An Evaluation of the Sure Start North Prospect LARK Project

research and data services limited
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Contents

Key findings and strategic implications

0.1 Introduction

The research underpinning the report was conducted between October 2003 and July 2004. A total of 218 individuals provided data, either by completing statistical surveys (n=166) or by taking part in structured interviews (n=52). In addition, Sure Start monitoring data was used to provide a context for the findings, along with national and local level data.

The research had four main phases:

- a statistical survey of service users (n=146) examining their experience and needs
- a statistical survey of service providers (n=20) examining their experience of providing services in North Prospect
- interviews with service users (n=40) examining their experience as service users, including a statistical assessment of impact
- interviews with strategic managers (n=12) examining the lessons learned from the implementation of services and the possible future direction of the project.

The evidence was analysed using SPSS (quantitative data) and MaxQDA (qualitative data) by researchers at RDS. This detailed analysis and the sampling strategies used, ensured that the findings are reliable and can be used as evidence to inform the development of the project at this key stage.

0.2 Key findings (service users)

The research found that:

- the level of user satisfaction with services was very high (97 per cent of users being satisfied or very satisfied) across all services and all users
- service users were highly satisfied with service providers (88 per cent) Where there was dissatisfaction, it was around users' access to sessional child care – and was linked to a desire for more of a service and not to the service itself
- the most dissatisfied service users were those with three or more children, suggesting that family size affected users' perception of the service received
- the Sure Start shop played a key role in facilitating access to services, as did key workers such as the Health Visitor

- the need for all current Sure Start services was very high, statistically manipulating the data showed that the level of need exposed by the research could not be met by providers if all those expressing a need came forward for a service

- the research suggests that meeting existing need would overwhelm existing services and this would include specialist services (such as Substance Misuse) and those more widely available (such as Childcare)

- the need for services was long term – for all services – regardless of whether those services were considered to be short term interventions or not

- there was a statistically significant relationship between those who had lived in North Prospect for a longer period of time (five years or more) and high needs, they required greater support over an extended period of time than other service users

- there was a statistically significant relationship between those in most need and willingness to engage, with those service users requiring extended support also being those less likely to attend and engage with services

- there were statistically significant relationships between age and need in the case of some services. Younger people were less likely to engage in health related services and more likely to engage in services increasing access to work and training

- older service users reported a greater degree of willingness to engage with specialist adult services, such as Domestic Abuse, possibly linked to greater self-confidence

- the research suggests, but does not confirm, that those not engaging in services may be the most vulnerable, have health or mental health needs and/or be concerned about child protection and professional intervention in their family situation.

Further research found that:

- the site of service provision met the needs of the local population in terms of ease of access, but not necessarily in terms of facilities provided (such as equipment)

- the characteristics of the service providers were strongly implicated in user satisfaction, specifically their willingness to stay with users until their needs were met

- the needs-led approach of staff was linked to high levels of cross-referral between services

- service users reported the need for more contact
- the impacts of the services were varied and included unintended impacts on parents, their children and the whole family
- the main impacts overall were service specific, such as finding work; gaining help on children's speaking and listening, or stopping smoking
- the main impacts on parents were a reduction in stress, granting them free time, providing access to work or training and providing social opportunities
- the main impacts on children were in improving interaction and pro-social behaviour, assisting speech and general child development
- the main impacts on families were in providing support for families, reducing stress in the home and improving stability within the family structure (preventing breakdown)
- examining impacts by service clusters (children's services, specialist adult services, health services and work and benefits) showed differential impact by service and service cluster – suggesting that impacts could be enhanced by greater coordination
- impacts were reduced when adults were unable to express their own or their children's needs and/or engage with providers
- impacts were reduced where there was evidence of drug and/or alcohol abuse in the home
- impacts were reduced where parents had mental health problems, were struggling with debt, poor housing and other 'compounding' difficulties
- impacts were reduced where families existed in a state of 'crisis and chaos', a feature of some families more than others, such as lone parents and those experiencing some of the above difficulties.

0.3 Recommendations (service users)

- there may be a need to extend the findings of the research, especially the evidence on levels of need, to other providers, so that the community receives the support it requires in key service areas
- services could target users and potential users in light of the information about need, age, family structure and their likelihood to engage
- the complex and inter-related nature of needs could be recognised in structuring services

- the impacts of services could be increased by taking account of the familial and other difficulties users face

- the impacts of services could be increased by planning interventions around related needs (e.g. one service leading to another - acting as a stepping stone)

- services could be made easier to access and 'taster sessions' could be offered to ease routes in and out of provision

- the role of the Sure Start shop and key workers could provide a model to other providers of how to successfully engage families, especially those new to the area and/or the very vulnerable

- the evidence of significant impacts could serve as a basis for continuing and/or extending specific services so that such benefits were shared more widely

- the role of services in meeting multiple needs and occasionally having unintended but beneficial impacts could be recognised more widely and used to engage the hardest to reach service users.

0.4 Key findings (service providers and strategic managers)

The research found that:

- the research found that the majority of current staff (85 per cent) were either satisfied or very satisfied in their work. The most dissatisfied were the newer workers and those working in children's services

- there were some problems around staff retention, specifically in children's services, where the project was seen as developing 'highly desirable' workers for other agencies

- levels of remuneration, while higher than local levels in some cases, were not always perceived as adequate by workers

- the research found that further work was required to engage the harder to reach families

- service providers identified four main reasons for the non-engagement of current and potential users: personal problems; a lack of awareness of the service; the fear of expressing need and/or the stigma associated with 'failing' as a family unit; and a fear or dislike of other service users, specifically drug using adults and those with mental health problems

- the research found that for some service users, costs were prohibitive and/or reduced the extent to which they could fully benefit from provision

- the reasons for the successful impacts of the project were identified as the way workers engaged with families, the mix of services provided and by insisting on excellence

- the insistence on 'difference' and excellence were rooted in a strategic commitment to meeting the needs of the local community

- the research found that strategic lessons were available within the project (such as how to engage families), but were not always shared with or taken up by partners or other providers

- the project was seen by partners as something of a test bed for new ideas and practices, but the systems to maximise their use of this evidence were not necessarily in place (irrespective of their commitment).

Further research found that:

- some service users, specifically those engaged on home visits, expressed fears around personal safety

- in group settings, the dynamics of the group needed careful management to retain all users

- there was some concern that the LARK Project may be having significant and positive impacts, but in the context of a 'community in crisis' and where the level of need was not fully acknowledged by other providers

- the experience of Sure Start North Prospect LARK Project workers could be better shared with other statutory and voluntary providers so that they benefit from the skills set that has been developed locally

- the research found that there were strategic concerns around the extent to which it could mainstream its practices into Children's Centres, specifically if funding was withdrawn for some service areas.

0.5 Recommendations (service providers and strategic managers)

- training and induction could be improved so that new workers were aware of the links between services and were integrated appropriately into the project

- the project could find ways to build a more structured and appropriate career path for some workers, for example, by using foundation degrees

- the project could examine its costing structures to see if some users were excluded by current arrangements

- strategic partners could be encouraged to take a more active role in ensuring the practices of the project were mainstreamed

- the development of Children's Centres could provide an ideal opportunity for the project to share its success more widely and develop new strategic relationships.

0.6 Conclusion

The research was based on an extensive dataset and provides the Management Committee with an opportunity to move forward from a strong evidence base. The extent to which the research informs future developments will depend, to some extent, on the way that evidence base is used and shared - within and beyond the project itself.

Where the report provides a very positive snapshot of an established and successful project, setting out in detail its impact and the satisfaction of service users and staff, there remain a number of key issues that would, on the basis of the evidence, extend and enhance the impact of the work taking place. Disseminating the evidence and sharing the practice on which it is based should therefore become a key consideration as the project develops into its next phase.

Section One: Context

1.0 Introduction

This section sets out the context of the Sure Start North Prospect LARK project and the background to the research. It begins with some background information about the North Prospect area, including mapping the demographic characteristics of the population and pointing to key indicators of the health and well being of families in the area. Secondly, the chapter draws on monitoring information from the Sure Start North Prospect LARK Project databases to provide background and a 'snapshot' of service use at the time of the research. Finally, the section sets out the local evaluation, its aims and the research questions it sought to address.

The research underpinning this report had four main phases:

- **Phase One – a statistical survey of service users' experience (n=146)**
- **Phase Two – a statistical survey of service providers' experience (n=20)**
- **Phase Three – in depth interviews with service users (n=40)**
- **Phase Four – in depth interviews with strategic managers and partners (n=12)**

Each phase provided data that was used to address the research questions and were designed to lead into and enhance the evidence collected in the other. Secondary data (such as that set out below) was collected to provide a contextual background to the research and to assess if - and to what extent - the findings may be generalised to the wider population.

Full methodologies for each of the four phases are presented at the beginning of each section. All of the instruments used are provided in Appendices at the end of this report. The report and the instruments used to inform it remain the property of the Sure Start North Prospect LARK Project. Research and Data Services (RDS) would like to thank the project management, staff and those using the services it provides for supporting this research

1.1 North Prospect

The North Prospect area is situated in the west of Plymouth. It is a relatively densely populated area of the city and was historically associated with the docks and Devonport shipyard. Plymouth City Council analysed the 2001 Census Data returns and produced a neighbourhood profile,[1] which allows comparison of population data across the city and to other neighbourhood areas in England and Wales. North Prospect is one of 43 such areas across the city, and data referring to that area is referred to when the report refers to 'neighbourhood'.

1.1.1 Demographic characteristics

The North Prospect area is predominantly made up of those defining themselves as White British (99 per cent of the population[1]). The neighbourhood population is 5109, in a city of 240,720 inhabitants, making up just 2 per cent of the city population. However, the area has a larger than average young population, with 30 per cent of residents aged 0-15 compared to 19.5 per cent for Plymouth overall[1]. Moreover, data from the Primary Care Trust states that the area has the second highest percentage of child population (7.9 per cent, n=453) in the city The number of residents aged over 60 is correspondingly lower than average, at 17.6 per cent, compared to 20.8 per cent for the whole of Plymouth[1]. Table 1.1 (below) shows the age profile of the North Prospect population compared to the city and national averages in 2001.

Table1.1: Age of North Prospect resident population (percentage)

	North Prospect		Plymouth	England and Wales
	No.	%	%	%
0 to 4	421	8.2	5.5	5.9
5 to15	1,093	21.4	14.0	14.2
16 to 19	303	5.9	5.6	4.9
20 to 29	524	10.3	13.3	12.6
30 to 59	1,892	37.0	40.7	41.5
60 to 74	606	11.9	13.1	13.3
75 and over	269	5.3	7.7	7.6

Source: Plymouth City Council / 2001 Census, ONS

It is clear from this data that North Prospect is a neighbourhood characterised by its high proportion of children and young people compared to both local and national averages.

1.1.2 Family status

On the basis of 2002 Health Visitor data for the neighbourhood, the majority of families in the North Prospect area were married (43.6 per cent). Almost 28 per cent were one parent families and 16 per cent were lone parent households with dependent children – more than twice the average for England and Wales[1] and the second highest figure of all Plymouth neighbourhoods[3]. The same data shows that 14.6 per cent of families visited in 2002 had experienced separation and/or divorce within the past year. Consequently, the area has a lower than average married population compared to Plymouth and to England and Wales[1]. As set out above in Table 1.1, the area also has higher than average numbers of young children aged five or under and, other data shows that four out of ten households in the area contains dependent children[1].

Overall, the data shows that where the North Prospect area is characterised by its high proportion of children and young people, family, stability remains problematic and a relatively high proportion of children are exposed to disruption (such as family breakdown).

1.1.3 Health

National census data shows that almost a quarter of North Prospect's residents (23.6 per cent, n=1204) suffer from long-term illness, which is higher than both the average for Plymouth (20.6%) and for England & Wales (18.2%)[1]. However, looking at more specific indicators gives us a picture of the key health indicators for families with young children:

- there is a higher than average number of low birth weight babies – 10 per cent compared to 7.9% for the city overall
- North Prospect has the eighth highest birth rate of the city's neighbourhoods – at 63.9 per 1000 women aged 15-44
- a quarter of all parents visited by a Health Visitor in the area in 2002 were depressed or mentally ill
- of the families visited in 2002, 59 per cent contained one or more adult smokers, which is the second highest figure in the city.

Thus, North Prospect is a community marked by ill-health and risks to health, including the psychological well-being of adults.

1.1.4 Housing

The North Prospect area is made up of a mix of housing stock. More than half of all households (53 per cent) are rented from the Local Authority, a very high figure compared to the England and Wales average of 13.2%[1]. Owner occupation is lower than average at 33%[1]. The majority of houses are on an estate plan, with some low rise flats, terraces and streets. Following the increased shift of Local Authority housing into private hands (under the 'right to buy' scheme), the area is one of a few locally where rented homes are available to young families. Furthermore, many of the houses bought under the right to buy are also owned by private landlords, then rented out to tenants. This may in part account for the high number of families with children and young children present in the area, along with the relative ease of being granted accommodation because of the social and economic deprivation associated with the area.

1.1.5 Vulnerable families

One of the primary objectives of the 2005-08 PSAs[6] (targets for Sure Start projects) is to improve the life outcomes and general well being of children and young people, and to break cycles of deprivation. North Prospect is the third most deprived neighbourhood in the City[3], and a number of measures can be used to assess the level of family well being. The Primary Care Trust classifies almost half (49 per cent) of all families with young children in the area as 'vulnerable', which means that four or more indicators (termed factors) were present when assessed by the Health Visitor during home visits[4].

The following factors were most prevalent in the North Prospect area:

- low income & dependence on benefits (61 per cent of households)
- main wage earner unemployed (50 per cent of households)
- one or more parents smoke (60 per cent of households)

- one parent families (28 per cent of households)
- behavioural problems in children (26 per cent of households)
- depressed and/or mentally ill parents (25 per cent of households).

Clearly the picture is of a community where a significant proportion of households could be said to contain vulnerable families. When the children within these vulnerable families are considered, the position is substantially more concerning. For example, children's behavioural problems are classified as those which required an intervention in the past year, for instance regarding feeding, sleeping or negative and/or disruptive behaviours. The following issues (again from Health Visitors) were frequently reported:

- violence within the family (17 per cent of families)
- identified issues around child protection (8.4 of families)
- one or both parents in care and/or abused as a child (18 per cent of families)
- developmental delay in children and/or children on the threshold of being registered with special needs (24 per cent of families).

The children living in North Prospect are therefore significantly at greater risk than other children in the city and when compared to children nationwide.

1.1.6 Education and employment

Education and employment are priorities for Sure Start, as seen in the 2005-2008 spending review PSA targets[5], which lists improving standards of education or skills in four of the five objectives. North Prospect's population is poorly qualified - over half the population (52 per cent, n=1736) have no qualifications, which is significantly higher than the average figure for Plymouth and England and Wales (at 29 per cent). Although there are slightly higher than average numbers of students aged 16 to 17 in the neighbourhood (4 per cent compared to 3 per cent city-wide), this figure drops dramatically for those aged 18 to 75 (2 per cent compared to 4 per cent for England and Wales).

The employment rate for North Prospect is also low and 45 per cent of residents are employed, much lower than the England and Wales average of 60 per cent. Health Visitor data from 2002 found that 61 per cent of families with young children were living on a low income and dependent on benefits[2] and this has clear implications for their involvement in social and cultural activities, mobility, health and well-being.

1.2 The Sure Start North Prospect LARK Project

The Sure Start North Prospect LARK project is one of four Sure Start programmes in the Plymouth City Council region (the others being: Keystone, Four Woods and Tamar F.O.L.K.). It is a Round One 'trailblazer' project, which meant that it was at the forefront of the early development and implementation of the Sure Start Programme. The LARK project began providing services in 2000 and, by July 2004 822 families were registered on their database. The most recent user figures available (July 2004) showed that 118 families and 143

children had used a Sure Start service in that month. These services range from childcare, health care, specialist adult services to social care. A full list of the services involved in the research at each phase are provided in Section Two and Section Four. Significantly, the sample population engaged in the research was high compared to active service use. This will be discussed later in the report and adds some weight to the conclusions reached.

1.2.1 Services for adults

Table 1.2 (below) shows the number of service users, by service type, in one month (July 2004) and from this it can be seen that the most frequently used services by adults were the Domestic Violence counsellor and outreach service (32 per cent), the female development worker (23 per cent) and the midwife (23 per cent). The majority of service users were women (92 per cent, n=109 in July 2004), other key characteristics of adult service users are shown in Table 1.3 (below).

Table 1.2: Adult service use at July 2004

	No.	*%*
Job broker	20	17
Welfare benefits	13	11
Female development worker	27	23
Substance misuse	5	4
Domestic violence	38	32
Midwife	27	23
Clinical Psychologist	3	3
Not recorded	10	8

When the characteristics of service users were examined by key criteria it was clear that the SSNPLP was targeting families in line with local population characteristics (see Table 1.3 below) and engaging a substantial number of new users. Where the research identified some issues around families who were possibly reluctant to engage (see Section Four), the project itself was engaging families with specific needs and vulnerabilities.

Table 1.3: Key characteristics of adult service users, July 2004

	No.	*%*
Under 18	7	6
Pregnant	17	14
Lone parent	54	46
Smoker	49	42
New in June/July 2004	18	15

The average age of service users was 20-25 years (see Table 1.4 below), although the majority of current users were aged under 35, with a relatively small number aged under 19. Because data had not been provided for a significant number of current users, this data cannot be linked to the sample and has to be treated with some caution in terms of assessing how it may link to the population overall.

Table 1.4: Age of current service users July 2004

	No.	*%*
Under 16	1	0.9
16-19	7	6
20-25	23	19
26-30	19	16
31-35	22	19
36-40	7	6
41-45	1	0.9
46+	1	0.9
Unknown / not stated	37	31.3

1.2.2 Services for Children

The Lark Project provided services to 143 children in July 2004. The details of which are shown in Table 1.5 (below).

Table 1.5: Children's services used, July 2004

	No.	*%*
Childcare	63	20
Walkers & Talkers	10	3
Crèche	55	17
Ham Drive Nursery	6	2
Health Visitor	53	16
North Prospect Nursery (Foundation Unit)	5	1.5
Portage	15	5
Pre-School Outreach	18	6
Speech and Language Therapy	45	14
Thursday Group	17	5
Top Tots	2	0.5
Midwife	26	8
Psychologist	3	1
Other services	3	1
Total	**321**	**100**

The majority of children using the services were in the two to three year age bracket (see Table 1.6). This may reflect the high proportion of the total service user population accessing Childcare (above) and the data also shows that slightly more girls than boys were involved (54 per cent girls to 64 per cent boys).

Table 1.6: Age of current service users (children), July 2004

Age	*No.*	*%*
Under 3 months	8	6
Over 3 months, under 1 year	17	12
Over 1 year, under 2	30	21
Over 2 years, under 3	50	35
Over 3 years, under 4	26	18
Over 4 years	12	8
Total	**143**	**100**

This general level data shows that the population from which the sample was drawn is an accurate reflection of the user population, but also that the SSNPLP is targeting and engaging service users in (more or less) true proportion to their presence in the local community.

1.3 The local evaluation of Sure Start North Prospect LARK Project (SSNPLP).

Research and Data Services Limited, an independent research organisation, was commissioned by Sure Start North Prospect in early 2004 to evaluate the implementation of services within the LARK Project. The evaluation had four main aims:

1. **to examine the experiences of service users across all Sure Start services**

2. **to assess the extent to which Sure Start services engage and retain service users, in a context were users may be hard-to-reach or hard-to-retain**

3. **to examine the service needs of the service users and assess the extent to which provision meets their current and future aspirations**

4. **to assess the changes in practices and strategies to maintain and/or mainstream services, examining the 'legacy' of Sure Start services.**

The proposed research aimed to address these four aims through a series of research questions, each of which would be examined using quantitative and/or qualitative methods. The research methodology was based on four phases of research (set out above) and aimed to address the aims and their related research questions set out in Table 1.7 below.

Table 1.7: The four aims of the research and their associated research questions

Research Aim 1	
Research question	**To examine the experiences of service users across all Sure Start services**
1.1	What do users of Sure Start services feel about the quality and range of the services offered?
1.2	What impact do services have on users, in terms of meeting their immediate needs and in leading to further provision?
1.3	Are different configurations of services (i.e. agency, site, duration, etc.) more or less effective in meeting users' needs?
1.4	What evidence exists, if any, that some Sure Start services offer service users: a) the services they require; b) services that cannot be accessed elsewhere; and c) services that are perceived to be of a high quality services, i.e. '*better than average*'?
Research Aim 2	
Research question	**To assess the extent to which Sure Start services engage and retain service users, in a context were users may be hard-to-reach or hard-to-retain**
2.1	What are the routes to service provision within Sure Start (i.e. referral to and between providers)?
2.2	Which individuals are represented within existing service provision and what factors may prevent or discourage others from coming forward?
2.3	What factors do providers and users report as significant in retention?
2.4	What are the destinations offered, available and taken by service users, to other providers within Sure Start and/or to other providers in general?
2.5	To what extent can practices within 'highly retentive' services inform or be of use to other providers?
Research Aim 3	
Research question	**To examine the service needs of the service users and assess the extent to which provision meets their current and future aspirations.**
3.1	What services are reported as needed by users, but not yet provided, by Sure Start or other providers, in and around North Prospect?
3.2	To what extent does Sure Start service provision relate to a mapping of need?
3.3	Which individuals or groups, if any, are hard-to-reach locally, are hard to engage or retain in services and how are their views and needs expressed through existing provision.
3.4	What value, if any, does the project add to service provision, in terms of engaging and meeting the needs of service users?
Research Aim 4	
Research question	**To assess the changes in practices and strategies to maintain and/or mainstream services, examining the 'legacy' of Sure Start services.**
4.1	What do service providers report as the main change in practice associated with service delivery in the Sure Start context?
4.2	Which practices are providers most keen to see continued?
4.3	What will be the legacy of Sure Start in North Prospect?
4.4	Where do service providers identify barriers to mainstreaming?
4.5	What challenges would maintaining and/or mainstreaming Sure Start services pose to service providers at a strategic and operational level?

The remainder of this report sets out the evidence that may allow service providers and their strategic managers to assess the impact and future direction of their work.

References

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4. Nelder, R. / Public Health Development Unit, Plymouth Primary Care Trust (2003) **Health Visitor Data 2002, Plymouth Neighbourhood Report.**

5. Sure Start (2004) **PSA Targets 2005-2008, full details. Spending Review 2004 DfES Public Service Agreement.** Web page: http://www.surestart.gov.uk/aboutsurestart/makingsurestartwork2/psa200508/psa200508full/

Section Two: the experience of service users

2.0 Introduction

One of the principle aims of the research was to elicit the views of service users, specifically seeking their perceptions of the quality and impact of the services that they, or their children, received. This section sets out their views and draws on data from a statistical survey of services users (n=146) and will be complemented by Section Four, which examine the issues under investigation further through interviews and a survey of a sub-sample (n=40) of service users. Impact will be examined in detail in Section Five.

