offer Sure Start Cambridge a picture of how the activity is meeting the needs of the programme, but is also intended to be a resource for those running the activity. To make this happen, the activity providers will be consulted on their evaluation needs, and the resources they have to carry out evaluation, and where possible will be offered the assistance to do so.

Each quarter one activity will be evaluated, and findings fed back to the board. The activity to be evaluated should be selected by the evaluation steering group based on these criteria:

Activities that are particularly innovative.

Activities that are particularly costly.

Activities that are particularly problematic

Groups of activities that relate to a particular objective may be evaluated together.

#### *Annually*

Each activity will be asked as their final quarterly evaluation to feed back on progress towards goals set at the beginning of the year, and if funding is to continue, to set goals and milestones for the coming year.

The Annual evaluation report will be submitted to the Sure Start Unit, and published to partner organisations and partners each January.

#### *After 3 years*

A more in-depth evaluation report that critically considers the achievements and progress of the programme over the first 3 years is required at the end of

measurement year 3 of the programme. This will consider how far the targets and objectives have been achieved and the processes that have been instrumental in this. (Sure Start Guidance: Annexe 6)

### **Evaluation through the life of an Activity**

During the proposal process the activity organisers will be asked to:

- Explain how they have assessed the need for their activity
- State what they expect the outcome of the activity to be.
- Set quarterly milestones for the coming year.
- Show how they plan to evaluate the success of their activity against these goals.

Depending on their needs, they can ask for support in doing this.

Once the activity funding is approved, activity organisers will meet with the Action Researcher to be shown the monitoring criteria, and to discuss evaluating the activity. A plan for evaluation will be agreed, to include quarterly feedback.

Activity organisers should understand that they may be asked to take part in more in-depth evaluations during the life of the activity. If this happens, they should be consulted on the most appropriate methods and their own evaluation needs. They should be as involved as possible.

The aim of action research is to make changes as issues arise. Therefore support should be offered for activity providers to make changes in response to the evaluation findings.

## Annex 2

### **Evaluation & Monitoring Policy**

To fulfil the obligations to the Sure Start Unit local programmes are required to constantly monitor & evaluate all aspects of their provision. This is to enable an understanding of how the programme & services are performing, track progress towards objectives & targets, to make changes to the programme to continually improve, to influence mainstream services & to identify good practice.

Management: An Evaluation Steering group will take responsibility for the direction of the evaluation programme for Sure Start Cambridge. The Steering group will be made up of Partnership Board members with representatives from key partner agencies, and will meet monthly.

This strategy is intended to inform

- Staff
- Parents & carers
- Partnership members
- Partner agencies & organisations
- Any other interested parties

## **1.0 Internal Evaluation**

Parents will participate at all stages of implementing a project:

- 1) Assessment of consultation – in response to issues raised by parents
- 2) In the planning of the project – a project brief will be taken to the Parent Forums to be consulted. Following formal agreement by the Partnership Board the method of evaluation, which will include both qualitative & quantitative methods, will be decided
- 3) The project will then be evaluated on the quality of service delivery, parents views and those involved in delivery of the project.

The evaluation will

- Assess the effectiveness against intended outcome
- Consider 'Value for Money' of the project
- Demonstrate any added value i.e additional outcomes/outputs
- Implications for mainstreaming

## **1.2 Quarterly & Annual Reports**

a) A quarterly report will be produced for the Partnership Board & the Parent Forums & will include an evaluation of one project (to be nominated by the Partnership Board) and involve partner agencies in the process.

b) A detailed annual report will be including information on monitoring data, progress on the evaluation strategy, findings to date, how we intend to use or have used these findings to inform the development of the programme & mainstream services. The documents will be sent to the Regional team by January of each year.

c) A parent led evaluation will also take place on a yearly basis. Community based researchers will design & implement the evaluation & conduct the surveys with Sure Start families on service provision & parental involvement in the management & direction of Sure Start Cambridge, access to services & the quality of this provision.

## **2.0 External Evaluation**

## 2.1 Independent Evaluation

There will be an independent evaluation each year which will be based on the participative model through consultation & documentation provided by service providers & service users. This will be conducted via a consultancy arrangement with Anglia Polytechnic University (APU)

- The independent evaluation will focus on
- Partnership and interagency working
- Programme Management
- Staffing
- Monitoring progress towards the PSA and SDA targets and objectives and other set targets and objectives

## 2.2 Three Year Evaluation

At the end of 3 years a more detailed evaluation report will be submitted to the Sure Start Unit which will include

- a) Details of evaluation approach and findings
- b) Critical consideration of progress & achievements of the programme over the first 3 years
- c) Assist in deciding how the programme can be further developed

## 3.0 National Evaluation of Sure Start (NESS)

Annually, in May, information will be sent to NESS, which will include

- Local evaluation strategy summary
- Information on progress
- Outcomes and findings
- Examples of methodologies/research tools

An in depth questionnaire on support for local evaluation will be sent by NESS annually in July which will include an opportunity to comment on how communications & advice from NESS can be improved.

## 4.0 Monitoring

4.1 Good monitoring data will be essential in providing Sure Start Cambridge Partnership & the Programme manager with information to manage the programme effectively & efficiently. This information will provide the basis on which to make key decisions about the future of the programme.

Data, which will be routinely collected, is

- Take up of activities and services
- Variance in uptake

- Identify who is using service
- Cost of service

4.2 The data collected will be used to monitor progress towards the objectives & targets in the PSA & Service Level Agreements (SLA's) & in reaching other milestones & targets identified in the Sure Start Cambridge Plan.

4.3 The data will be used as part of the evaluation of projects, identified services that need attention & in ensuring that we are involving hard to reach families.

#### 4.4 Monthly, Quarterly and Annual Reports

a) A monthly report will be provided to the Sure Start Cambridge team showing numbers of children & families seen & the proportion of new babies visited. If there are any specific projects that are having problems or there are any successes this will be brought to the attention of the team.

b) A quarterly report will be produced for the Partnership & Parents Forums showing numbers of children & families seen & the proportion of new babies visited & an evaluation & monitoring report on one project.

c) As part of the annual evaluation report monitoring information will be used to highlight number of children & families seen over the entire year.

### 5.0 Monitoring Information

The Monitoring & Evaluation of Sure Start Cambridge activities & services is dependent on the quality of data which is received so it is essential that appropriate & continuous data is provided regularly & on time. Compliance will assist in the running of the local programme