The section examines the following:

- the sample population
- the route to provision
- levels of satisfaction with services and providers
- duration of involvement in services
- aspects of service use (e.g. attendance)
- current and future need.

The section ends by drawing conclusions based on all of the evidence collected during Phase One and where appropriate, on its statistical manipulation using a series of appropriate statistical tests. This allows the conclusions to be firmly evidence-based and grounded in the experiences and perceptions of those receiving services. It also means that the research questions and associated research hypotheses (set out in Section One) can be tested and the findings reported here.

2.1 The sample

The purpose of the sampling strategy that was adopted was not to achieve a random, representative sample of all of the users of all of the Sure Start North Prospect LARK Project (SSNPLP) services. Random sampling was considered (using the SSNPLP data base) and rejected on two main grounds: ethics; and efficacy. On ethical grounds it was considered that some service users, specifically those using adult services such as Substance Misuse advice service or the Domestic Abuse support service, may have felt that their privacy had been compromised. Random sampling was also considered to be potentially damaging to the provider/user relationship, particularly in relation to such adult services. Previous work with marginalised adults in disadvantaged communities also informed the sampling decision. On the grounds of efficacy, it was considered that random sampling would reduce participation and in doing so limit the opportunity of local parents to share their views. Sampling was therefore based on gaining the consent of a target number of service users of 23 services, once they had been informed of the aims and scope of the research. This allowed the research team to achieve a sample of 146 from 160 targeted participants at Phase One (a return of 91 per cent). However, this figure does not include one service where progress was suspended due to the difficulty in achieving adequate

participation. Had this service not been withdrawn from the research, the return for Phase One would have been only 86 per cent.

Additional strategies were used to achieve this relatively high degree of user engagement. Service users were visited individually to seek their views and the research team drew on their expertise to develop strategies to engage users of their services. In addition, the survey at Phase One could be delivered by various means: self-completion; by the researcher; or by the provider. In the majority of cases (over 70 per cent) researchers delivered the survey, but allowing provider delivery was particularly useful for vulnerable adults and did not appear to compromise the integrity of the data (when compared to other returns from the same or different services). The full survey is contained within Appendix One.

2.1.1 Phase One sample characteristics

During Phase One, a total of 146 adults returned completed surveys of 160 distributed to 23 of the SSNPLP services (see Table 2.1 below).

Table 2.1 Phase One sample

Service or service strand	Number of respondents (n)	Per cent of total sample (%)
Walkers and Talkers	8	5.5
Speech and Language Therapy (home visits)	4	2.7
Speech and Language Therapy	8	5.5
Childcare (non sessional)	8	5.5
Childcare (sessional)	7	4.8
Pre-school Advice	9	6.2
Pre-school Advice (outreach work)	5	3.4
Parent Circle	5	3.4
Working Families Tax Credits Advice	2	1.4
Benefits Advice	8	5.5
Job Broker Service	9	6.2
Fun and keep Fit	5	3.4
Parent 2 Parent	5	3.4
Smoking Cessation	5	3.4
Pregnancy Advice	5	3.4
Domestic Abuse Support	10	6.8
Baby Gym	5	3.4
Top Tots	6	4.1
Community Midwife Service	10	6.8
Community Midwife (lite lunch)	4	2.7
Healthy Eating	7	4.8
Substance Misuse Advice	3	2.1
Health Visitor	8	5.5
Note that some of the service users were in receipt of more than one SSNPLP service but all service users answered questions based on **only one** of the services that they or their child used.	146	100

Of the achieved sample, 129 were female (88 per cent) and 17 male. Their ages ranged from 16 to 46+, with the majority (46 per cent) aged between 20 and 30 years old (see Table 2.2 below).

Table 2.2 Age of the Phase One survey respondents

Age of sample	Number of respondents	Per cent of total sample (%)
16-19	4	3
20-25	30	20
26-30	38	26
31-35	28	19
36-40	23	16
41-45	11	8
46+	12	8
Total	**146**	**100**

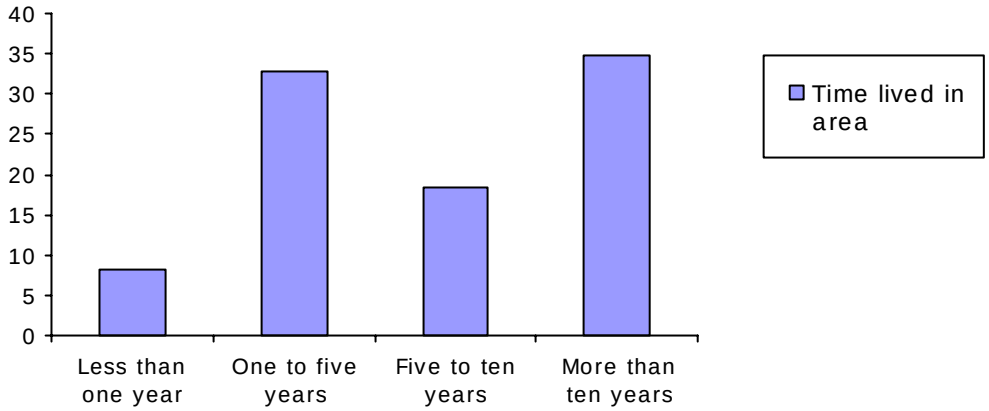
Of those willing to provide information about their marital status (n=138), 33 per cent were single and/or not living with a partner and 67% were married and/or living with a partner. Family size varied (see Table 2.3 below), with the majority of respondents (54 per cent) having four or more children – signifying a relatively large familial size within the sample population compared to the national average.

Table 2.3 Number of children of Phase One survey respondents

Number of children	Per cent respondents (%)
None	0
One	6
Two	18
Three	22
Four	33
Five or more	21
Total	**100**

The sample population was characterised by two main groups of local residents, those well established (having lived in the area for more than ten years) and those becoming established (having lived in the area for between one and five years). There were relatively few (less than ten per cent) parents new to the area (see Table 2.4 overleaf).

Table 2.4: The length of time respondents had lived in the North Prospect area

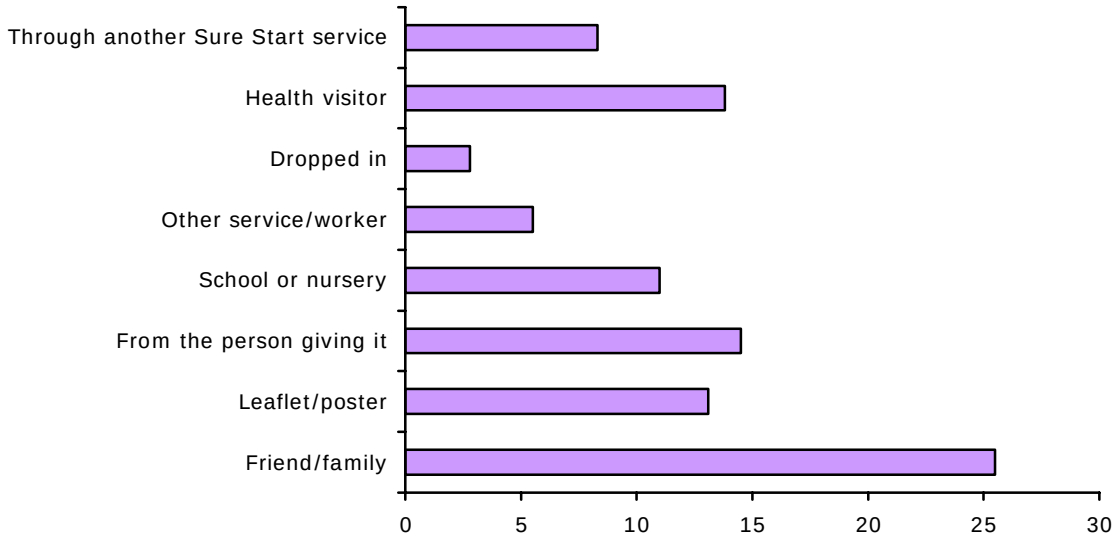


All of the Phase One participants were asked to complete a standard survey, however, some service specific questions were added to the survey in some cases in order to provide additional data that may be useful for providers. This service-specific data will be reported separately.

2.2 Route to provision

In an area such as North Prospect, where the population is relatively well established, but experiencing severe economic deprivation and exposed to a range of economic, social and health inequalities (see Section One), the ways in which services are established and become known is crucial to securing the trust and cooperation of parents. Respondents were asked how they first found out about the Sure Start service they used. Their responses are detailed in chart 2.5 below.

Chart 2.5: How service users found out about the Sure Start services



The most common route to service provision was based on the recommendation of a friend or family member. Word of mouth played a very important role locally and was the main way of finding out about a Sure Start service (26 per cent of all cases). This method varied by service, making up over half of the route to service for Sessional Childcare, Benefits Advice, Pregnancy Advice and the Baby Gym, but not evident for the Speech and Language Services, Pre-school Advice (SEN), the Community Midwife Service and the Health Visitor. Another common route to provision was through the person providing the service and/or one of the other Sure Start workers. Again there were some service-level differences, for example, the Health Visitor was responsible for raising the local awareness of all services more than others – identified in 11 per cent of all cases. This suggests that some service providers were more active and/or more effective in raising local awareness. In the case of the Health Visitor this was linked to her access to children and families under five, but in other cases there may be a lack of awareness of the local importance and significance of inter-service awareness raising.

Distributing posters and using schools to disseminate information appeared to be less effective means of publicity. The Sure Start shop, however, was instrumental in 'drawing together' and disseminating information to local families.

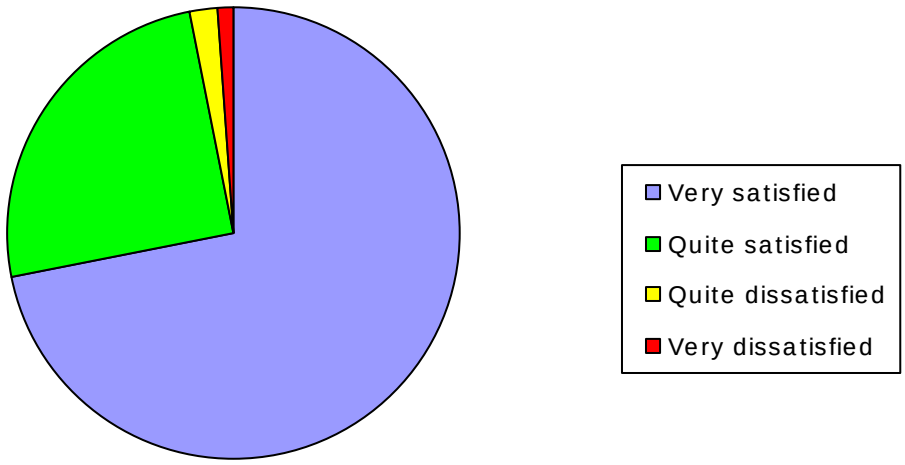
2.3 Level of service user satisfaction

Assessing the level of service user satisfaction within Sure Start services has been promoted at both the local and national levels of evaluation. The Phase One survey used the scale suggested nationally (very satisfied, satisfied, dissatisfied, etc.) and this in itself caused some difficulties. In the case of the SSNPLP it was agreed to collect additional data to try to supplement service satisfaction, for example, examining if satisfaction increased or decreased over time, whether or not service satisfaction corresponded with provider satisfaction, service quality and how views may be shaped by experience of another service (such as a GP).

In terms of service quality, almost the whole sample (98.5 per cent) reported that the service they used was of high quality. Of those who did not report that it was (five cases) none reported that it was not, but that they were unsure. The absence of evidence to the contrary leads to the conclusion that services within the programme were perceived to be of a high quality by almost all of those using them.

The data on service satisfaction was equally positive, with the majority of respondents (72 per cent) reporting that they were very satisfied. Another 25 per cent reported that they were satisfied, with only three per cent reporting any dissatisfaction (of which one per cent were 'very' dissatisfied) – see Chart 2.6 overleaf.

Chart 2.6: Level of satisfaction with Sure Start North Prospect LARK Project services

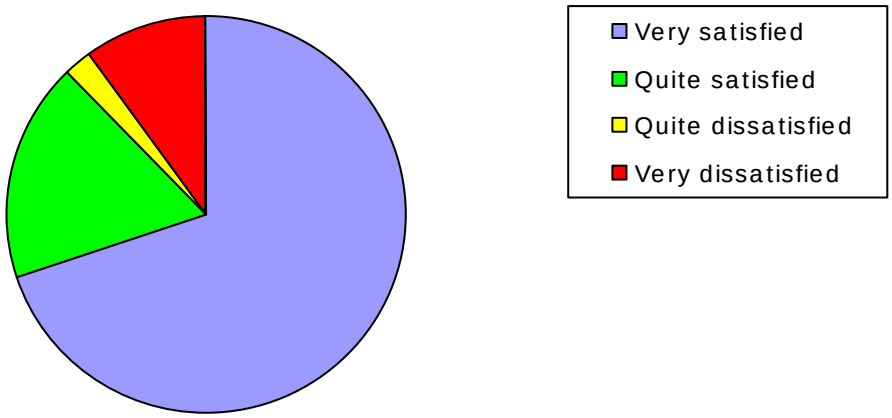


Overall the survey provided compelling evidence that user satisfaction was high (overall satisfaction was 98 per cent against to three per cent overall dissatisfaction) and that dissatisfaction was confined to case-specific issues. For example, issues around disclosure of data on child protection.

Where satisfaction was assessed over time (by examining whether users became more or less satisfied), there were overall and service specific differences. Overall, the satisfaction data (above) may be slightly less compelling, as seven per cent of users reported that they had become less satisfied as time went by (compared to three per cent reporting overall service dissatisfaction). However, it was clear that service-specific factors were implicated, with growing dissatisfaction reported disproportionately within one service (Speech and Language Therapy). In the majority of cases, users either became more satisfied or there was no change. Moreover, the data did not suggest any direction - that users were more likely to become less satisfied over time, or that they were more likely to become more satisfied. There was movement in both directions, for example, the single case of dissatisfaction with the Domestic Abuse Support service reported growing satisfaction over time.

When the data for service users' level of satisfaction with service providers was examined it was clear that the majority of users were either quite satisfied or very satisfied (88 per cent) with providers, but the proportion reporting some level of dissatisfaction increased compared to service satisfaction (12 per cent), with most of these reporting that they were 'very dissatisfied'. This suggests that where satisfaction with actual services was high, there was less satisfaction with providers (see Chart 2.7 overleaf).

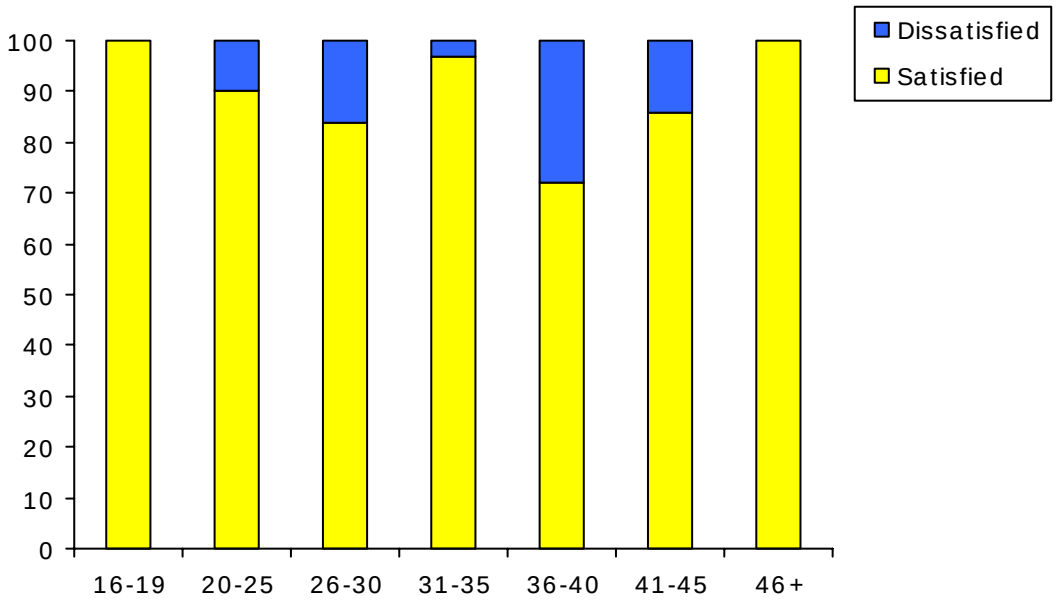
Chart 2.7: Level of satisfaction with service providers



Across all services it was evident that dissatisfaction with providers was located within specific service sectors (Childcare) and within this category the data pointed to greater dissatisfaction with sessional care providers compared to non-sessional. This intra-service difference suggests that there may be a degree to which contact with providers affects dissatisfaction, with greater contact leading to reduced dissatisfaction, a possibility enhanced by the fact that the same Childcare staff work with parents. However, the levels of dissatisfaction were low and should not detract from the overall picture of highly regarded staff. Over 90 per cent of service users reported that it was easy to talk to staff providing services and that the staff were welcoming.

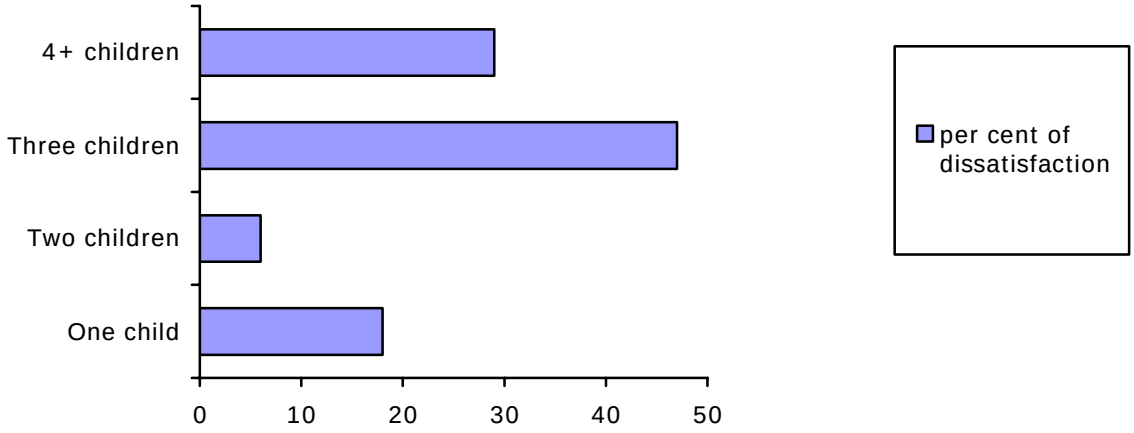
A cross tabulation of the data showed that levels of satisfaction with providers varied by age of respondent and by the number of children they had. While satisfaction was high across all groups of users, the highest level of dissatisfaction was reported by service users aged between 36-40 years (29 per cent). No dissatisfaction with providers was reported by users aged 16-30 (see Chart 2.8 overleaf).

Chart 2.8: Levels of satisfaction with service providers by age



One consideration was the extent to which older parents may have greater needs and that dissatisfaction was linked to unmet needs. However, when the data was analysed by age and family size, it was evident that age exerted more of an influence than family size. Within the age range that showed most dissatisfaction, all of the users had more than one child. Furthermore, most dissatisfaction was reported by parents with three or more children of those respondents reporting dissatisfaction, 47 per cent were parents with three children and 29 per cent had three or more children. This suggests that family size may be more of a contributing factor than age (see Chart 2.9 below).

Chart 2.9: Levels of dissatisfaction with service providers (by family size)



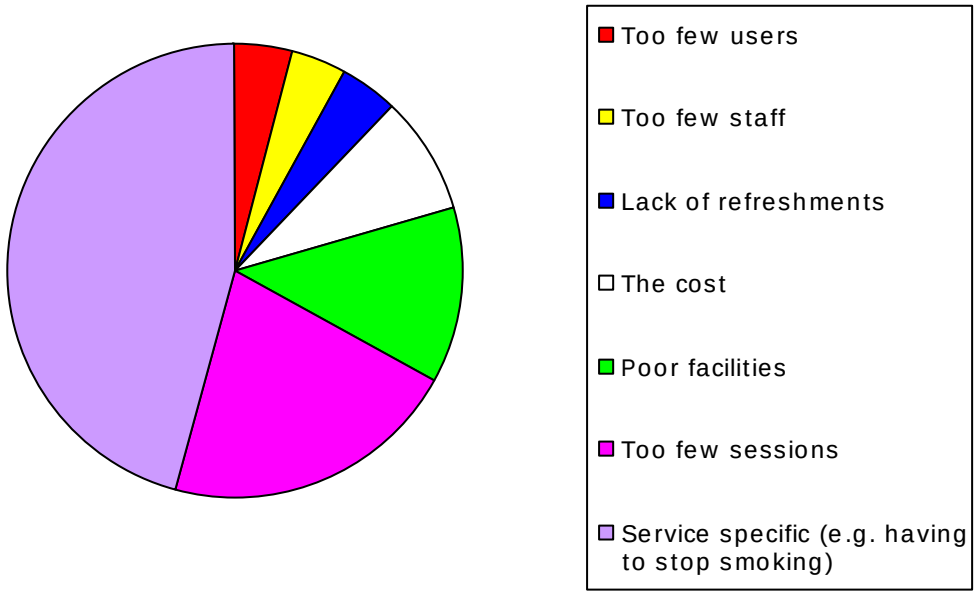
The issue of service users' satisfaction with providers appears to have a number of strands:

- **the extent and quality of users contact with provides**
- **the size of their family and family needs**
- **their age at the time of contact.**

Each of these strands may be independent, but might also coalesce around some service contexts: where providers have limited contact with parents; where the family is large and/or their needs are high; and (potentially) where there is an influence of age – such as an age disparity between those using and providing a service.

The evidence that the majority (88 per cent) of service users were satisfied with service providers suggests that in the most cases these factors have been addressed, or do not exert an influence on users' perceptions. This is supported by additional evidence around service provision. For example, when users were asked to identify negative features of a SSNPLP service staffing was only raised as an issue when linked to the lack of staff, as opposed to the quality of staff. In fact, the majority of factors identified (see Chart 2.10) were either service specific or related to the venue or service availability.

Chart 2.10: Negative features of a service



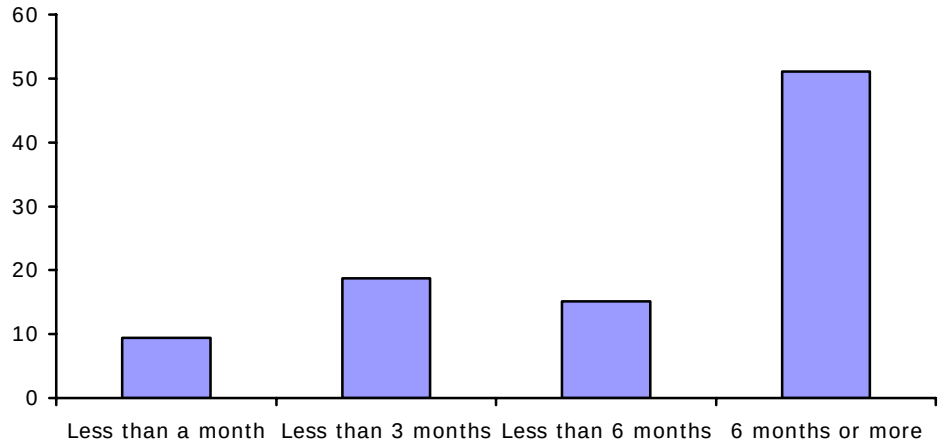
Taking account of the high levels of satisfaction with both services and those providing them, the evidence suggests that there are few areas of real concern for the project, beyond those set out above. The reasons for satisfaction will be explored further in this report and it may be the case, that when linked to additional evidence, specifically on need, that the Sure Start North Prospect LARK Project cannot be complacent about the experiences of service users. For example, the context of North Prospect and a background of patchy or poor

provision, may have left a legacy of low expectation. This and other issues will be examined further throughout this report.

2.4 Duration of involvement

The data was examined in order to address the extent of service users' involvement in each of the services provided. The form of provision affected this, for example, Childcare as a longer term service would necessarily affect the users' duration of contact, particularly when children moved from Childcare to Foundation Stage educational provision. Similarly, users of the Benefits Advice service may be expected to have shorter term requirements – to meet a specific need, and users of the Pregnancy Advice service may have specific needs, such as a 'one-off' pregnancy test. Nonetheless, from the data it was clear that the level of long term involvement in all services was high (see Chart 2.11 below).

Chart 2.11: Duration of involvement in SSNPLP services



The pattern that was evident was not as expected. For example, the duration of users' involvement in adult services was higher than anticipated, with services such as Benefits Advice and the Job Broker providing support over a sustained period. When users were asked if they anticipated requiring the service in 12 months time, the data overturned some expected outcomes. For example, all of those using the Substance Misuse Advice and Benefits Advice service anticipated that they would still require it in 12 months time. Users of services around health improvement, such as Smoking Cessation, also reported a long term need for the service (all current users). When the anticipated need was examined in detail, the data revealed that 100 per cent of service users in six of the services anticipated a need for the service currently being used in 12 months time. Seventy five per cent of service users anticipated a need for a service in 12 months time in four cases (below).

Anticipated need (100 per cent of users):

SLT (Home Visits)
Benefits Advice
Fun and Keep Fit
Parent2Parent
Smoking Cessation
Substance Misuse Advice

Anticipated need (75 per cent of users):	**Walkers and Talkers** **Pre-school Advice** **Domestic Abuse Support** **Baby Gym**

The level of need was substantially higher than might be expected, taking into account that some needs were considered finite within a service. The level and extent of need will be examined further in this report, but from the data collected it was clear that services were considered to be essential by their users and were expected to remain in place for some time.

2.5 Examining service use

The Phase One survey sought to examine statistically the extent of service use, collecting data on issues such as satisfaction against a background of evidence concerning access and use.

The sessional nature of many of the services provided suggested that access and usability may be key areas and may link to actual use and impact to a greater or lesser degree. All service users were asked for their views on the availability of the services in terms of both the timing and frequency of provision.

Almost half of service users (45 per cent) reported that there were too few sessions, over 20 per cent felt that there were enough and over 25 per cent were unsure. However, when probed on the timing of the service and its convenience (or lack of convenience) to the user, only ten per cent felt that the timing was inconvenient. This suggests that in the majority of cases SSNPLP was providing services that were much needed (see above), at a convenient time, but possibly not providing as much contact as the majority of users might prefer. At a service level the data showed a high degree of variance between services, with the reported need for more contact ranging from nought to 100 per cent of users. There were two services where such a need could be defined as very high (all users) and five where it could be defined as high (expressed by over 60 per cent of users), as illustrated in Table 2.12 below.

Table 2.12: Levels of need for additional contact

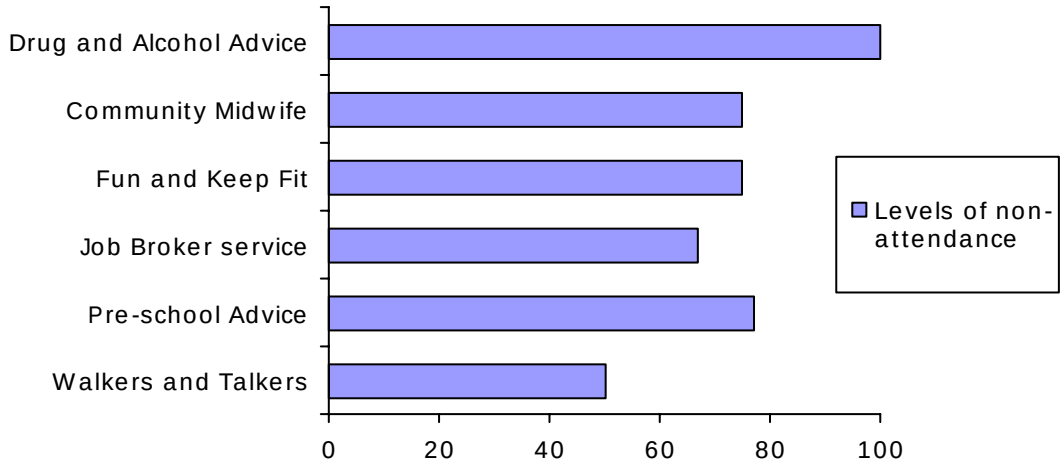
Very high need for additional contact	High need for additional contact
Sessional Childcare	Walkers and Talkers
Fun and Keep Fit	Pre-school Advice
	Pregnancy Advice
	Baby Gym
	Healthy Eating

There were interesting features of the data on the need for additional contact, compared for example to service users' perceptions of service and providers and to the actual time that the services (or sessions) were available. For example, where the need for additional pre-school advice was high, almost half of the

sample felt that the sessions were not held at a convenient time. However, when the data was investigated further to assess whether the need for additional contact was linked to availability, there was no relationship. That is, there was no relationship between those seeking further contact and those reporting that the time of the current provision was not convenient. This suggests that need extends beyond timing and also, to some extent, beyond users' satisfaction with the service.

The extent to which service users attended sessions, or kept appointments could provide a useful insight into potential ways to improve services in terms of accessibility and timing. Across all services, 32 per cent of users reported they had missed sessions. However, there were exceptions, the users of Sessional Childcare, the Smoking Cessation service, the Pregnancy Advice service and Domestic Abuse service involved in the research all reported that they attended all sessions. In terms of non-attendance, there were differences between services with some clearly affected more than others and these are set out (where they affected over 50 per cent of users) in Chart 2.13 (below).

Chart 2.13: Levels of sporadic or non-attendance (over 50 per cent)



The evidence is somewhat contradictory because it appears to refute the data on need. That is, service users expressed a need for additional contact, but reported that they often missed sessions or appointments. Moreover, the evidence that the time of contact was largely convenient may mean that factors outside the services themselves were implicated in non-attendance.

When the reported reasons for non-attendance were examined (Table 2.14) it was clear that the majority of factors were extraneous to the service.

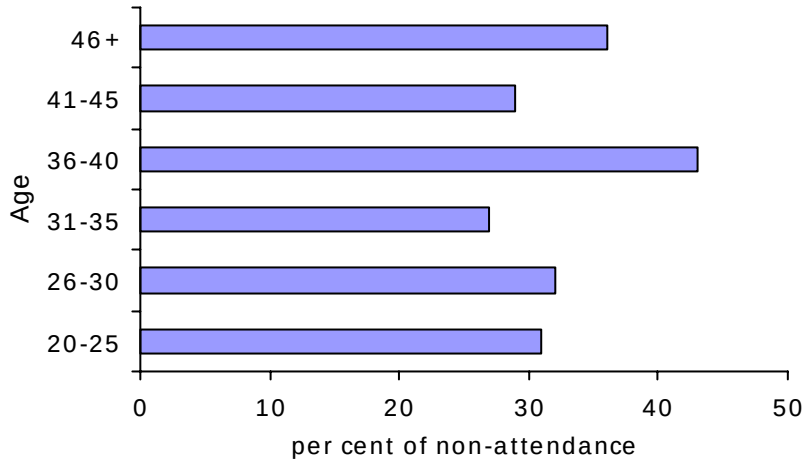
Table 2.14: Reasons for non-attendance

Reason for absence / missing sessions	Per cent of all responses
Illness	42
Personal reasons (such as relationship problems)	17
Other appointments (such as with a GP or specialist service provider)	11
Poor weather	9
Prior or additional contact with the provider	7
The cost of the service	4
Work or study commitments	4
Too early in the morning	2
Shopping for the family	2
Family commitments including lack of childcare	2
Total	**100**

Because only four per cent of all reasons cited were within the power of providers to change (the cost and the timing) it could be the case that service providers cannot act on the above, other than recognising that illness and personal difficulties make accessing services difficult for many current users.

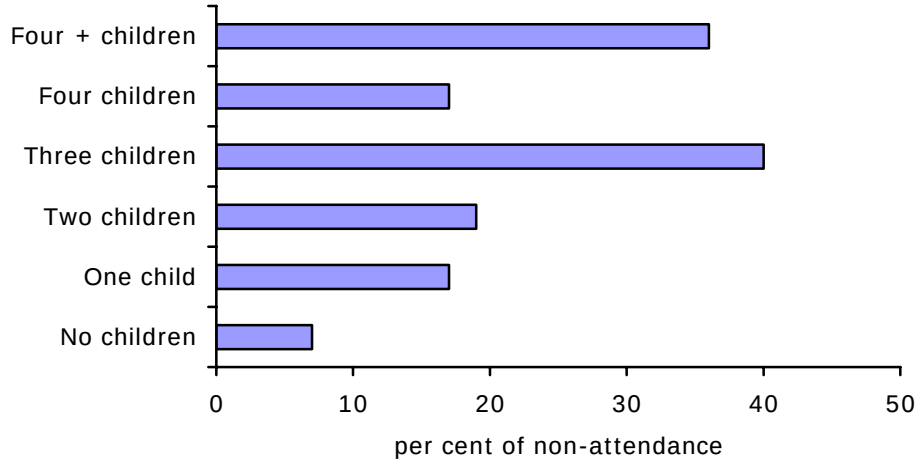
When non-attendance was examined by age, it was inconclusive (see Chart 2.15) other than among the youngest age range (which made up only four per cent of the total sample) where attendance was total. Users who were most likely to miss sessions were within the 36-40 age range.

Chart 2.15: Levels of non-attendance by age



Where the data was examined by family size, it was clear that families with three children were the most likely to miss sessions (see Chart 2.16 overleaf).

Chart 2.16: Levels of non-attendance by family size



Taken with the data on reasons for non-attendance, this would suggest that larger families face additional problems on accessing services because of illness (of the parent or child) and/or personal reasons. The additional impact of illness on larger families may need to be considered when planning and implementing services.

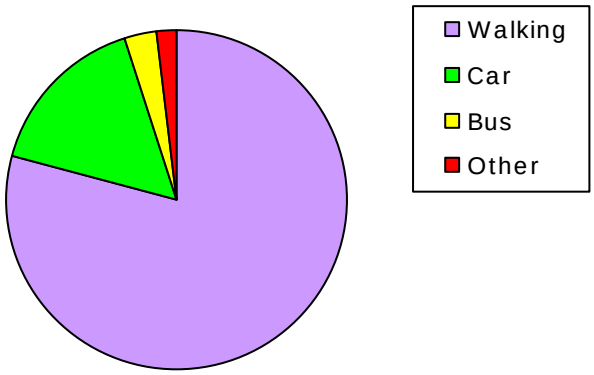
Testing Research Hypothesis 1: attendance

In order to examine further whether there were links between family size and attendance, a research hypothesis was designed and tested statistically.

> **Hypothesis 1:** Service users with four or more children will report greater levels of non-attendance to service (or service sessions) than service users with three or less children.
>
> **Test:** Chi-Square
>
> **Result:** No significant difference ($p>0.05$)
>
> **Summary:** As there was no statistically significant difference between these two types of service user in terms of attendance, the above hypothesis was rejected. Furthermore, an exploration of the results suggests that users with three or less children were **more** likely to report greater levels of non-attendance (50 per cent) than service users with four or less children (30 per cent). Although this does not represent a statistically significant difference, the results are opposite to the direction originally predicted. This may mean that family size does not exert as great an influence on attendance as suggested by the descriptive data and/or that there may be more support required for smaller families.

The research sought to ascertain various aspects of accessibility, including the site of provision and how service users travelled to and from them (see Chart 2.17 overleaf). The survey found that most sites were accessed on foot (by almost 80 per cent of respondents), the remainder drove, used public transport or another method (such as a disability trike).

Chart 2.17: Methods of reaching the sites of provision



Looking more directly at accessibility in terms of transport and in order to determine any barriers to attending sessions, the research found that 94 per cent of respondents reported that the place in which the service was delivered was easy to access – regardless of mode of transport. Interestingly, despite the high levels of sporadic or non-attendance across services, no service users reported transport as a reason for missing sessions. In the two per cent of cases where access was reported as difficult, the mode of transport for all respondents was by foot. Moreover, where service users suggested alternative venues for provision, all of these users also reported the place the service was being delivered was easy to get to.

Overall the data suggests that in the vast majority of cases, the venue was well matched to the ability of local people to access it. This further reinforces the evidence that non-attendance had extraneous causes and that the services provided by SSNPLP were (in themselves) accessible to all.

When asked if the service received was available elsewhere, just over half of respondents were unsure, 40 per cent reported that it was not, and less than ten per cent could identify a specific service location. This would suggest a lack of awareness of provision and/or a lack of availability of services.

Where the research found a high degree of satisfaction with services, it also sought to ascertain whether these were perceived to be of a high quality. Primarily, this was linked to the desire of the SSNPLP to provide services that were 'better than average'.

One of the proxy measures used to ascertain quality was whether or not service users would recommend the service to a friend. Bearing in mind that 'word of mouth' was the most common way that users found out about services, recommendations from local parents were considered to be an indication of quality. The survey found that 99 per cent of users across all services reported that they would recommend the service they were using to a friend.
Service users were asked to report what they thought was the best thing about the service (see Table 2.18 overleaf) and these were ranked by frequency.

Table 2.18: Best aspects of a service (ranked)

Most positive aspect of the service	Rank
Supporting the child or children	1
Supportive staff	2
Meeting a need	=3
Meeting other people (social benefits)	=3
High quality staff	=3
Gaining advice and information	=3
All aspects of the service (non-differentiated)	=6
The fact that it was free of charge	=6
Confidential and non-judgmental support	=6
The location	=10
Refreshments	=10
The fact that it provided a rest or break	=10
The crèche or childcare provided	=10

The most highly regarded aspect of all services was the level of support they offered to children. This was reported more frequently outside adult services (as one might have expected), but it would be simplistic to suggest that these services were not perceived by parents to support children, primarily through the family. The second most highly regarded aspect was staff who were supportive and close to the community. The perceived 'uniqueness' of SSNPLP staff will be examined further within the report, in terms of the survey of users it was perhaps significant that staff were regarded as supportive (ranked second) and of high quality (ranked equal third). Other highly regarded aspects related to staffing and to the nature of the services, such as the provision of confidential and non-judgemental advice and support, and the access to information. Another feature of the data was the social needs that services were meeting, (providing in particular parents) with an opportunity to meet other parents (often in contexts where the needs of the child were being met). Overall, the evidence suggested that service users rated the services provided very highly and perceived them to be of a very high quality.

Only ten per cent of service users said that there was room for improvement in the service they received. Their suggestions for improvement are set out in Table 2.19 below.

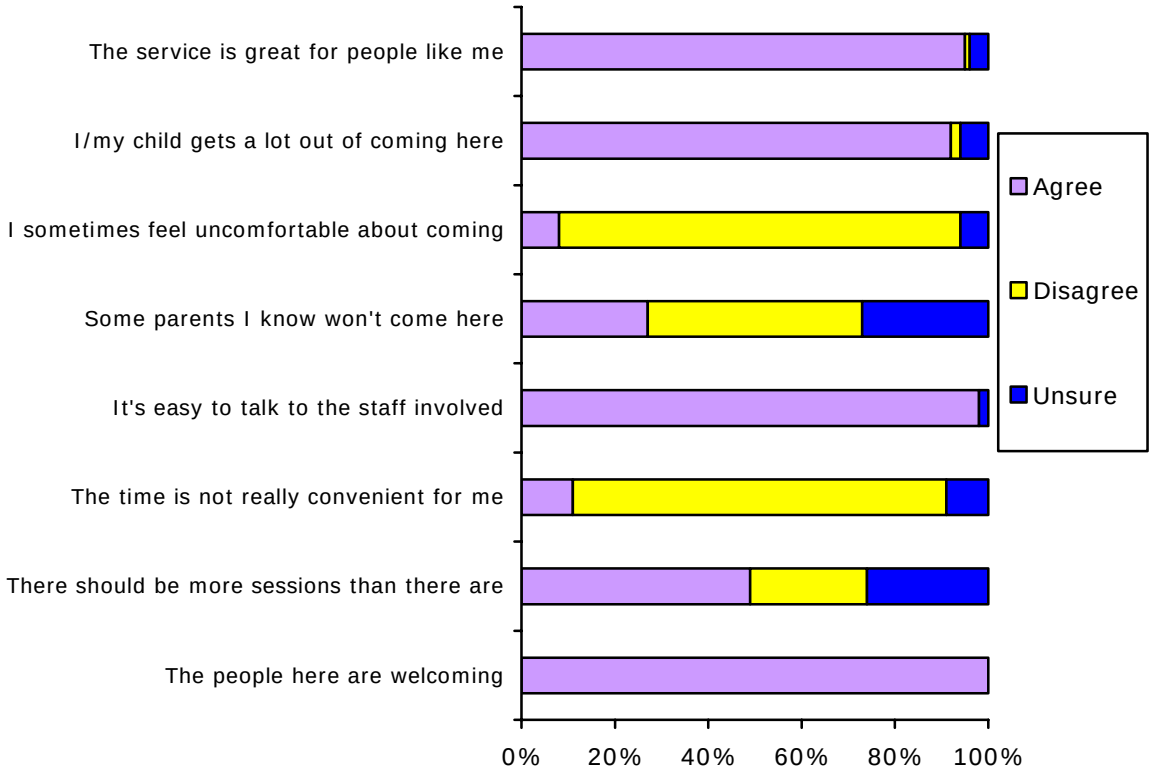
Table 2.19: Suggested improvements to services

Rank	Suggested improvement
1	Providing more play resources
=2	Employing more staff
=2	Keeping up to date information
=2	Making pre-booking easier (Childcare)
=2	Involving parents more
=2	Having more stringent access conditions
=2	Remaining open at weekends

Clearly some of these suggestions would be easier to implement than others. The overall picture was of a desire for better equipment, more staff and greater involvement or access.

In terms of current service use, users were presented with a series of statements and asked to agree or disagree with each. Some of these were specific to service provision, others examined aspects outside the service, such as their perception of the local area and these are presented in Table 2.20 below.

Table 2.20: Users agreement with service specific statements

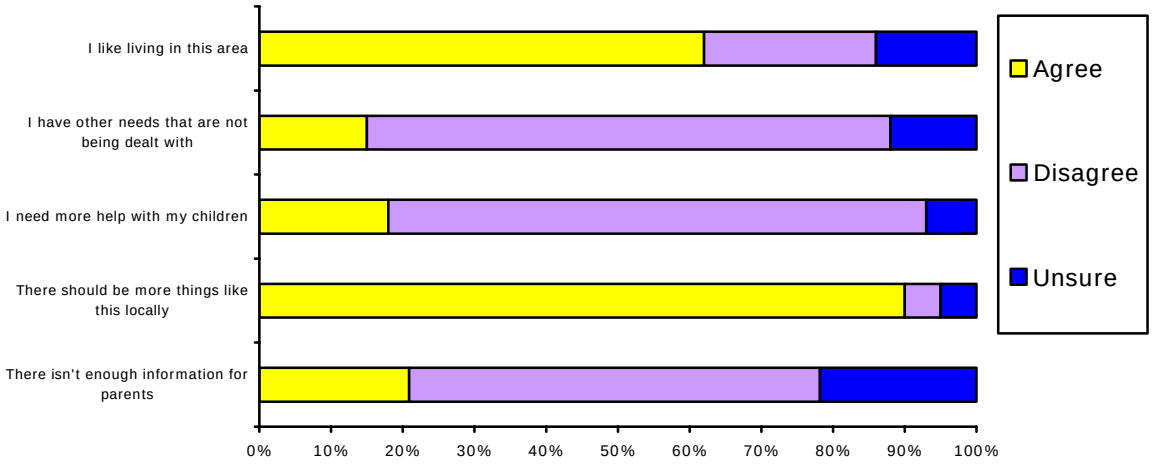


The main feature of this data was the extent to which it both confirms and adds weight to the evidence (above) on service satisfaction. For example, all users of all services felt that the service providers were welcoming and fewer than ten per cent felt uncomfortable about their child (or themselves) using the service. Moreover, over half reported a need for more contact and over 90 per cent felt that they got a lot from the service. Perhaps the only feature of the data that was less positive was the 25 per cent of users who knew other parents who would not use the service, suggesting that services were failing to reach some families. The reasons for this may be numerous, the challenge for the project, given the levels of satisfaction, is to asses if the involvement in Sure Start Services remain stigmatising for some families.

When the data from statements concerning need and the local area were examined (see Chart 2.21 below), it was evident that a substantial minority of service users required further help with the needs of their children, or with their own needs. The extent of need will be discussed in more detail below. This data suggests that for most service users it was not immediate, This data was also

somewhat contradictory and presents a number of key questions at the level of service provision and strategic management. For example, the degree to which services are engaging all local families is brought into question, yet the level of satisfaction reported and the willingness of service users to recommend the service to friends and family members suggests that the families not coming forward may be those considered difficult to engage or 'hard to reach'.

Table 2.21: Users agreement with area and need statements

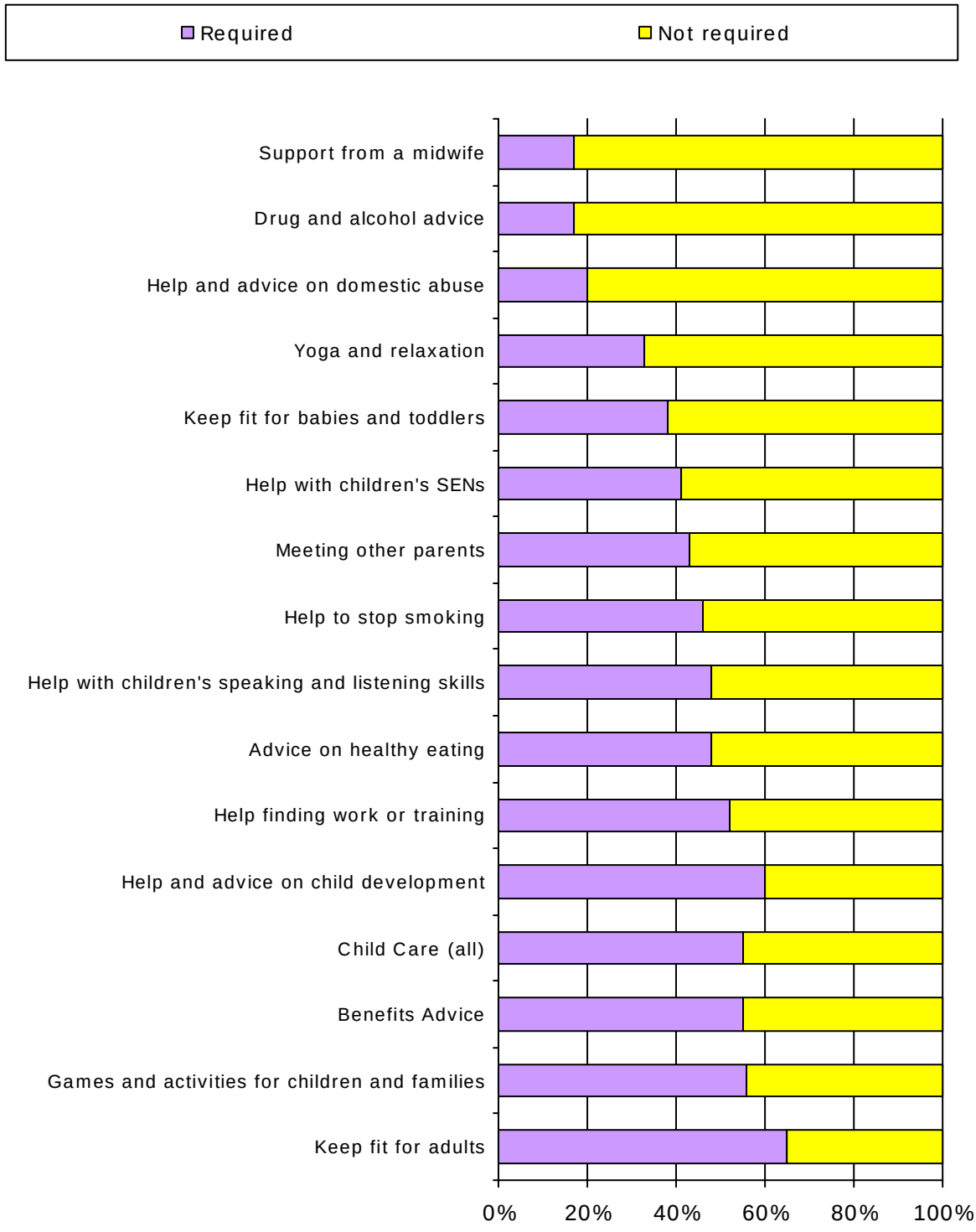


In order to examine the full extent of any actual or latent need it was necessary to examine the data in more detail and conduct a series of statistical tests on key areas.

2.6 Mapping Needs

This section sets out the needs of service users as identified through the survey. Respondents were asked whether or not they (or a member of their family) needed or were likely to need in the near future any or all of the currently available services provided - excluding the service they were currently using. This data exposed a very high level of need and is set out in Chart 2.22 overleaf.

Chart 2.22: The need for other Sure Start services



The level of need was significant, in that the sample population (n=146) was relatively representative of the total service user population. Should these figures on need be applied to the whole local population with children under five (n=453), or even to those currently using services (n=822 registered users in July 2004), then meeting the level of need would be beyond the capacity of current provision. This raises questions concerning the extent to which such

needs can be raised with partners and potentially addressed by others, despite the depth and extent of need. For example, were these needs common across the adult population (aged 20 or over) of 3292, then services would need to be significantly enhanced and/or extended.

When the data was examined at an individual service level, the findings did not suggest that these services would be able to meet existing need. Specialist adult service, such as Substance Misuse Advice had a lower capacity than services such as Childcare (sessional and non-sessional). But the level of need expressed (by those **not** currently using the service) could not be met by either service. The fact that less than 20 per cent of service users sampled identified a need for Substance Misuse Advice compared to almost 60 per cent for Childcare does not allow either to accommodate even this number, regardless of its relationship to a much larger potential service user population. For example, if all of the 22 potential clients came forward from the sample for Substance Misuse Advice and all of the 72 potential clients came forward for help with Childcare, both services would be unable to meet the need. However, because the true need within the community (were the sample representative) could be up to 20 times higher, then meeting it would overwhelm service providers.

Another issue raised by the data was that of the accuracy of reported need when services were perceived by users to be stigmatising. It may have been the case that the high level of reported need for services such as Keep Fit reflect a genuine need for that service but also a lack of stigma with expressing that need to a third party. However, there was no way of assessing the influence (if any) of service stigma on responses and if a direction could be predicted it would be that the need for stigmatising services may have been under-reported.

In order to examine need in more detail, the data was broken down further into four service clusters:

- **children's services**
- **health promotion services**
- **work and benefits**
- **specialist adult services.**

The purpose of this was to focus on clusters of services that had potential inter-service coherence. That is, services where needs may be expected to be consistent across one or more services. Some services were removed from this phase of analysis, for example the Health Visitor and Midwifery services.

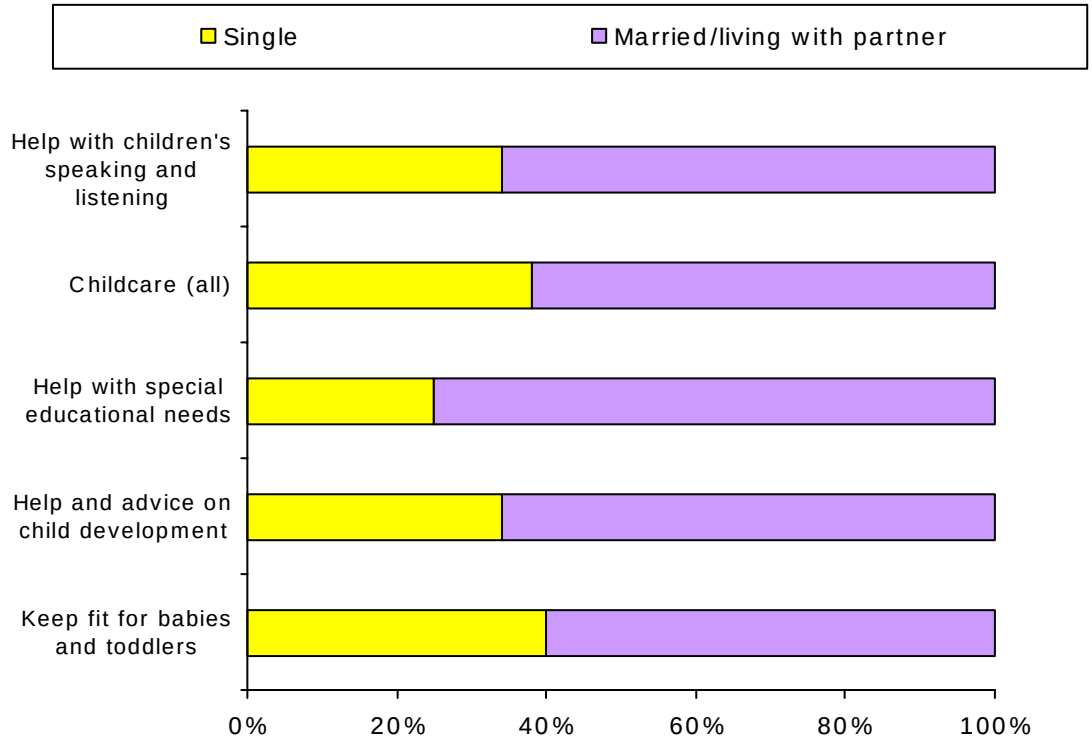
Needs expressed for each of these service clusters was then examined by both age and marital status, in order to assess the possible impact of two key variables. The findings are presented overleaf.

2.6.1 Children's Services

The first feature of the analysis across children's services was that service need varied by marital status. Parents who were married or living with a partner were

more likely to use all of the services for children than those who were single (see Chart 2.23 below).

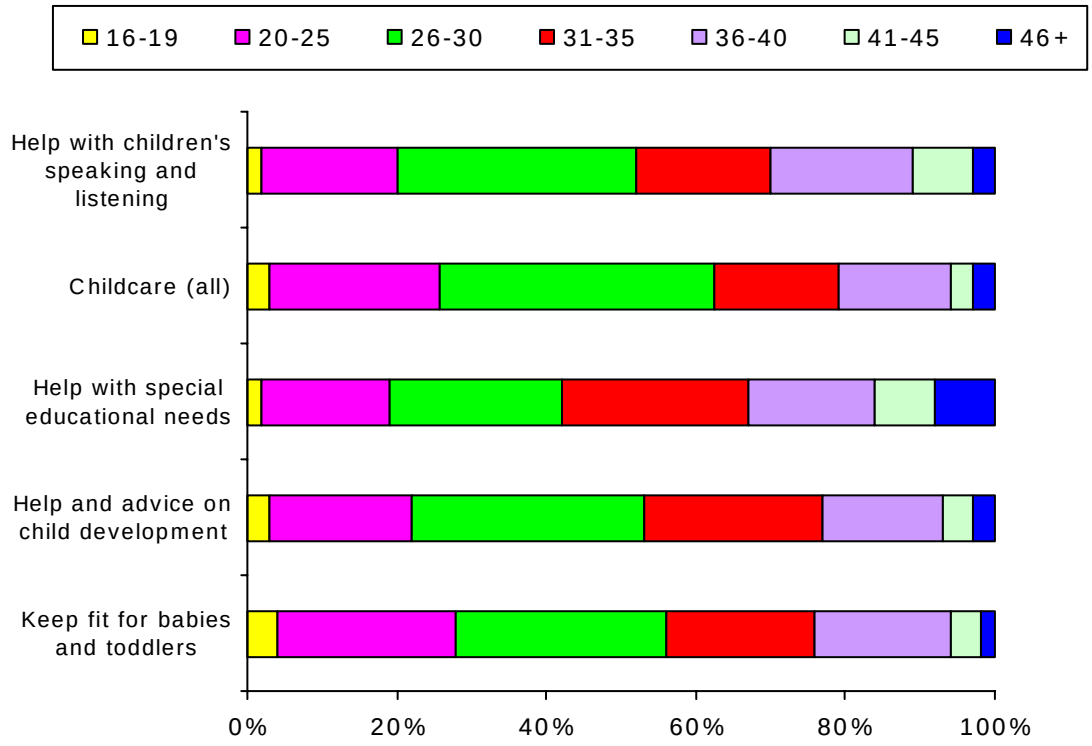
Chart 2.23: Need for childrens' services by marital status



Bearing in mind that the data was collected from those not currently using the services this may suggest that there is considerable unmet need among couples with children who are married or cohabiting. The greater need, of single parents were for Childcare and Keep Fit for Babies and Toddlers. Married couples were more prevalent among those expressing a need for help with Special Educational Needs.

When the same clustered data for service need was examined by age it illustrated that those aged 26-30 were most in need of additional Childcare, while help on special Educational Needs were required by more parents aged 31-35. The data appears to illustrate reduced needs among older and younger parents (those aged 16-19 and over 46), but this may be accounted for by the sample, with few parents in this age contributing data it may have skewed the results. Overall, parents aged 20-25 had the most consistent needs (requiring all children's services) and parents aged over 40 had the most specific needs (shown by the variation between services). In this age range, the greatest need was for service around Speech and Language and SENs.

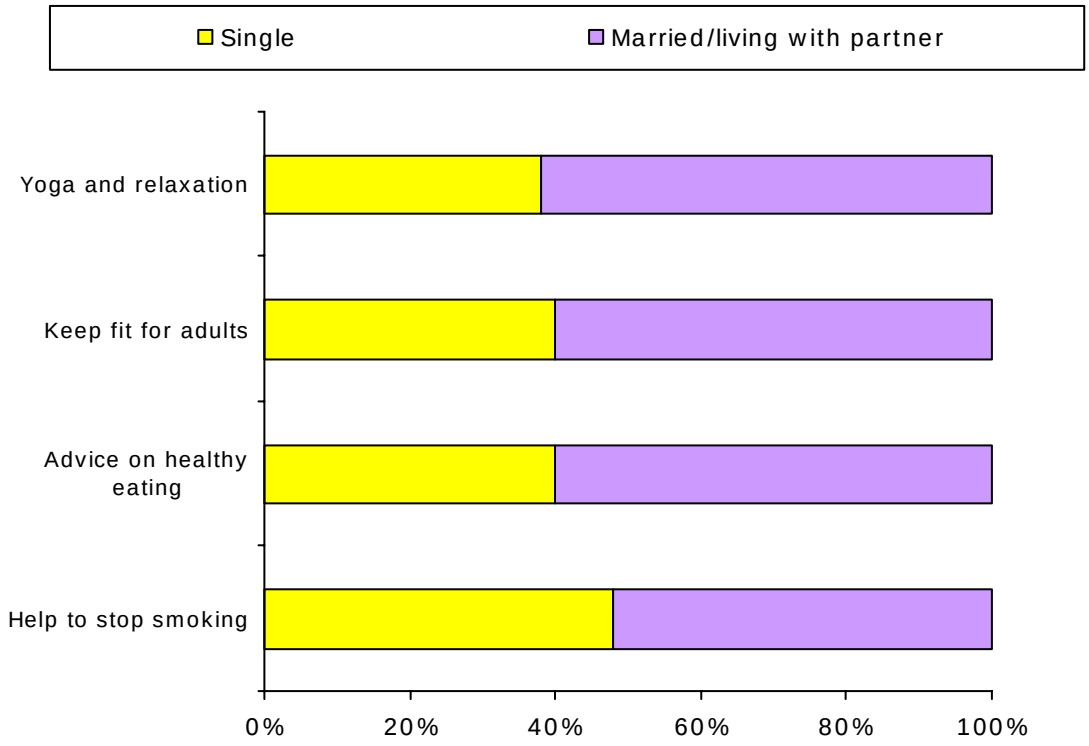
Chart 2.24: Need for children's services by age



2.6.2 Health promotion services

By taking into consideration four health promotion services; smoking cessation, advice on healthy eating, keep fit for adults and yoga and relaxation, the needs across the cluster can be analysed by marital status (see Chart 2.25 overleaf).

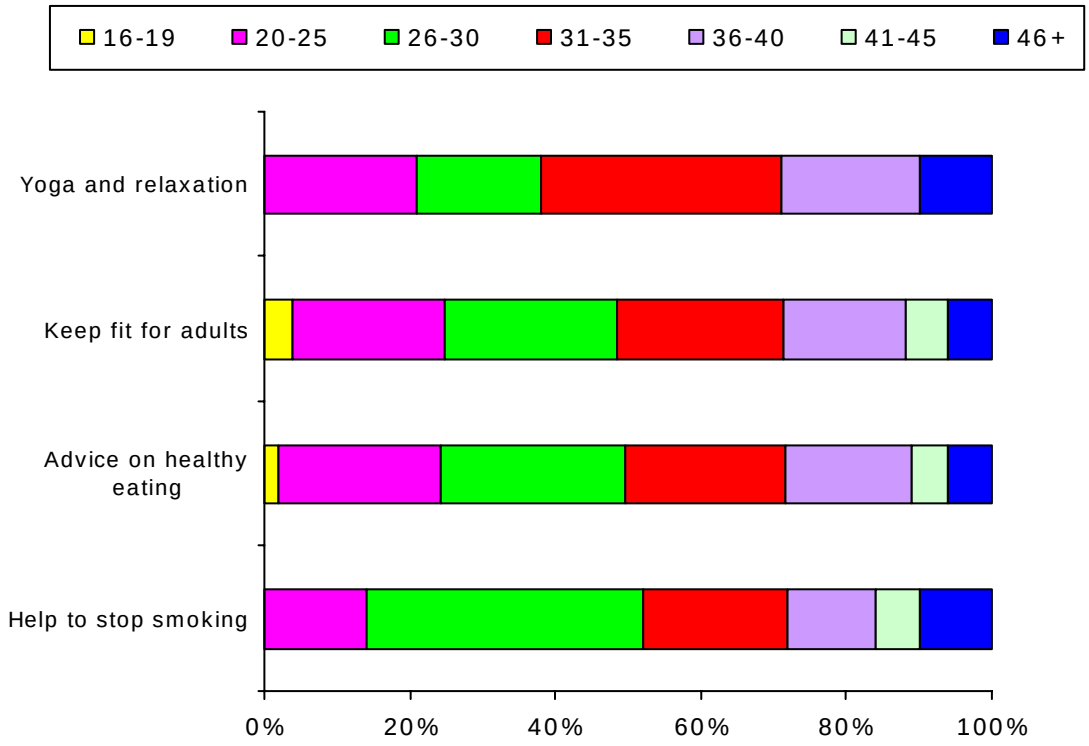
Chart 2.25: Need for health promotion services by marital status



The main feature of the data concerning needs and marital status in relation to the health promotion cluster was the relative uniformity of need across services and the balance of need between users who were single and those who were married or living with a partner. Interestingly an equal number from both groups expressed a need for help to stop smoking (Health Visitor data showed that 59 per cent of families visited in the North Prospect area in 2002 smoked).

When the data on need was examined by age (Chart 2.28 below), there was much less uniformity.

Chart 2.28: Need for health promotion services by marital status

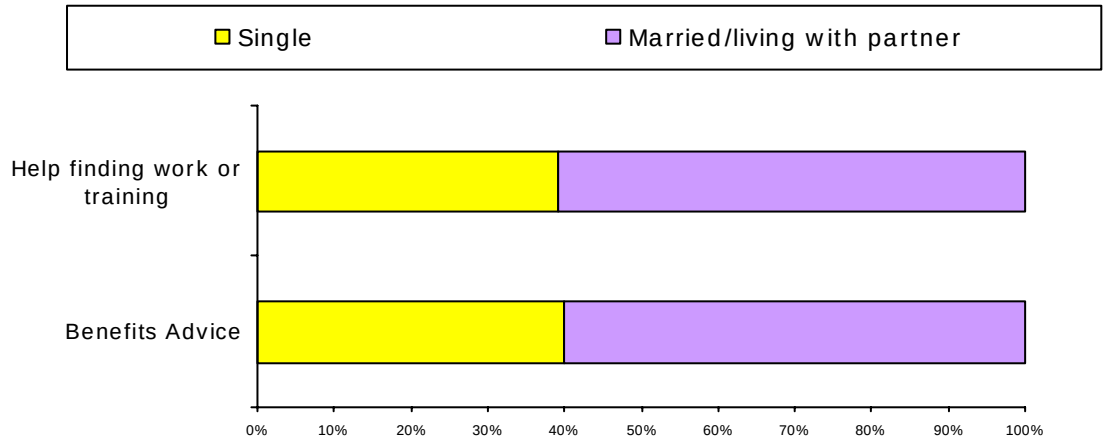


It was evident that age may be a better predictor of need than marital status. For example, where the proportion of participants who would like help to stop smoking was equal across marital status, a much higher proportion of respondents aged 26-30 stated a need for this service. Similarly, respondents aged 31-35 were more likely to express a need for yoga and relaxation than other age groups. One potentially significant feature of the data was the lack of need for health promotion services among younger parents, specifically those aged 16-19. These groups were a small proportion of the sample, but nonetheless their lack of expressed need may reflect a lack of concern linked to youth.

2.6.3 Work and benefits

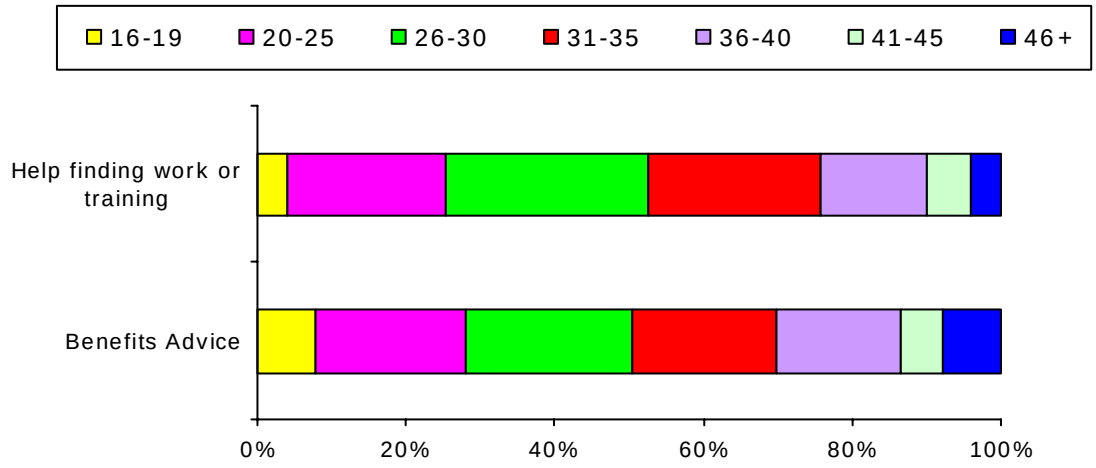
When services related to work and benefits were examined (help finding work or training and benefits advice), there was a tendency for those married or cohabiting to express a need for both services compared to single potential users (see Chart 2.27 below). This may be linked to two factors: the need for supportive partners when studying or training and a greater need for advice on benefits within partnerships. However, the lower proportion of single parents expressing need for benefits advice may have also been linked to the presence of existing advice – the data is not conclusive in this respect.

Chart 2.27: Need for work and benefits services by marital status



When the need for services was examined by age there were again much clearer differences (see Chart 2.28 below).

Chart 2.28: Need for work and benefits services by age

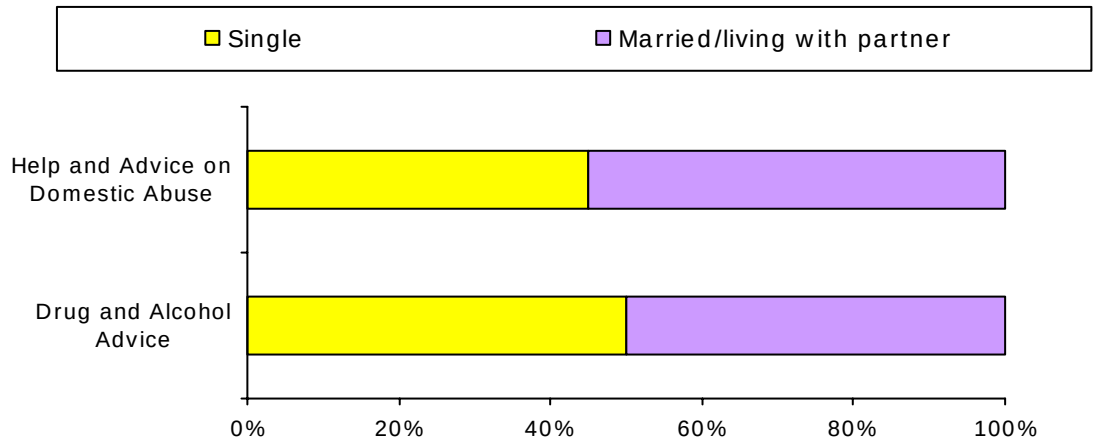


Younger respondents expressed a greater need for services related to benefits, work and training. This reflects a strategic focus on this age range due to Sure Start requirements. Where the data for comparative need appears inconclusive, 100 per cent of 16-19 year old respondents expressed a need for Benefits Advice, within the other age ranges the need was expressed by around half of the respondents. Similarly, 75 per cent of 16-19 year olds needed help getting work or training. Again, within the other age ranges up until age 45 the need was around half of the respondents, after this the need dropped. In comparative terms the data showed that there was less need for both services within the 41-45 age range and that respondents aged 31-35 expressed a greater need for help finding work or training than for Benefits Advice – suggesting that this was the priority among that age group.

2.6.4 Specialist adult services

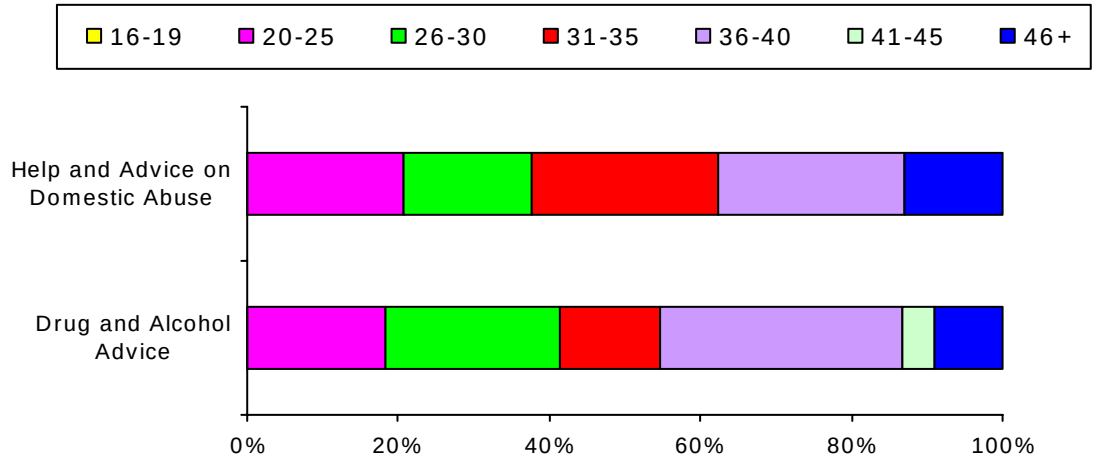
The data for specialist adult services was examined independently in order to examine issues around need and age or marital status. It was evident from the analysis (see Charts 2.29 and 2.30 below) that once again there were differences related to age and less difference linked to marital status.

Chart 2.29: Need for specialist adult services by marital status



The data concerning need and age (below) illustrates a peak of need at 36-40 for Substance Misuse Advice and at 31-40 for Help and Advice on Domestic Abuse. In both cases this may relate to the ability or confidence to express a need (bearing in mind that these responses relate to participants **not** currently receiving the service) as this may increase with age. This is supported by the lack of need for both services expressed by the youngest age cohort, suggesting either a lack of need, or an unwillingness or inability to express it.

Chart 2.30: Need for specialist adult service by age



Overall, data for **all clusters** showed that age was a greater predictor of need than marital status for all but children's services, where marital status appeared to exert a greater impact.
When this data was compared with other item responses from the same survey, it was evident that the level of need was to some degree latent. That is, the need was evident, but expression of it may not suggest that the respondent was in acute need of support. For example, on an additional survey item on **current need**, only 15 per cent of current service users reported that they had other needs that were not being met, a further 12 per cent were not sure, but the majority (73 per cent) reported that their needs were being met by the Sure Start services they accessed (some users were accessing multiple services, but responded in relation to one). This would suggest that current provision was both meeting need and possibly holding in check other latent needs, a form of needs management that allowed service users to express future or possible need at the same time as feeling supported. These findings, if accurate, suggests that the suspension or termination of any one service requires careful thought as to the role it may be playing in both meeting a specific need and holding others in check. It may be the case that the North Prospect community has multiple needs that require a graded level of involvement over time. For example, a parent may use Sessional Childcare and through this access Benefits Advice and through this access Substance Misuse Advice. The inter-relationships of the needs within the community, on the basis of the Phase One data, requires further consideration on four main grounds:

- **the extent to which services are meeting current levels of need**
- **the high levels of latent or unexpressed need within the community**
- **the role of services in preventing crisis and/or holding other needs in check**
- **the possible role of some services which serve as less stigmatising 'stepping stones' to other types of provision.**

In order to further explore need and examine, which, if any, of the findings of Phase One were statistically significant, a series of statistical tests were carried out on the data. These provide evidence that may go some way towards assessing some of the key features of needs within the sample population. However, where it is useful to point to the relationship between that population and the wider community, for statistical purposes the findings only relate to the sample included in the research.

Testing research hypothesis 2: residency and need
In order to examine further the possible links between need and the population characteristics of the local community, a research hypothesis examining length of residency and expressed need was designed and tested.

> **Hypothesis 2:** There will be a positive correlation between the length of time a service user has lived in the North Prospect area and their requirement for longer-term service support (as evidenced by service use of six months or more)
>
> **Test**: Correlation (Spearman's rho)

Result: Significant positive correlation: 0.042 (p=<0.05)

Summary: The results of the test show that there is a statistically significant positive correlation between service users' length of time in the area and their requirement for long-term support. As predicted, service users who have lived in the North Prospect area for five years or more do display a greater requirement for long-term support than those who have lived in the area for less than five years. This is supportive of the above hypothesis, which can therefore be accepted. This would suggest that there is an easily identifiable sub-section of the community whose needs, on the basis of this evidence, are higher than other community members.

Testing Research Hypothesis 3: attendance

In order to examine further whether there were links between the length of residency and need, specifically whether the expressed need (above) was followed by engagement and attendance, another hypothesis was designed and tested.

Hypothesis 3: There will be a negative correlation between users' length of time in the area and their levels of attendance at different services or service sessions.

Test: Correlation (Spearman's rho)

Result: Significant negative correlation: 0.034 (p=<0.05)

Summary: The results of the test show that there is a statistically significant negative correlation between users' length of time in the area and their levels of attendance at different services or service sessions. As predicted, service users who have lived in the North Prospect area for one year or less were **more** likely to attend all services (or service sessions) than those who have lived in the area for more than one year. This is supportive of the above hypothesis, which can therefore be accepted. This suggests that not only do established residents have higher needs, but they are less likely to seek solutions, as measured by attending services developed to meet those needs.

Testing multiple hypotheses on age and need (factor analysis)

A series of hypotheses were tested in order to explore whether there was a relationship between users' age and their reported need for each of the services available within the Sure Start North Prospect LARK Project. The data was recoded to examine those aged over 31 and those aged 30 or under.

The results from the hypotheses tested (on 16 different services) show that there was **no significant correlation** between users' age and their reported need for 11 services:

- Help with stopping smoking

- Advice on healthy eating
- Keep fit for babies and toddlers
- Help and advice on child development
- Benefits advice
- Games and activities for children and families
- Substance misuse advice
- Meeting other local parents
- Help with children's speaking and listening
- Help getting work or training
- Support from a midwife

However, test results of the other hypotheses demonstrated **significant correlations** between users' age and reported need for the remaining five services:

- Keep fit for adults
- Help with special educational needs
- Childcare
- Help and advice about domestic abuse
- Yoga and relaxation

Keep fit for adults: Sig (0.050)
Help with special educational needs: Sig (0.022)
Childcare (nb: negative correlation*): Sig (0.017)
Help and advice about domestic violence: Sig (0.38)
Yoga and relaxation: Sig (0.004 - at 0.01 level – highly significant)

*a negative correlation identified a significant correlation but in the opposite direction to that predicted i.e. need decreased with age.

Overall this suggests with a degree of certainty (greater than chance) that older service users have additional needs, over and above the influence of the time they have lived in the North Prospect area and other factors. Thus, older service users – who make up another significant sub-section of the service user population - have specific needs. Whilst many of these were health related, there was also a need for support around domestic abuse, perhaps symbolising a greater degree of confidence within this group to seek help, or a reduced tolerance. The interesting factor, for those planning and delivering services, was the clustering of needs and the extent to which services for adults may act as stepping stones to other services where a stigma is associated with seeking support.

2.7 Conclusions

The data derived from Phase One of the research raises some significant issues for those providing and managing services within the Sure Start North Prospect LARK Project. Not least among these is the substantial level of satisfaction with the services being provided and with those providing them. However, the level of need exposed by the research creates a series of challenges for the SSNPLP, not least the extent to which this is latent and/or the extent to which current services are actually meeting existing need. This clearly suggests that SSNPLP

needs to raise the level of need with partners and other agencies. It may be 'convenient' for other agencies to assume that the project is meeting need and to assume that existing needs are being met by the project.

Perhaps worthy of equal consideration was the extent to which service use appeared to be interrelated and complex, with a range of factors, such as a users' age, their family size, the amount of time spent living in the area, their marital status and need, came together in determining access and use.

The survey also raised questions concerning the extent to which the local population is fully included in service provision. The research did not engage those outside current use, those providing data reported the presence of a significant minority of parents who may resist intervention (this will be examined further in this report) and where the levels of success in engaging, retaining and meeting the need of children and families in North Prospect cannot be understated, there may remain some families existing beyond the reach of the LARK Project.

Section Three: Service Provision

3.0 Introduction

This section sets out the findings of the research in relation to those providing services to children and families. It draws on a statistical survey of providers (n=28) and on additional data provided as part of routine reporting to the programme management team. It explores issues around the need for services, retention and drop-out, the site of provision, impacts and the future needs of service users. The section concludes by drawing on interview data with strategic managers (n=12) to consider the future direction of the project.

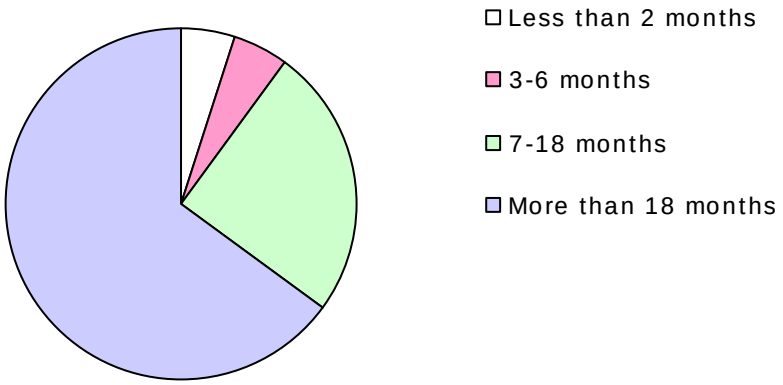
The section examines the following:

- **the sample population**
- **staff satisfaction**
- **the working environment**
- **the need for Sure Start Services**
- **the retention of the service users**
- **mainstreaming project services**

3.1 The sample

A total of 28 questionnaires were distributed to those providing services for the Sure Start North prospect LARK Project and 20 completed surveys were returned (a return rate of 71 per cent). Of those returned, sixteen (80 per cent) were by those working in children's services and four (20 per cent) by those working with adults. Twelve (60 per cent) were employed full time by Sure Start and eight (40 per cent) were employed part time. A copy of the survey can be found in Appendix Three. The survey also found that the majority of staff were established, with 65 per cent having worked for Sure Start for more than 18 months (see Chart 3.1 overleaf). It is of note that the work of the Midwife – through the community work and the Lite Lunch – had only recently started and the worker commented that it was difficult to adequately assess the impact of the service.

Chart 3.1: Length of time service providers have worked for Sure Start



In terms of hourly commitment, the majority of staff (75 per cent) had remained on the same terms of employment for the duration of their contract and 80 per cent of staff surveyed were currently happy with the time they were contracted for. Overall, the survey found a relatively stable and content workforce, with no differences reported between service location (adult or child) and stability or contractual status. The highest turnover of staff was within children's services, specifically services around Childcare. This can be explained by the demographics of the provider population, with a higher number of women within Childcare settings likely to take a career break to have children. However, one of the issues raised by the research was the extent to which the LARK Project was creating 'desirable professionals' for other agencies or organisations. The level of training provided and the extent to which the work was highly regarded by others made current employees attractive recruits for other employers. This would suggest that in the services where staff retention was a problem, issues such as ongoing support and remuneration require further consideration. However, given the need of SSNPLP to inform service development beyond it's own remit and mainstream it's practices, such movement could also be positive, creating a career path for young workers. A priority for the project could be to build a pathway for such staff, using, for example Foundation Degrees.

3.2 Staff satisfaction

The survey of providers sought to collect data to address a range of research questions (set out in Section One). However, it also collected general data around providers' roles and working practices. It found that when staff reflected on the work that they did, 85 per cent were either satisfied or very satisfied with their work. Over ten per cent were uncertain, but all of these were providers who had been working in their post for less than 18 months (suggesting a need for training and induction).

3.3 The working environment

The LARK Project provides services in a variety of settings, some of which are specialist or purpose built and others rented on a sessional or hourly basis. One of the key features of the project is the 'Sure Start Shop', a building located on a

parade of shops where the public can seek advice and also receive a range of services. This building was refurbished fully by the project (rented from the local authority) and provides a shop front for the project and a space for meetings or consultation. Children's services are provided in partnership with the LEA, at existing school or pre-school sites and at a purpose built Children's Centre, funded by Sure Start and located inside a local primary school and alongside a local community centre. Services are also provided in users' homes and at community venues, such as the local Methodist Hall. The survey sought to assess how those working in the different sites felt about them and examine any issues around home visits and personal safety on or off site.

The survey found that most workers (sixty five per cent) provided services at more than one site. The convenience of all sites for service users and potential service users was reported as very high (at ninety five per cent), suggesting that the needs of users was given a high priority across the programme. Home visits were carried out by forty five per cent of providers, all adult service providers made home visits compared with only thirty one per cent of child service providers. Concerns were expressed around personal safety during home visits by a quarter of those making home visits and forty five per cent reported that they felt uncomfortable about providing the service in peoples' homes, seventy five per cent of these were those working with adults. Of equal concern was the safety and well being of the service user; seventy-one per cent of respondents felt that clients' needs could be met in another setting. Suggestions of other places that providers could meet clients' needs included the community centre, the Lite Lunch drop-in group and other community centres in the area. It was suggested that it is sometimes more appropriate to meet in a neutral setting. Where a lone workers policy and contract procedures were in place, workers still felt vulnerable. This suggests that the current procedures, while adequate, may not be enough and more work is required, particularly given the need to work with hard to reach families locally.

One of the criticisms of the Sure Start shop was that some of the facilities were not adequate, largely due to a lack of space, or space appropriate to purpose:

> The smaller of the two interview rooms at 99 (the Sure Start Shop) is not very soundproof and this causes problems with confidentiality. Also, if the clients/users are sitting outside the rooms waiting for appointments the same problem occurs.
>
> The office can be very noisy at times, which makes it very difficult to concentrate and make phone calls above the din.
>
> I work mostly within 99 and home visits, my space is rather cramped there and sometimes we don't have enough space for client interviews, especially when people drop-in at busy times.

One of the issues that mitigate these concerns was the lack of adequate public facilities and in these circumstances the space, while not perfect, was fulfilling an important community function.

Another issue raised around the shop was the drop-in nature of provision and the extent to which all staff were committed to this. At one level, there was some concern that allowing a drop in service led to a reduced or diminished service (for a minority of users):

> It would be nice if the visitors booked an appointment instead of just turning up. We do our best to accommodate those who show, but they don't get the time they need.

On the other hand, there was concern that not all the staff shared the skills required to engage those who walked in off the street for services:

> For some individuals accessing 99 is a major step and issues impacting their lives need to be dealt with very sensitively. There have been occasions where the needs of the client have not been addressed. I feel that this is not through a lack of caring, but possibly down to a lack of awareness. Training would be of benefit – to highlight issues relevant to clients' needs.

However, the weaknesses of the shop were perceived as secondary to its strengths, such as providing a range of services on a site where they could be freely accessed by the local population. One of the key principles of the LARK Project was that those seeking support were not turned away, that they were given the support they required if it was available or supported in finding it elsewhere. This was not a case of cross-referral between agencies, as the project had a method of working with families on a one-to-one basis until appropriate provision was located. For families this meant that not only were they never turned away from the Sure Start Shop, but a worker would 'stay with them' during any inter-agency referral, until a service had been found that met their needs. In essence, the LARK Project actively sought to prevent inappropriate referrals to any other provider.

For the workers this meant that they were exposed to quite complex systems of inter-agency working and a good deal of their time was taken up dealing appropriately with cases whose needs they could not personally meet. In addition, because of the range of services being provided, workers were exposed to a wide range of practices and methods of dealing with need. In the majority of cases the needs of families could be met within the project, meaning that there was a high level of satisfaction within the team:

> There is a good adult services team and it is brilliant to be able to refer internally the majority of the time. The work environment is good.

Outside the inter-agency teamwork within adult services, there remained evidence of extensive inter-agency working, within Children's Services specifically within Sure Start and between service providers and their respective, agency i.e. the LEA. The main issues around settings for children's services were around the suitability of any space and the adequacy of the facilities or equipment within it:

> The garden really needs improving. The steps need to be fenced off to stop children climbing. There needs to be bigger equipment, e.g. a climbing frame,

> to give the children something to do. It would be easier to have a path to make it easier to ride the bikes.
>
> I think the outdoor space could be improved – for children to use up their energy!

Concerns around adequacy of space also extended to rented space or that used on an ad-hoc basis. The greater control the project exerted on space (to the point of actually refurbishing new premises), appeared greater the level of satisfaction with it. Where there was little capacity to match the space used to purpose and needs of the service users, then satisfaction was reduced. This was especially a problem where equipment had to be transported to and from sites, where heating or lighting was inadequate, or where the space had a low status within the community, possibly appearing shabby or run down.

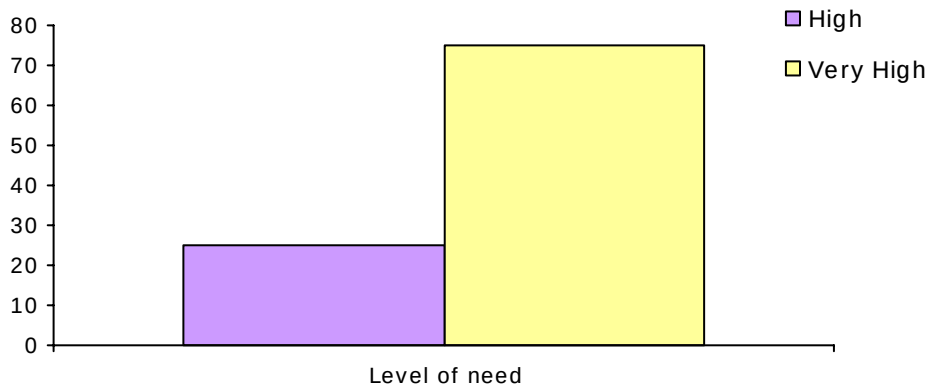
Overall, the research found that space was seen as adequate in most cases, above average in some cases and perhaps importantly – specific to the needs of the local community and conducive to successful inter-agency working. Where there were problems with spaces, these tended to be linked to over-use, inappropriate use, or lack of resources.

3.4 The need for Sure Start services

The context within which services were provided could not be easily divorced from their adequacy. The North Prospect Community was widely perceived by some workers as an area where statutory service providers had either failed to provide an appropriate service or simply failed to provide anything that met the needs of local people. The historical context was described variously as one of little or poor provision – a view shared by providers and users alike and a perception contributed to some extent by service managers themselves. This does not mean that the perception is 'true', for example, it may be that the provision has been problematic, such as Social Services being associated with taking children into public care and health agencies of defining the needs of families. It may be that the 'form' of provision led to perceptions of failure.

Service providers were asked to assess the current need for their service on a scale of one to five, where four was a high and five a very high level of need. Chart 3.2 (overleaf) illustrates that all providers thought the need was high, with the majority (75 per cent) ranking need as very high. None of the service providers reported moderate, or little need for the service and there was no difference between those providing children's or adult services.

Chart 3.2: Level of need for Sure Start services



The data concerning level of need requires further investigation as it links to the reports of users concerning their level of need (see Section Two and Four). Additional data from the service providers' survey points to a very high existing need, but also a high degree of unmet need. Seventy per cent of providers - including all those who worked with adults - stated that there were people who needed their services but were not accessing them, providers who had been working for more than 18 months within the service were more likely to identify this need but, this is probably due to a better knowledge of both the services available and local area needs. Fifty per cent of providers felt that there was a need to extend the service and, of those that responded; 67 per cent thought that it should be extended to more people and; 33 per cent thought it should be extended to include people from a different client group. Again, this was more likely to be felt by those who had been working with the service for more than 18 months. Taken with the high level of need by those using the service, this suggests that the LARK Project may be working at the base of a very high body of need, meeting needs within the user population, but still not meeting the needs of the total area population.

A number of reasons were suggested by those providing services to explain this lack of engagement, these were (in rank order):

- **personal problems (including a lack of structure in potential users' lives)**
- **a lack of awareness of the service**
- **fear or stigma associated with expressing need**
- **fear or dislike of others using the services (other adults in particular).**

Over 75 per cent of respondents identified personal problems around non-engagement. These could be an inability to keep appointments, or an inability to function adequately at an individual or family level. It suggests that as well as being in need, some families are not in a position to come forward without further support being put in place. Where this support was evident (such as collecting children and parents from home), it was not common across services, and may reflect a fragmented response to those not accessing services. In addition, the capacity of a service affected the extent to which the provider could

or would initiate strategies that made it more accessible. For example, a case worker may simply not have the time or space to deal with those unwilling to engage. At the level of provision, the LARK project was facing what could be described as a 'wall of need' for services. Whether and how providers sought to extend provision depended on how much space and time they could create when dealing with existing need at such a level.

As stated above, one of the unique features of the work within North Prospect was the extent to which workers did not turn away families in need, even where those needs fell outside the remit of the programme. However, where there was extensive cross-referral within the programme (25 per cent of all referrals came from other Sure Start service providers), the context of little or no provision affected where users could be referred to. Over 45 per cent of providers were providing a unique service (not available elsewhere in the area) and this was especially true of adult and specialist services. All service providers working with adults did not think there was any other service like the one they were offering in North Prospect. In addition, half of respondents felt that their own service could not be extended (due to lack of space, resources or suitably trained or qualified staff), suggesting that some children and families remain with unmet needs, despite the efforts of the Sure Start staff. Because self-referral was so significant in the area and linked to the Sure Start shop (over 30 per cent of cases were self-referrals), there remains a risk that children and families could or are being left without provision for their specific needs. However, the majority of providers (60 per cent) reported that they did not experience any difficulty in finding an appropriate service to refer users to.

Because of the level of need identified in earlier stages of the research, the survey of service providers sought to determine the extent of inappropriate referrals, either from within the programme (from other Sure Start workers) or from other statutory or voluntary agencies. The survey found that few inappropriate referrals were made (a problem in 15 per cent of services) and that the reasons for these tended to be because self-referral relied on word-of-mouth and the 'messages' became mixed from those using the service to potential new users. In other cases, the problem was that other providers were not aware of the structure or content of the service, such as its target population, duration, or needs it addressed. However, there was no evidence of 'dumping,' where statutory providers refer cases simply to reduce their own workload, or of any tensions between Sure Start and other providers (over 20 per cent of enquiries were referred to providers outside the programme). On the contrary, the evidence was that the LARK Project worked well and within a mutually supportive relationship with other providers.

3.5 Retaining service users

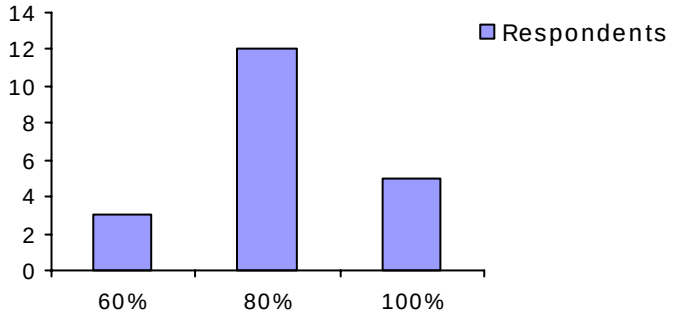
The research sought to examine the issue of retention and it found that the majority of respondents (80 per cent) had not experienced problems retaining people in the service. However, 67 per cent of those who did experience retention problems were those working with adults. A number of reasons for retention difficulties were given:

- **personal safety concerns**
- **other needs such as drug issues or personal problems**
- **payment difficulties (e.g. for Childcare)**
- **inexperience of using the type of service.**

These retention difficulties were service specific to some extent. For example, payment was associated solely with Childcare, whereas personal safety was associated with services were there was an element of home visiting and/or out-of-hours working. Inexperience related to the extent to which users could engage with a service in its current format and was linked to personal problems and drugs to some extent. For example, a parent with personal problems and little experience of group discussions may find it difficult to engage in a parenting course within which group work played an essential role. However, personal problems (and drug use) affected both adult and children's services by impinging upon the organisational skills and degree of social integration of parents. Parents could fail to take their children to appointments or sessions and miss the sessions themselves. In addition, their presence within the service context was not always welcome if they were using drugs and/or abusing alcohol.

The survey sought to assess the degree of non-attendance and importantly the extent to which this was felt to impinge negatively on practice (to the point of having little or no effect). It found that the majority of service users (85 per cent) missed or frequently missed sessions and that none of the services reported few or no problems around attendance. Given the frequency of non-attendance, providers were asked to assess the extent to which this reduced the impact of their work. Chart 3.3 (below) illustrates that providers (facing frequent non-attendance) felt that this had to be significant (i.e. at or above 80 per cent of all sessions) before it negatively affected their practice.

Chart 3.3: Non-attendance and negative impacts



However, the data also showed that non-attendance did affect practice when it was as low as ten per cent, with a peak of 40 to 50 per cent non-attendance reported among some users.

Although non-attendance was an issue across Sure Start services, it was not regarded as a 'serious issue' by providers, despite evidence of some services experiencing very high levels of non-attendance. Interestingly, the providers' perceptions of attendance were that clients do usually turn up for sessions. On a scale where 5 was the maximum number of clients and 1 is the minimum, 85 per cent of providers placed attendance at 4 or above. There may be a degree to

which service providers are more accepting of patterns of attendance within the local community because of habits and characteristics they (and others) assign to members of that community. In this respect the level of non-attendance and the degree of tolerance to it may point to a somewhat negative or deficit perception of the North Prospect community, or at least some members of it. Where there is evidence of flexibility and even creativity in providing services that children and families will access, the degree of tolerance for non-attendance suggests that those same users may not really be expected to attend, or at least not attend all of the time.

3.6 Mainstreaming the work of Sure Start

One of the aims of the research was to assess the extent to which services should or could be maintained or mainstreamed when the programme came to an end. The development of Children's Centres at the policy level adds impetus to the need for service providers to seek effective and evidence-based examples of 'what works' with children and families in communities such as North Prospect.

An overwhelming majority of respondents (90 per cent) felt that their service would still be needed in the area in two years time. However, responses were mixed with regard to whether this could be achieved in their absence: 45 per cent felt that their work could be easily adopted by other providers and could become part of their usual practice; the remainder was less sure. Three main issues were identified that could (or were highly likely to) prevent the work becoming part of mainstream practice: the cost of providing the service; the complexity of the work taking place; and the reluctance (historically) of mainstream providers to work within the community and work with local families in meeting their needs. Cost was identified as a greater hindrance to mainstreaming by providers of child services (57 per cent). It needs to be reiterated that mainstream providers do work in North Prospect and with local families; but the perception remains that they do not, or do so unwillingly. Perhaps one of the greatest barriers to mainstreaming is this historical perception of services failing to meet the needs of the local community. However, where the complexity of the work taking place was concerned, the issue was perhaps less of perception and more of fact. For example, the extent to which the inter-related work around women's development could be adopted by another provider and protect both its content and its links to related services (such as around domestic abuse, health and fitness, work, training, etc.) is not evidenced. In terms of cost, it was reported that mainstream providers would be unable to fund the same provision, or at least maintain it within a relatively small area were Sure Start to stop providing it. However, there was also a widely expressed perception among service providers that costs were used as an excuse – as a reason for inaction – and that efficiency savings within the structures of mainstream providers were required to refocus their priorities to service level.

It was widely reported that the Sure Start North Prospect LARK Project was unique in a number of respects:

- **in the way it engaged with service users: rejecting a deficit model of the community and creating channels of communication that respected and engaged children and families**

- **by respect of the services it provided: with a mixture of specialist and universal services being provided with close systems to permit referral and joint working between them**

- **through insisting on excellence: by refusing to accept that the community deserved anything other than the highest quality services, settings and staffing to meet its needs.**

Because of this uniqueness (perceived or otherwise), the majority of service providers felt that the legacy of the programme was under threat. The issue at strategic level may be whether or how a trailblazer programme - that is perceived as truly radical by those involved - can survive in a changed policy context. Although an overwhelming majority of providers (90 per cent) felt that within Sure Start itself there was sufficient commitment to continue with its work.

When providers were asked which services they would personally like to see continue, Childcare was cited most frequently, regardless of the service the respondent provided. Examples of such comments were:

> I feel the service is vital to the area and must be extremely beneficial to the families in North Prospect.
>
> I feel very grateful to belong to such a wonderful childcare centre (LARK) with such dedicated staff, let's hope it continues, as there is a big difference to all the children and parents I meet.

This was followed by the adult services that provided one-to-one support, such as Domestic Abuse, Welfare Benefits Advice, Substance Misuse Advice, Smoking Cessation, Job Broker, etc. and work that included home visits to engage families in their own homes, such as Midwife services and the work of the Health Visitor. For example, the Domestic Violence worker commented on how their work dealt with underlying family problems and as such was an integral part of the project's work:

> Domestic abuse is an unseen crime, but the repercussions on families and local services are myriad. Almost all aspects of Sure Start work impacts on this. Sure Start's work on this is vital for North Prospect.

Specialist services for children, such as Speech and Language and support around Special Educational Needs were also reported as needing continuation. However, the extent to which providers were willing to suggest discontinuation was limited – they would prefer to see all services continued – only identifying a priority for some over others. This would suggest that service providers could be convinced of the need to prioritise resources into certain service areas, but not convinced of the need to redirect from one specific service to another.

In order to examine the extent to which professionals felt their service was truly essential, the survey asked them to consider the potential effect on users (and potential users) were it to be discontinued. Respondents were asked to assess the effect of discontinuation using a sliding scale, which went from minus five (extremely negative effect on children and families) to plus five (extremely positive effect on children and families). All of the respondents reported that there would be some form of effect. But none reported a positive effect (plus one to plus five). Indeed, all of the respondents reported a negative effect – the only variation was in the intensity of the negative effect: 40 per cent reported an extremely negative effect; 30 per cent a very negative effect; 15 per cent a negative effect; ten per cent a quite or slightly negative effect respectively.

3.7 Conclusion

The research found that the majority of Sure Start North Prospect LARK Project staff were satisfied or very satisfied with the work they did. However, they also reported the need to extend their work and reach out to additional client groups – specifically because of the very high level of local need and because some potential service users were not coming forward. The reasons for this were located within the client group, as opposed to the services themselves and included: personal problems (including a lack of structure in potential users' lives); a lack of awareness of the service on offer; fear or stigma associated with expressing need; and fear or dislike of others using the services (other adults in particular).

This would suggest the need for **raising the awareness** of services locally and engaging in **outreach work** with marginalized or vulnerable families.

Where problems around retaining service users were reported, these fell into four main areas: personal safety concerns; families' other needs such as drug issues or personal problems; payment difficulties (e.g. for Childcare); and their inexperience of using the types of services on offer.

This would suggest a need to address whether **costs excluded** some service users from provision. Moreover, there may be a need to offer **taster sessions** of services, the need to **manage group dynamics** more effectively and address the fears (perceived or real) of service users.

This may require further analysis to examine the notion of the commercial changing structure and the development of a community business to achieve project stability, and specifically, how this may exclude isolated families.

The research also found that the Sure Start North Prospect LARK Project was seen by providers as unique in a number of respects: in the way it engaged with service users; because of the services it provided and; through insisting on excellence.

This points to the need to protect and build on this uniqueness, specifically because it was so highly regarded by providers and users.

3.8 The Strategic implications of the Sure Start North Prospect LARK Project

The final part of this section on service provision focuses on the strategic impact of the Sure Start North Prospect Lark Project (SSNPLP) in terms of, the vision mainstream agencies had of the programme, the strategic influence it had exerted on those agencies and, issues around maintaining or mainstreaming the services it had provided. Policy developments at a national level, specifically the development of Children's Centres and the extension of Sure Start services and principles to many more communities, mean that this may be particularly useful in pointing out some of the key challenges and opportunities around transferring the lessons of the project to a broader service community. Emergent themes from the analysis of interviews with strategic managers will be presented and where it is appropriate and helpful to interpretation, data from other phases of the research will be referred to (such as the survey data). All themes are evidence-based and the issues or opinions of managers will be presented objectively, but in a way that seeks to protect their anonymity.

The aim of the section is to address the following research questions:

- **What were the main changes in practice associated with service delivery in the Sure Start context?**
- **Which practices should be continued?**
- **What will be the legacy of Sure Start in North Prospect?**
- **Where were the barriers to mainstreaming?**
- **What challenges would maintaining and/or mainstreaming Sure Start services pose to service providers at a strategic and operational level?**

In addressing these questions this section seeks to contribute to the ongoing discussions concerning the impact of the LARK Project on children and families and its future direction.

3.8.1 Sample

A sample of 16 strategic managers with a direct working knowledge of the LARK Project were invited to take part in the research and 12 were able to do so. Their contribution consisted of a 35 to 40 minute structured interview, either face-to-face or by telephone. The interviews were recorded on audio cassette, transcribed, coded and analysed by RDS researchers. A copy of the interview schedule can be found in Appendix Four.

The majority of those interviewed were female (70 per cent of the sample) and the respondents worked in health, children's services, education, childcare and community work. Over half of those interviewed did not directly manage or directly deliver services, but worked in partnership with the LARK Project in other capacities, such as providing financial or other resources. The remainder directly

managed a service, or managed staff; three also delivered a service, or an element of it themselves. In this respect the sample achieved a broad range of perspectives, encompassing a degree of strategic involvement (high to low) and variation in roles (delivery, management of others and management/delivery). Thus, the sample encompassed the complexity of the projects' strategic relationships.

3.8.2 Examining the level and nature of strategic involvement with the Sure Start North Prospect LARK Project

The research sought to ascertain the main reasons and rationale for strategic-level involvement with the LARK Project and from the data three reasons were identified:

- **through close initial involvement, specifically through supporting or writing the initial bid or delivery plans**
- **through a long established link with a member of the programme management team or its management committee**
- **through necessity – with involvement being an essential requirement of their strategic role.**

In addition to these three main reasons, one manager reported that his involvement came through sharing facilities, essentially acting as landlord to the programme. However, in this case the initial reason for involvement had changed and had recently developed into a much closer strategic partnership based around the joint delivery of adult services (education and training).

The reasons for involvement varied, but it was clear that necessity was the least frequent. This suggests that early in its development, it was the professional networks and professional support systems that were essential in shaping the programme, as well as forming a strategic platform for service delivery within the North Prospect area. For example, the early involvement of health professionals, through both the initial bidding process and through long established professional links with the project manager had led to ongoing attempts to extend the range of services available within the community, including providing primary care at the local community school. Thus, the importance of networks and previous contacts cannot be underestimated and may be implicated in the extent to which strategic partners were willing to advocate on behalf of the LARK Project within their own agencies. However, it was also evident that the current structure resided (to some extent) on the reduced functioning of an earlier system that was well attended by strategic managers, but not effective.

Working together (through necessity) was also beneficial to both partners, but could lead to a more 'instrumental' and, in some cases, less innovative relationship, as strategic managers concentrated on managing staff or contracts – rather than actively seeking change.

The research suggests that there may be limits to the extent to which the Sure Start North Prospect LARK Project would be able to extend its 'strategic reach' and should become more formalised (and to some extent adopt more instrumental strategic relationships) to replace those earlier relationships based on shared working and a desire to achieve change within the local community. Where there was evidence that the reach of the project had and was extending, it was taking place alongside the erosion of informal networks over time (as strategic managers moved on) and against a background of increased formalisation of strategic involvement. Formal relationships in themselves need not suggest any less effective or innovative practice, but may act as a drag on the more dynamic aspects of project development.

3.8.3 Service Level Agreements (SLAs)

The sample was equally split in terms of having agreed to work to a Service Level Agreement (SLA) with the Sure Start North Prospect LARK Project. All of the SLAs governed the secondment of staff (such as a health professional) or the use of a facility (such as a Childcare setting). Those agencies without a SLA reported working in partnership with Sure Start on a more informal basis, without necessarily having entered into a formal contract. This was reported as providing flexibility over SLAs or formalised partnership agreements, which were reported as necessary but restrictive in some respects. For example, the time taken to negotiate SLAs with strategic partners was considered to be potentially detrimental to innovation and change. Some of the partners had established procedures that were agency-specific, but appeared cumbersome and bureaucratic by those outside that agency. Health was identified as a partner that was slow to respond to change, whereas voluntary organisations were perceived as more responsive and creative. However, there was general acceptance that SLAs were necessary in order to clarify the roles and obligations of the partners, to protect service users from harm and to ensure that resources were clearly allocated to an intended client group. SLAs are not legal documents, they enshrine the spirit of intended co-operation between parties, but they do not achieve a formalisation of the work.

As the LARK Project had progressed, it was reported that there was greater movement towards a more formal relationship between it and partner agencies. This too was perceived to present greater difficulty in terms of the time required to manage the process of formalisation and having the staff on hand with the skills to represent the agency appropriately. One interviewee commented that the time it took to arrange a contract had negatively impacted on the agency's ability to actually deliver a service, but overall it was reported that the time invested was necessary to secure and protect the resources to allow service delivery. Moreover, with the move of resources to Children's Centres, one manager suggested that specific services would not be supported with the resources (as they currently were) without more formal arrangements being made. Securing staff was contingent upon the use of SLAs and contractual arrangements, although time consuming they protected staffing contributions from that agency.

As was the case with the level and nature of strategic involvement, the research found that as the partnership was developing - from one built on professional networks and a shared interest in improving the life chances of children and families in the local community - towards a more formalised and structured commitment to shared working, this was underpinned by clearer contractual agreements. However, this was broadly welcomed and deemed necessary in order to protect services, specifically in the policy context of the new Children's Centres. The main weakness with such developments was a tendency to slow or stifle changes to practice, relying on strategic necessity to deliver services as opposed to a shared strategic vision of changing the context of provision and shaping practice.

3.8.4 Changes to practice

The research sought to determine whether and how the work of the Sure Start North Prospect LARK Project had influenced practice; specifically practices associated with service delivery considered innovative and/or more effective.

It was clear from the interview data that Sure Start was perceived locally as an innovative and 'trial like' project, which had the potential to produce models of good practice. The majority of those interviewed (seven) reported that although the LARK Project had impacted on mainstream practice, few (five) felt that it had actually changed practice. This apparently contradictory finding could be explained by the extent to which impact and change were defined. For example, where the project had impacted practice, it was felt that there was some way to go before it effected change, due in part to resistance in some sections of local service provision (discussed later). In effect, the project had modelled new ways of working with children and families locally, but these were not necessarily leading to widespread or consistent change.

The local context was identified as one of the main impediments to change. It was reported that some service providers (e.g. Health and Social Services) continued to operate with a deficit model of the local community and this in effect hindered their ability to take forward the lessons of the LARK Project:

> The population of North Prospect has a reputation in the city, which, whether you like it or not, people carry with them. There is a judgement there. I think that affects the nature of the relationship when professionals meet people from North Prospect.

In essence, there remained resistance to the ways of working developed within the LARK Project [the Sure Start project] that recast the relationship between service users and providers in a more open and/or equal manner:

> I think there is a more respectable relationship towards the clients. I think they're being listened to more, their views are being appreciated and there is more understanding of the nature of the problem.

Part of this understanding (referred to in Section Two) was the avoidance of a wholly professional or one-sided definition of the family's 'problems' and the role of key workers within the project following families through their cycle of need,

referring to other agencies where necessary, but keeping contact over a prolonged period to ensure that any referrals were appropriate and that there was an adequate and appropriate response to need. In short, the LARK Project had demanded a new way of working:

> They've managed to sell at a very local level the concept of change in the way things were traditionally provided, and they have persuaded local professionals to try different things.

However, the strategic interviews suggested that this was an operational development and had not yet transferred to the strategic level. That is, there was overall consistency of approach at operational level, but different levels of commitment to the 'LARK model' of working at strategic level. Where they had 'sold' the model to practitioners, managers remained harder to convince. Thus, where strategic commitment varied, it was difficult for managers to *ignore* the extent to which the LARK Project had crossed service boundaries:

> Sure Start [North Prospect] I would say are probably the one [agency] group that cross all the boundaries - which is good. Whereas some people will just specialise in youth or education, Sure Start have an interest in all of it.

To some extent, the LARK project sought to affect strategy through practice:

> I think it has made professionals in their boxes query and question the way they work and it has also influenced managers as well, so managers are now looking at the way Sure Start is delivering programmes and I would say they are adapting their service delivery.

The weakness of this approach was that it risked exposing any existing strategic failure to meet local need – service managers were possibly forced to react to the project rather than be full partners in the process of change. The LARK Project essentially 'confronted' strategic managers with success and there was some concern that it was 'too radical' and that its management lacked awareness of (or did not much care for) the 'politics' of service delivery across the city. This weakness could lead to the project becoming isolated as the strategic context of providing services for children and families changes:

> It's a small player, North Prospect Sure Start - in the wider scheme of things, but I think it's going to be influenced by wider agendas like children's centres - obviously.

Where there was no evidence of any *conflict* between the project and its strategic partners, there was evidence of tension around the extent to which it could appear uncompromising in its commitment to the North Prospect community. Where the success of its practices had registered at the strategic level, such success also highlighted weaknesses in the ways services had been or still were being provided – by default exposing a degree of strategic failure. There was a perception, on the part of a minority of those interviewed, that this was a risky approach and in some cases created resistance.

The changes to practice reported by strategic managers were broadly supported. In some cases the project had 'won over' reluctant managers, in other cases it

had modelled practice that, in itself, provided a compelling reason for abandoning the *status quo*. The success of the project in driving through change had exacted a strategic 'price', of a risk of resentment or resistance, discussed in more detail below.

3.8.5 Strategic tensions and resistance to change

There was some evidence of tensions in the strategic relationships between the project and other agencies. Some of those interviewed worked with a number of Sure Start local projects and were able to compare the LARK Project to others, but others were not and their responses were based on work with SSNPLP alone. This means that any tensions reported could not be seen as distinct to the SSNPLP, but extend to and include general tensions around service provision in an inter-agency context.

Developing new ways of engaging and working with children and families had confronted some strategic managers with weaknesses in established practice. It was reported by two of them that SSNPLP service providers had defined their practice in contradistinction to existing practice and this had (albeit inadvertently) made existing practices appear somewhat less accessible and perhaps even less effective. Because of this they reported a degree of tension around how services were promoted by providers and perceived by users. However, this should not detract from evidence, specifically evidence provided by service users, that SSNPLP services *were* perceived as distinct *and* as different from existing service provision. It may have been the case that some strategic managers were 'irritated' by the extent to which the success of the SSNPLP had exposed weaknesses in their provision and/or service coverage, but this does suggest the need to work carefully around the concerns of those whose practices compared unfavourably to those within the project.

The data was less tentative in pointing to strategic tensions, where they were evident, that had been greater during the earlier days of project implementation. Those interviewed all pointed out that the LARK Project was instrumental in changing the attitudes of service providers towards the local community. It had achieved such change by successfully involving and engaging families, often those seen as resistant to services, or to professional intervention. In this respect, the LARK project had shifted the *perceptions* of managers as opposed to actually changing their practices:

> I think the attitude [to the local community] has changed across agencies now and they're the people who are now operating at strategic levels who understand what the issues are and I think certainly Sure Start North Prospect has performed that change to an extent.

Where there was evidence of remaining tension, this was linked to the perceived financial advantage of the SSNPLP compared to other providers. One of the managers pointed out that the funding differential led to a degree of unnecessary competitiveness:

> I think there was an element of jealousy there - in terms of the amount of money – Sure Start have money coming in and this other place was based out of the area and there was a sort of 'us' and 'them' feel to it.

This perception of financial advantage was also accompanied by concerns over staffing and remuneration, with Sure Start (as a programme as opposed the LARK Project) able to offer better conditions for staff than statutory service providers:

> [They offer] far in excess of what all the statutory services are able to access or able to give their staff and that actually sometimes has some resentment attached to it. We do lose staff to Sure Start - they have a more desirable working environment"

However, none of the respondents reported that this prevented them from staffing their own services, merely that it presented an opportunity for existing staff that they may or may not have taken advantage of. Where staff had left statutory services to work for SSNPLP, data from service providers within the project (above) also shows that this was a two-way process, with SSNPLP investing heavily in staff training and professional development and thereby providing 'highly desirable' staff to other services. For a number or respondents, the LARK Project was seen as enhancing the staffing skills and capacity of statutory agencies. It had modelled new ways of community engagement and new ways of working in the community that were finding their way into mainstream provision through staff mobility. On the basis of the evidence, the notion of SSNPLP 'poaching' staff from statutory services appeared rather simplistic.

Another area of strategic tension identified in the research was associated with the shifting agenda for children's services; specifically with the development of Children's Centres. The majority of strategic managers reported that the SSNPLP was a key player in informing such developments (and would become a Children's Centre). However, a minority felt that Children's Centres would provide an opportunity to take forward the lessons of the project without necessarily replicating some of the perceived difficulties around its area basis and around their perceptions of (over) generous funding. For this minority, Children's Centres would 'redress' a perceived imbalance and reduce the significance of the project as a service provider. This in itself suggested that there was some remaining tension to the extent which service managers held a view of the project that was clouded by a negative view of its overall role in the local service network.

3.8.6 The cost-effectiveness of the project

Examining the cost-effectiveness of the Sure Start North Prospect LARK Project was not possible within the limitations of the research. However, it was possible to move some way towards setting the parameters for such a study (possibly to be conducted in the future) by examining the perceived cost-effectiveness of the work taking place.

One of the main difficulties reported by strategic managers was their inability to assess true cost-effectiveness of the project. The absence of a framework with which to record, monitor and compare the costs of services was cited as a weakness of the overall evaluation of the programme at the national level. It was also clear that some of the strategic managers held concerns about such an approach, with four of those interviewed asserting that the benefits of the work taking place would take many years to become apparent:

> The outcomes for these kids at this nursery down here - really you're not going to be able to measure them for years – it's generational

There was also a degree of confusion concerning the purpose of a cost effectiveness study and it was reported by a number of managers that outcome measures, even when expressed as broadly as increased life chances for children and families, were not easy to quantify. Because of this, and because of the lack of a framework in which to carry out such a study, it was reported as both unnecessary and impossible. It was evident that the early preventative nature of the work led strategic managers to discount the need to evidence its cost-effectiveness.

In light of the lack of reliable data, strategic managers were asked for their perception of cost-effectiveness and examples of where, if at all, the work being done was more cost-effective than previous work. One area of perceived effectiveness, cited by eight of the respondents, was the 'in-house' referral system within the SSNPLP:

> Because they are centralised and all working together – they're not sort of re-inventing the wheel, we've got a referral system within the service so that with the agreement of the clientele we can pass information and refer forwards to other people within the Sure Start service and I think that has to be a cost effective way of working instead of everybody starting from scratch.

However, this was evidence of cost-efficiency and not cost-effectiveness, a strategic confusion that was widespread. Furthermore, where bringing together the referral system had clear cost benefits for those agencies involved, there were some concerns that not all agencies had similar relationships with the project and so would not necessarily share such benefits. But as a coherent system, with unique features, such as the drop-in facility of the Sure Start Shop, it was perceived to be an effective way of reducing costs associated with identifying need, specifically with families new to the area, or who were reluctant to engage with mainstream providers. It was reported by three managers that the success of the SSNPLP referral system also increased costs to other service providers by exposing need. In signposting service users to mainstream providers the project actually created something of a 'problem' for those unable to fund or extend provision to meet this need.

When asked to assess the cost-effectiveness of individual SSNPLP services strategic managers were only able to report on those with which they had greatest contact. However, all of those interviewed (n=12) consistently reported that the service with which they had most contact was cost-effective. In the absence of evidence on cost-effectiveness, this may be because of the value they

placed on the preventative nature of the service, with preventative work being seen as cost-effective *per se*. One manager highlighted the cost-effectiveness of involving local parents in planning and delivering services, making them more accessible and appropriate to local need. She reported that the costs of this process could not really be quantified, or even regarded as a direct outcome of the project, but that it had led to more streamlined service provision because attrition had reduced (more children and families stayed in the service). Another manager reported that successful delivery within a shared site increased the status of the site among local people and led to increased use. This had in turn allowed the organisation to offer additional services, because they had fewer difficulties attracting and retaining parents. The cost savings to the organisation could not be quantified, but the LARK Project had both provided an income (by renting space) and shifted the public perception of the space available, making it more cost effective to provide additional services there. Three of the managers were able to point to direct savings for their service through association with the project. These were related to the early identification of conditions such as SENs, speech acquisition and developmental delay. Another manager reported that the costs of dealing with children's behavioural problems in school had decreased because they arrived 'better equipped' to deal with formal learning. Fewer staff and resources were directed to remedial work or intensive supervision, freeing staff to concentrate on teaching and learning.

Another area where increased cost-effectiveness was attributed to the project was in knowledge generation and skills retention. The project had led to a cohort of staff developing specific skills in community engagement, needs assessment and inter-agency delivery that was regarded as unique and this was reported by two participants as an important factor in their consideration of cost-effectiveness. The staff within the project were considered to be delivering services in a more efficient and cost-efficient manner than had been seen before.

The data on cost-effectiveness raised a number of issues for the SSNPLP as it enters another stage of its development. Managers raised a number of important issues that may need to be considered in future research and these included:

- **a lack of commitment to a study of cost-effectiveness**
- **a lack of accurate and/or appropriate data on which to base such a study**
- **the possibility that the LARK Project may reduce cost-effectiveness in the short or medium term by exposing hidden need**
- **the need to identify appropriate input and output measures**
- **the period of time over which data could or should be collected**
- **the extent to which a study of cost-effectiveness could convey the procedural benefits brought about by the project.**

While none of the above suggests that cost-effectiveness cannot be assessed, they point to areas of consideration prior to such a study taking place.

3.8.7 The strategic impact of the Sure Start North Prospect LARK Project

Interviewees were asked to comment on the impact of the Sure Start, North Prospect LARK Project and all of those interviewed (n=12) reported positive impacts on children aged 0-5years, and their parents, in the North Prospect area had occurred. Three main types of impact were reported:

- **Intrinsic impacts:** improvements in parents' and children's health, education, social and emotional development
- **Extrinsic impacts:** improvements in the relationships between service providers and services users
- **Strategic impacts:** improvements in models of, and approaches to, service delivery.

Intrinsic impacts were reported with reference to service specific outcomes, such as improved language acquisition, a reduction in speech impairments upon entering school and a reduction in the number of children exhibiting disruptive behaviour. Where the majority of service managers (ten) were able to cite service specific impacts, the extent to which these could be evidenced with reference to extent of impacts and range of impacts across the user population was limited (three cases), possibly reflecting a lack of awareness of the evidence being collected locally (as opposed to a lack of impact).

Service managers were also aware of the progress being made towards service-level targets and the extent to which the work taking place within the SSNPLP related to the portfolio of activities for which they were responsible. For example, the reduced demand for specialist in-school support for pupils resulting from early identification and intervention:

> In the past we have had staff given to us by the LEA as extra support staff because of the significant number of special needs children that we have, particularly related to developmental delays, speech and language delays and we've now not had to apply for that in the last year and a half and we believe that is because the baseline of what is coming in to our school in terms of the nursery has risen because these children are being picked up so much earlier.

In addition to such 'baseline' improvements, the SSNPLP was regarded as having provided children with skills and resources to better equip them in the future. The preventative nature of the services was valued as an important staging post to future well-being:

> As far as the children are concerned it's given them a better chance in life, identifying problems earlier, a quality input into their early development and health.

Sure Start was thus said to have delivered early tangible impacts upon which further impacts could build, including improvements in basic skills, language skills, personal skills and communication skills.

Extrinsic impacts were those that centred on improvements in the nature and character of relationships between the users and the providers of services. This involved for example, an increased sense of ownership of the services amongst those accessing them. One interviewee suggested that this was a result of Sure Start, provision being 'embedded' in the North Prospect community and focused on meeting its needs.

The Project was regarded as critical in changing the dynamic between providers and consumers of services, with families having developed greater degrees of confidence in their value and relevance. Such increased confidence was reported as having had further positive implications for service take-up and participation. One interviewee for example, equated the emerging confidence and self-esteem amongst parents with the potential for further services usage. This was specifically linked to vulnerable parents who lacked confidence, or who had displayed a reluctance to engage with mainstream providers:

> I think giving [such] families confidence, self-esteem, power, that they actually have a say in what happens to their child, this is what you do, it is that parents can ask questions and ask the services and challenge some of the services because where we are is a difficult and social deprived area of Plymouth and previously families have not accessed these services.

One of the more interesting features of the provider/user dynamic was the extent to which the SSNPLP had developed the role of local people as service users, transforming their role from being passive clients of un-negotiated service delivery:

> The services have been developed according to what they [parents] said they need the most and they have been tailored to local needs so instead of saying here's the service and you've got to fit into it, they've made the service for the people it's aimed at.

In addition to developments in the relationship between providers and users, the project had exposed parents to a range of possibilities and broadened their horizons regarding the future prospects and possibilities, reinforcing the value of the provisions with which they were engaging:

> It has given them hope for the future, prospects for the future so they can see that training is going to be available for them, ongoing childcare is going to be provided hopefully for them and it has given them the will if you like to make more of their lives and to go for something different to what they were achieving before.

Such extrinsic impacts were connected to intrinsic impacts, but stood alone as highly regarded features of the project. That is, the changes to the relationships between providers and users were linked to users' positive experiences of services (and their positive impacts), but in themselves were significant features of the project compared to current or previous practice. Thus, something of a

self-reinforcing cycle was taking place within the project, with intrinsic impacts (such as access to early intervention on SENs) leading to additional (extrinsic) impacts.

Strategic impacts were broadly related to the impacts exerted by the LARK project on the mainstream agencies and service providers. However, two main issues arose at service level that were perceived to limit impacts. One was related to difficulties relating to data collection and provision and the other was related to the funding associated with maintaining services in the short and medium term.

Two managers reported that the monitoring data required by the LARK Project was difficult for them to deal with, either because of a lack of capacity, or because it failed to take account of existing procedures. However, where this was linked to the project itself, participants were aware that national data collection demands were behind some of the problems they faced:

> In the discussions we've been having about data collation, the prescriptive way in which the information is needed to be gathered by government has meant that we have had to be absolutely scrupulous about the postcodes which has been particularly cumbersome and particularly problematic and had led to various discussions and disputes I would say about the validity of information.

The data requirements did not 'map onto' existing datasets held by this agency and data provision required a degree of duplication. In the other case the issue was a lack of staff with both time and skills to provide data to the project in the form required and in a timely manner. This suggests that the project may need to invest in service areas where capacity was lacking (specifically non-statutory service providers).

Funding was identified by the majority of providers as an immediate concern that may undermine services, specifically the uncertainty around staffing that may lead to some staff seeking occupational security outside the current service arrangements, for example, by applying for posts in locations or within roles perceived as more secure. For the LARK Project this risked undermining the impacts associated with the team working and needs-led provision that managers reported as one of its major positive features.

At the strategic level the main reported impact was in shifting managers perceptions of what could (or should) be provided to children and families in the North Prospect area. A concrete example of the extent to which strategic perceptions had changed was the support expressed for the provision of primary health care services – a development pursued and secured by the LARK Project. Managers expressed broad support not only for the additional service, but also for its configuration and location that mapped directly onto the model of provision developed by the project.

The way in which services modelled themselves on the needs of the community and the way families' knowledge was fed into the services was seen as a key

route to more effective provision that had impacted beyond the project and changed the way providers conceived service delivery:

> That has already begun to be realised throughout all the statutory agencies that actually you can't just make people fit into the service, you have to make the service fit into the people and I think that's the biggest legacy. You have to listen to what people say they need, you can't just make assumptions based on what you think they need, because people won't use the services if they're not appropriate, they won't be effective.

Another widely valued impact was the physical infrastructure that the LARK Project had developed locally. In particular the status of a number of local venues had been transformed:

> The legacy of our Sure Start project will be some wonderfully upgraded buildings, which were hugely needed, which has raised the esteem of people locally and obviously increased the provision for people.

Service managers recognised that providing high quality services, in venues that were highly regarded, increased service take up and raised the status of the service overall. The Children's Centre was cited as an example of how the aspirations of the local community had shifted, but with this so had their expectations of the services offered. The impact of this across agencies was a strategic recognition that service users made refined and informed judgements and could often judge providers who thought that 'good enough', was enough, extremely harshly. However, allied to this raised expectation was a concern (expressed by three participants) that the strategic impact could be difficult to sustain unless there was regional or even national recognition of the resources and commitment required to bring about such change. Where managers had learned the value of including local people and providing excellent services to them, without additional funds these could be difficult to achieve.

3.8.8 Remaining challenges and further work

Examining a broad range of strategic perspectives revealed few challenges or difficulties associated with the Project provision and implementation (bearing in mind the concerns with data collection and funding set out above), although this may have risen to some extent, from limited experience or knowledge at service delivery level. The outstanding challenges that were identified focussed on territory/turf issues and managing complex inter-agency working relationships at a strategic level in a way that engaged those currently beyond the reach of the project.

One of the remaining areas of potential misunderstanding was around health-related services. Essentially, it was suggested (by two respondents) that some of those involved in the delivery of health-based provision locally were protective of their service's 'territory' and were reluctant to engage with others in health provision:

> It's about health being very protective of its power basically and that's happened at a strategic level and also at a local practice level - it is quite difficult to engage with GP practices.

However, working relationships with health providers were reported as good and even excellent. Given the essential role played by some (such as the Health Visitor) and the reported impacts on children and families' health (see Section Two), it appeared that the challenge was largely one of primary care as opposed to preventative and specialist interventions. Even here, the evidence of recent developments of GP services linked to Sure Start suggested that strategic support was not necessarily absent and that any issues of territory were based on past experience, rather than current practice.

A wider issue identified by managers was sustaining the complexity and the appropriateness of service delivery and take up, specifically in relation to those who were not engaging in services. Although this concern was with a small sub-section of the North Prospect community, a concern was expressed about whether or not those children and families in most need of support were actually those who were accessing provision. One service manager, whilst pointing to the successful level of service take-up, did question the extent to which 'hidden' needs were being identified and met:

> You always get some people who access [services] and then access them regularly and access all of them. What I'm not clear about and I would like to be clear about is whether they are able to access the families who really need them because my view is that very often you offer services to people and the people that come forward it's very important for them and they use them and they're very beneficial to them but you don't always get the people coming forward who are the people who you feel need to access the services.

A key issue for any service provision thus focuses on how to identify and access hard to reach groups. Those currently 'slipping through the net' of the LARK Project included families living outside its geographical boundaries and those with children older than 0-5 years (although the evidence from service users showed that this age range was not a barrier to engagement). Of perhaps more pressing concern was the identification of families with particular needs, such as mental health difficulties and families in which child protection concerns were high and in families where one or more parent was engaged in the criminal justice system.

It was reported that good practice existed within the project, but this needed to be shared more effectively at strategic level. In particular it was reported that some services (such as Substance Misuse and the Job Broker service) were much more effective in engaging those considered to be hard-to-reach and that these could be used to bring families into other services and their successful strategies used to inform provision outside the project. Individuals with drug and substance misuse problems were highlighted as being particularly hard to reach as a result of their lifestyle characteristics, their often reluctance to engage, and the limited resources available for outreach support work. One solution for the project would be to invest more resources into outreach, however, it was also reported that these resources could be better used on meeting the very high

level of needs within the families that did come forward and that this should remain the priority of the LARK Project:

> I guess there will always be a number of people that you can't reach, people that don't want to be reached, and I don't know if anybody has the answer because if they don't come out of the houses or they don't take any notice of what you're saying we've got then they'll be the ones that will continue to be hard to reach.

One of the key challenges at strategic level remains the extent to which the success of service provision can or should be extended into the sub-sections of the potential user population.

3.8.9 Service continuation and mainstreaming

All the strategic level interviewees reported an expectation and a desire that SSNPLP services would be continued over the next 12-18 months. There was unanimous support for Sure Start as a national programme and for the LARK Project. Central to this support was the concept, of service evolution and development according to users' needs. However, the issue of continuation and funding were heavily intertwined, and reflected a general uncertainty over future funding and the possible consequent impact on provision. Funding in the longer term – post 18 months – was also uncertain, and by implication, the extent and nature of future service delivery was also questioned, especially when considered in relation to mainstreaming. Several interviewees suggested that some of the Project's services could be lost if responsibility for provision was to pass to statutory agencies:

> I think it would be unrealistic to assume that every service set up by all those projects will be adopted by the statutory agencies.

Moreover, it was also reported (by four managers) that such discontinuation of services would have serious repercussions for existing service users as well as those families identified as having needs that were currently not being met by mainstream agencies. The failure to secure future funding would represent a major retrograde step in two main ways. Firstly, the reduction or withdrawal of services would leave needs unmet:

> I think that is going to be a problem for us all, when the funding stops then we do not have a capacity to take on a huge range of additional services without the resources, both financially and workforce.

Secondly, the failure to continue provision could have severe implications for the families and their relationships with service provision systems and frameworks:

> If it isn't mainstreamed and it stopped, I think the legacy is it would increase people's sense of betrayal and bitterness and isolation and the outcomes would probably be worse than if it hadn't been here in the first place, because the relationship between the community and the service providers… you know, "here we are at the bottom of the pile again, we had all these nice things for a while and now you've taken them away from us" – it almost confirms their suspicions.

However, one of the key developments concerning the SSNPLP was its transition into a Children's Centre and the concept behind Children's Centres - relocating resources to one place in the heart of the community, thereby bringing service to people. Increasing the access to the services should, it was suggested, increase the use of the service and increase the likelihood that a parent would attend. However, one interviewee warned against assuming that the delegation of service delivery closer to the community (as in the LARK Project model) would increase access and use, reporting that mainstream services still experienced poor take up and attendance even when moved closer to the communities they serve:

> It's really difficult because my assumption is that it's difficult to access and therefore people don't go but actually we get a large number of DNAs [do not attend] here too and we're right on the doorstep.

There was, however, a consensus of opinion that the LARK Project should be continued, but some disagreement as to whether other agencies had the commitment or capacity to do this.

The preventative, early interventionist nature of the project was considered to be potentially challenging to take forward into a mainstream setting. It was reported that – despite a commitment to such work - many other agencies continued to work in a reactive manner; dealing with families when they were at or nearing crisis. Where it was clear to most that mainstreaming services provided within the LARK Project would add a new dimension to mainstream provision, the question remained that, in the absence of concrete evidence of the project's impact, that services would be both accepted and funded in the same manner.

Funding was identified as a major barrier to mainstreaming the services and it was reported by three interviewees that, at the strategic level, taking services currently provided by the LARK Project into the mainstream could be perceived as cost ineffective, as there are already problems around the limited funds that are available to meet the needs of children and families.

Two interviewees suggested that a factor that would support the continuation of services was a 'climate change' in children's services and the growing local status of the project. In essence, they argued that mainstream services were actively seeking new ways of meeting need and the LARK Project was a model of practice that could be valuable in the context of greater integration of children's services and where community and service user involvement was increasing. However, there remained widespread uncertainty about the route the SSNPLP would take after the programme finished. For a minority of respondents, the project has created something of a challenge to mainstream services simply by raising expectations and meeting need:

> The statutory services that are going to have to pick up possibly the fall out from some of this because if the services aren't continued then we're going to have demands from parents saying hang on a minute, we had so and so and so and so – if they had it for eighteen months that's one thing, if they had it for ten years that's another thing. It's a big gap so I think we are going to have increased demands on all the statutory services.

It was suggested by one respondent that the way to reduce any impact on the community would be to 'ring-fence' resources for current provision and distribute these resources through children's centres, taking statutory agencies out of the equation to some extent:

> If there is a view of the government that they are going to transfer some of the funding on a permanent basis into the children's centres and that that will be able to continue – that's fine, I just think we need a clear view so that we can work with them wherever we need to about how we move forward.

Another concern was the extent to which successful mainstreaming of services would lead to a loss of local control and to them being directed towards meeting national targets or the requirements of a statutory provider, as opposed to being locally led and directed towards meeting the needs of the local community. It was reported by two managers that the 'LARK model' needed more effective 'selling' to strategic partners, specifically because its practice may require change on their part and such change would in itself require time to be brought about:

> Statutory services do not have the ability to change quickly and therefore eighteen months or two years may be a long time for Sure Start, but it's actually a very short time span for statutory services and if they want us to move with them we need to have warning and clear guidance as to what they're going to do to even attempt to be able to get along that alley with them.

Clearly, the pace and extent of change achieved by the LARK Project had not gone unnoticed at strategic level. There was common agreement that children's centres provide an opportunity to share good practice more widely, but also that there needed to be some strategy to address the 'lag' between statutory services and Sure Start services, specifically a need to reconfigure provision toward the need of service users. Mainstreaming existing services, as an end in itself, may not therefore be the solution to the challenges identified in the research. Given the extent to which the four local Sure Starts were the largest single provider of services to children under five, the opposite may be the case: with statutory services becoming mainstreamed into Sure Start.

3.8.10 Conclusions

It was clear that the LARK Project had developed models of good practice, some of which were being used already by mainstream agencies. The early resistance to the ethos of the project reported by strategic managers was linked to their expectations and not necessarily to the extent to which the project could or did engage with its strategic partners.

The project was viewed as an agent of change – testing new methods of service delivery - and by proving them successful, making them permissible for other agencies to adopt. The project was closely associated with changes in practice, including the way in which clients were engaged and involved. Central to this was a needs-led approach: a commitment to working with families to identify their needs and offer appropriate support.

The project clearly has the potential to inform the development of services for children and families in North Prospect and beyond, but whether other service providers can interpret, accept and act on the lessons of the LARK Project remains to be seen. The barriers to continuing and/or mainstreaming the services were primarily located outside the project. That is, the capacity and commitment of its partners to take forward the service agenda in North Prospect remains unclear. At the time of the research the opportunity provided by Children's Centres was raised as a key opportunity for the LARK Project to set the service agenda in the area it serves. The extent to which it can engage its partners in this process of change will be crucial to meeting the needs of the North Prospect community.

Section Four: a further examination of the experiences of the Sure Start North Prospect LARK Project service users

4.0 Introduction

Following the Phase One survey with current users of Sure Start North Prospect LARK Project (SSNPLP), a further more detailed piece of research was conducted with a sub sample of service users. The purpose of this research was to address the research questions set out in Section One, but also to add insight and detail to the findings of the Phase One user survey – reported in Section Two. This section sets out the views of service users (n=40) and draws on both qualitative and quantitative data to reach a series of conclusions and suggestions for providers and service managers.

The section examines the following:

- **the sample population**
- **the route to provision**
- **service use**
- **the quality and range of services offered**
- **links and progression.**

It concludes with a series of evidence based conclusions and recommendations that complement and in some ways refine those provided in Section Two.

4.1 The sample

The research sample for Phase Three consisted of 40 parents who used at least one of seven selected Sure Start services. The basis of selecting the services was to achieve some degree of coverage across the clusters used in Phase One analysis:

- **children's services**
- **health promotion services**
- **work and benefits**
- **specialist adult services.**

The main difference of the sampling compared to the Phase One cluster analysis was the inclusion of some services and the exclusion of others. For example, included in the health promotion cluster at Phase Three was the work of the Midwifery services and the Health Visitor. Excluded from the specialist adult services cluster were Substance Misuse Advice and help and advice on Domestic Abuse. The reasons for these inclusions and exclusions related to the nature of the sample population (and access to this population) and the need for data that would reflect the fuller range of adult services – including those used by a wider service user population.

A detailed interview schedule was designed (see Appendix Two) to collect both statistical and non-statistical data. Additional population items were added to examine issues raised in Phase One, such as employment status, family size and

details around children and their needs, as well as collecting detailed data on service satisfaction and use. The schedule contained closed and open questions and following the collection of statistical data, participants were encouraged to talk at length about their experiences.

4.1.1 Phase Three sample characteristics

During Phase Three a total of 40 adults took part in detailed structured interviews with RDS researchers across the seven selected SSNPLP services (see Table 4.1 below).

Table 4.1: Phase Three sample

Service	Number of Parents	Per cent of sample (%)
Parent to Parent	5	13
Parent Circle	5	13
Midwife Service	5	13
Childcare Service	12	30
Health Visitor service	6	15
Benefits Advice Service	2	5
Job Broker/Tax Credit service	5	13
Note that some of the service users were in receipt of more than one SSNPLP service but all service users answered questions based on **only one** of the services that they or their child used.	40	100

Once again, the majority of the achieved sample were female (90 per cent) and only a small proportion were male (10 per cent). There were no males represented in the Parent Circle, Midwife or Childcare service sample. There was a reasonable balance between parents who were either single or living alone (42.5 per cent) or were married or living with a partner (57.5 per cent). Additional data was collected to examine the stability of relationships in North Prospect and the survey found that, of the married/cohabiting sample, 39 per cent had been in that relationship for more than ten years, 35 per cent for five to ten years, 22 per cent for one to four years and only four per cent for less than a year.

There were differences between the services in terms of marital status, all of the parents who used Benefits Advice reported they were married or living with their partner, whereas the majority of parents (80 per cent) using the Midwife service reported that they were single.

There were 100 children between all of the parents in the sample and 51 of these children were aged nought to four years old and therefore directly reached by Sure Start. However, family size varied from Phase One in that fewer larger families were sampled (see Table 4.2 overleaf).

Table 4.2: Number of children within the sample population

Number of children	Per cent Respondents (%)
None	0
One	20
Two	35
Three	30
Four or more	15
Total	100

Further data was collected on family characteristics to assess the gender and age of children, birth order, etc. The research found that where only two respondents were expecting a child at the time of the research, there were more male infants than female within the sample and fewer females aged 16-20 (see Table 4.3 below).

Table 4.3: Age of children

Age range	Number of children		Per cent of children in each age group (%)
	Male	**Female**	**All**
0-12 months	10	4	14
13-18 months	5	5	10
19 months-2 years	2	3	5
3-4 years	9	13	22
5-10 years	13	13	26
11-15 years	5	6	11
16-20 years	7	2	9
Over 20	1	2	3
Total	52	48	100

Nearly half of the sample of survey respondents (48 per cent) reported having at least one child with special educational needs (SENs), with the majority of this number (63 per cent) having only one child with SENs. However, a substantial proportion (32 per cent) reported having two children with special educational needs (see table 4.4) and a small proportion had three children with SENs. There were survey respondents who reported having children with SENs present across all services except for Benefits Advice.

Table 4.4: Children with Special Needs

Number of children with an SEN	Number of parents	Per cent of sample (%)
1	12	63
2	6	32
3	1	5
Total	19	100

Data on economic activity (Table 4.5 below) shows that the majority of survey respondents (40 per cent) looked after the home or family. Thirty-three per cent reported they were employed either full or part-time and 13 per cent, reported that they were unemployed and looking for work.

Table 4.5: Economic activity status

Activity	Per cent of sample (%)
Looking after home or family	40
Employed part-time	23
Unemployed and looking for work	13
Other (e.g. full time carer)	13
Employed full-time	10
Unable to work due to illness or disability	3
Total	100

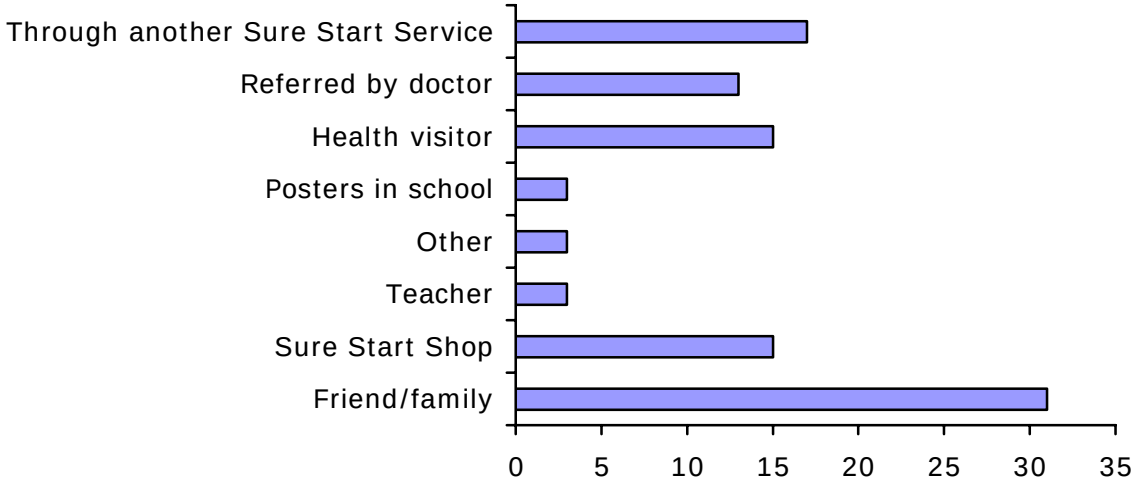
Economic activity varied service by service. For example, over 50 per cent of those who were unemployed and looking for work were using the Childcare service compared to 31 per cent who were employed either full or part time.

Almost 30 per cent of respondents reported being involved in study at the time of the research and a further 20 per cent reported that they were involved in training. Of those currently engaged in study, 45 per cent were using the Childcare services, whereas 80 per cent of respondents using Parent to Parent were involved in some kind of training. Perhaps significantly, almost half of those were on courses related to children (such as childcare courses). This suggests that the services not only meet a specific need, but also allow or create space or routes to specific forms of progression.

4.2 Route to provision

Participants were asked how they found out about the Sure Start service they used. Their responses are detailed in Chart 4.6 overleaf.

Chart 4.6: How service users found out about Sure Start services



As was the case in Phase One, the most common route to service provision was based on the recommendation of a friend or family member, reported by almost a third of the sample. Hearing from a friend was a particularly common route to the service for those attending Parent to Parent, whereas the Sure Start Shop and the Health Visitor were the most commonly reported routes to Childcare services. This suggests that whatever strategies were in place locally, word of mouth was the single most important factor in guiding parents to some forms of provision.

Another common route to provision was through other Sure Start services, (18 per cent of responses) and again the Health Visitor accounted for a large proportion of referrals (15 per cent of responses at Phase Three). The Sure Start Shop also proved a popular point of access, accounting for 15 per cent of responses. The Shop was highly regarded by local parents as a source of advice and support:

> [If I needed help or advice] I'd go to Sure Start now, if it was a sort of childcare thing or the school - they have been very helpful too. But the Sure Start Shop first because they tend to point you in the right direction, even if they can't do anything they can point you to the person who could.

However, the role of the Shop varied from service to service. For example, 50 per cent of all referrals which came through the Sure Start shop went on to access Childcare service, but none went on to Parent Circle, Midwifery or Benefits Advice. Perhaps unsurprisingly, the greater proportion of referrals to the Midwife services came through a GP, but this was also a route to Childcare. Posters and schools appeared to be less effective means of publicity, only one person (attending the Benefits Advice service) reported having heard about the service from a poster at school.

One of the features of the data at Phase One was the extent to which service users experienced the services as inter-related or discrete services. Qualitative data from Phase Three suggests that the relationship between service providers

was implicated in referral, specifically the drop in facility at the Sure Start Shop, where parents reported that they went in with one query and gained access to other services. For example, parents expressing a general childcare enquiry were directed to additional support for their child:

> I went up to the shop on North Prospect road to enquire about it [Childcare]. I asked the receptionist if there was anything [else] for that sort of age, and they said they had a few things going on at Sure Start up at Ham Green, so I just came up one day.
>
> They gave me a booklet which listed all the services in it. Like stopping smoking and the drug abuse thing – just listed everything in the book – like being pregnant, so I suppose that covered all of it really.

Providers also played an important role, directing service users to other services:

> My son started at Ham Drive nursery and I went to Parent Circle when I found out Sure Start were doing that through [a worker]. Other parents told me about it first and then I met [worker] in parent circle, and then I've been introduced to everything that Sure Start do.
>
> She told me about some training and some other things, baby gym and baby massage and stuff. She gave me loads of leaflets on that.

The aspect of the Sure Start Shop that appeared most effective was the unwillingness of staff to either turn away those they could not provide a service for and the extent to which they 'held' a case until a satisfactory outcome had been reached:

> [Name] was wonderful, she came round to the house for about an hour and a half, in fact she put my mind more at ease than anyone I'd seen in the previous eighteen months with [son], she explained a lot about his condition, the possibility that he might have the condition called oral dispraxia which had been mentioned before. She sat with him and recommended some exercises for Nathan and chased up his records from his previous speech therapists, so she did an awful lot even though it wasn't really her responsibility to do it.

Sure Start workers were well connected to local service networks and sought access on behalf of those they could not assist, keeping in touch with them until the need had been taken on by another provider (such as housing). Those seeking help were not turned away because of the lack of appropriate provision and this raised the status of both the LARK Project and in particular its workers within the North Prospect community.

One of the more problematic aspects of the inter-service referral system and the integral role of the Sure Start Shop was the extent to which it was a way of working as opposed to codified into procedure. Where procedures were in place within the Shop (such as contact and referral) the strength of the system was its informality and its embeddedness within the working team. This could also be a potential weakness where workers were not aware of the ethos and/or not committed to it. As an effective means of referring and engaging local parents it

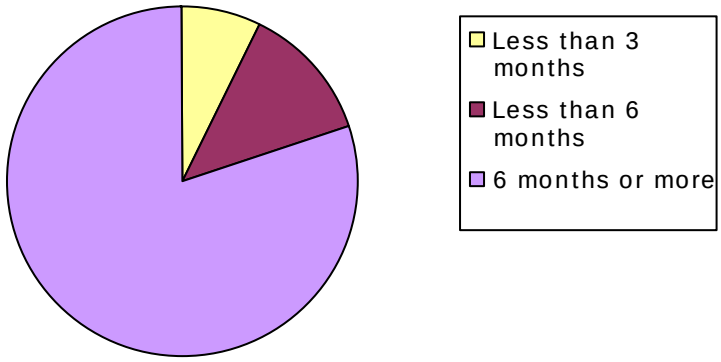
risked inconsistency if and when staff were replaced. However, to lock the system within a code or procedural documentation could undermine its flexibility and responsive nature.

4.3 Service use

The data on service use collected during Phase One illustrated a high degree of sporadic and non-attendance. During Phase Three service users were asked to provide additional data around issues such as retention, dropping out and why some parents may not come forward for services.

The data showed similar patterns of contact with service providers (see Chart 4.7 below), with the majority of users reporting that they had been using the services for over 6 months.

Chart 4.7: Duration of involvement in SSNPLP services



Across the service clusters there was limited variation, except in the case of Childcare, where over one third of users had been involved for less than six months (not surprising given the age-specific nature of involvement). Once more, service users were asked if the timing of their sessions was convenient and 95 per cent reported that it was. However, 13 per cent also reported that changing the timing would make the service more convenient to use; and all of these were using children's services (Childcare).

When asked if they would like more or fewer sessions, the majority of users (55 per cent) reported that they would. Those using services within the work and benefits cluster were least likely to express a need for more contact, only five per cent of the total requiring more contact were within this cluster. Unlike the data on timing, those using children's services did not report the greatest need for more contact, with 80 per cent of those using specialist adult services taking this place. However, when those using children's services were asked what form extended contact should take, they reported a need for earlier opening above longer contact hours (50 per cent required earlier opening compared to 25 per cent requiring longer sessions or more sessions). Interestingly, all of those requiring earlier opening were employed (either full or part time), all of those requiring longer sessions were unemployed and looking for work whereas those requiring more or longer sessions were unemployed or looking after the home.

This would suggest that for children's services, contact might be around the degree of 'fit' between availability and lifestyle as opposed to purely a need for increased provision.

Parents commented on the need for services to fit around their other commitments, such as collecting children and this was the central factor in requesting longer Childcare sessions:

> I'd like him to be here for longer on one or two days so that I don't have to rush back. If something goes wrong you can't get anywhere - it's too tight, I have other kids who have to be picked up at twenty past three, and others that come home at quarter to four. I have to be everywhere. And I can't split myself in three or four places.

For other parents there was a desire for more sessions, but this was constrained by the capacity of the service and the method of gaining access, particularly to sessional Childcare:

> You have to get basically what you can. When you phone up Monday morning, you can ask for the days that you want morning or afternoon but if they haven't got them you've just got to get what you can really. It depends what time you phone up Monday - I always try to phone up first thing, but obviously if you phone up half past nine or ten o'clock most of the spaces have gone.

> At the moment there is only enough places for [my child] to be in on Wednesday afternoons and Friday afternoons, I was going to take him out and put in him a nursery that does 5 days a week but I spoke to [worker] and she said that during the summer holidays they can give him more. I'd rather keep him here because he gets on well here and he's got lots of friends here.

Within other service clusters there were fewer concerns around timing of sessions, possibly because the providers could be more flexible. The greatest amount of flexibility was reported for services within the work and benefits cluster:

> She worked around us and what times I had available. If she was around in the office she would make time for you.

> Well I just pop in when I had the chance, if she wasn't there when I went down I left a message and she'd phone me back.

Thus, the ability of providers to meet the needs and expectations of their users was constrained by their capacity and working practices. In those service clusters where support was one-to-one there was more flexibility, but not necessarily more capacity. Where services were provided to groups, flexibility was reduced.

When attendance was examined at Phase Three, the majority of service users (77 per cent) reported that they or their child attended all of the available sessions. More extraneous factors were implicated in non-attendance, however,

when reasons for absence were compared for both samples (see Table 4.7 below) the additional factor of confidence emerged.

Table 4.8: Comparisons for absence (Phase One and Three data)

Reason for absence / missing sessions	Phase One	Phase Three
Illness	1	1
Personal reasons / family commitments	2	2
Other appointments (such as with a GP or specialist service provider)	3	3
Poor weather	4	-
Lack of confidence	-	4

Of those who reported that they did not attend all the sessions, or missed appointments, half were from a single service (Midwife) and all of these stated that the reason for not attending was due to responsibilities for other children. Those least likely to attend were receiving services in the health cluster whereas those most likely to attend were recipients of children's or specialist adult services. This was linked by respondents to the nature of the service:

> I don't really have appointments. It was more like a drop-in thing. She'd say if she was going to be in all day or whatever – it was informal. That's why I like it.

Where the provider was able to be flexible, attendance levels increased, but this degree of flexibility was only available to a minority of the SSNPLP service providers.

When respondents were asked if they had ever become so disillusioned with the service that they had considered dropping out, fewer than 10 per cent reported that they had considered this option (both receiving adult services). As well as providing further evidence of satisfaction, this also pointed to factors outside the provision:

> Well – it wasn't because of the people here. Just – when you send off for jobs and you don't get replies. I sent the forms off and you're waiting to hear from the job you want – and you never get any replies.

In an attempt to identify why people may not come forward for services within the SSNPLP, current users were asked to suggest what prevented engagement. Although fewer than half of the respondents felt able to offer a reason, of those reasons that were suggested the most common was mistrust of those in authority, followed by an unwillingness to express need (linked to feelings of personal failing pride and fear). One of the issues raised by service users was the extent to which seeking help may expose the family to external scrutiny and raise issues around child protection:

> Because they have family issues or something - people don't like to talk about what goes on in their own lives, they're quite private.

Given that a significant proportion of children in the North Prospect area are considered on the basis of Health Visitor data to be at risk, it may be that the willingness of families to engage links to child protection concerns.

Overall, where the Phase Three data analysis on service use corresponds closely with the findings of Phase One, it also raised additional issues for service providers and their strategic managers that include:

- **the very high degree of social and familial stability in the area**
- **the very high level of children's needs (specifically SENs)**
- **the role of services in providing routes to learning and training**
- **the ability of providers to meet the needs and expectations of their users**
- **the extent to which working practices prevent greater service take up**
- **the potential that fear over child protection reduces engagement.**

4.4 The quality and range of the services offered

In order to further clarify the high levels of user satisfaction (reported in Section Two) the Phase Three survey sought to ascertain how SSNPLP services compared with other local services users may have used. This data was then examined in order to assess whether there was any disparity amongst users of different services.

Because SSNPLP aims to provide services that are 'better than average', users were asked if they felt that this was indeed the case. No respondents reported that they were below average, 15 per cent that they were average and the majority (85 per cent) that they were above average.

In an attempt to add context to this data, service users were asked to compare SSNPLP services to the service received at their local general practice, because it was expected all would have used a GP, for either themselves or their child. Their comparisons were overwhelmingly positive, with 87 per cent reporting that the Sure Start service was better than that provided by their GP:

> They're much better than the GP - they're more accessible, they're very open here, if you have a problem you can speak to them about it and vice versa. The staff are very open. With a GP it's so formal, whereas here certain aspects of it are formal but the majority is informal and open and friendly.

> The fact that she [the provider] is the same as us. She lives in the same area as us – she's as common as us! You can relate to them better than some pompous suit sitting behind a desk telling you what you can and can't do.

The combination of informality and the perception of shared cultural values may be behind the high regard towards services provided within the SSNPLP. However, there are also possible tensions concerning this element of the data. It was reported by a minority of respondents that the services were so highly regarded that people outside the area were envious and even willing to move into North Prospect to access them:

> [my sister] wants to move into North Prospect because of all the facilities they have here for children [but] if it's making people want to move into the area just because of the help they get then it has to be good.

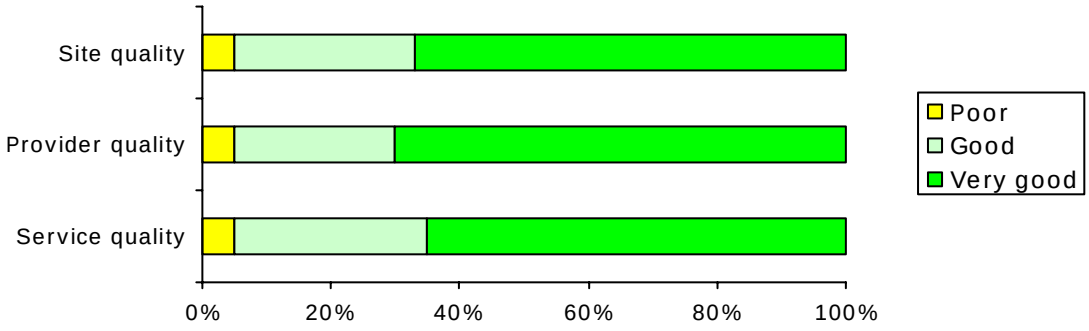
Where this may be considered good from the point of view of service users, it may create tensions between SSNPLP and other local providers. Moreover, there was also a perception that providers (including Sure Start) lacked longer term commitment to the community:

> Before Sure Start came here it was hopeless. There was a benefit advice thing at the Halcyon church and a community centre along the road but any other service was totally non-existent. There was one poor girl working up the Halcyon and everything was dumped on her lap, I think personally that eventually all these things come to an end because funding stops, but it will be a sad day for North Prospect when this place closes. People have benefited so much.

Service users were also asked to rate three specific aspects of the service they or their child were receiving using a one to five scale with five being the highest: the quality of the service; the quality of those providing the service; and the quality of the site at which it was provided.

The data across the sample, for all three ratings is presented in Chart 4.9 below.

Chart 4.9: Service users' rating of service, provider and site quality



The degree of consistency across the data was striking, with low responses for poor quality across all three areas. In all areas (service, provider and site) ratings were good or very good in 95 per cent or more of responses.

When users qualified their ratings, two key themes emerged (see Table 4.10); the friendliness of the staff and their willingness to listen to users needs; and the accessibility of the service.

Table 4.10:Reasons for service user satisfaction

Reason	Per cent of Responses %
Friendly and supportive staff	33
Lack of waiting list	30
Staff who listened and were easy to talk to	27
Non sexist staff	4
The positive attitudes of staff	3
Informal approach to meeting need	3

The twin themes of staffing characteristics and ease of access appeared to combine to make service users feel both valued and supported:

> I think they're great, I like them all. I've never had any problems with any of them, they're always willing to listen to what you've got to say.

> It's convenient isn't it, because it's right in the centre of North Prospect, I'd rate it because it's near the shops - people go to the shops and they might think oh I might as well pop in and see Tracey while we're near. It's right next to everything.

Negative comments tended to be around staffing cover, for example, citing a shortage of staff cover or the unavailability of staff due to sickness, specifically in relation to Childcare.

The survey in Phase Three also found that perception of Sure Start varied depending on how many children users had. Those with more than one child were more likely to think Sure Start provided better services (94 per cent) compared to those with one child (63 per cent). The responses regarding quality of services had a particular focus on positive effects on the children. This may suggest that people with more children were able to get more out of Sure Start services and/or they had more experience with other services to make a difference to the comparison.

Service users were asked how (if at all) the service they accessed might be improved and 40 per cent reported that there was some room for improvement. Their suggestions were ranked and may be seen in Table 4.11 below.

Table 4.11: Suggestions for improvements to service

Rank	Suggested Improvements
1	More sessions
2	More staff
=3	More space to use within the building
=3	Encourage greater hygiene and cleanliness for children
=5	Private rooms for confidential meetings (Sure Start shop)
=5	Childcare facilities open at weekends
=5	A canopy outside so children can play out in bad weather
=5	Involve parents more
=5	More detailed plans or schedule of events at sessions

The majority of suggestions focused on expanding the service rather than making changes to what existed at the time of the research:

> I know for a fact that they have to turn people away sometimes. There are other people out there that aren't aware of it and those who are very sceptical about this kind or service. If there were enough people employed by Sure Start, somebody could go wave the flag so to speak but these people haven't got time to do it.

> I think they could make some improvements. They could do with more space and sort of segregated play areas so that it's not just a great big open plan. Because it's open plan it seems like all the children are all together all the time, whereas if they had separate areas I think it would be a bit better.

Overall, the data on service quality from Phase Three adds useful insights to that collected during Phase One. It was clear that staffing and the ethos or configuration of services were key components in perceptions and reports of quality and satisfaction. Perhaps the only concern for providers and strategic managers would be the extent to which the SSNPLP is permitting negative comparisons of previous service provision, providers and of services in other areas. In addition, there remain questions in the minds of some service users concerning the longer-term commitment to them and their community. Where the data suggests very high levels of satisfaction, it also points to a degree of mistrust within the community that such services will be sustained.

4.5 Links and progression

In order to further examine the links between SSNPLP services and the apparent inter-relationship between them and the complexity of need (reported in Section One), the Phase Three survey sought to find out how service users were referred between services and where they would go to seek support.

In total more than 80 per cent of respondents reported that they had been given advice about other Sure Start services that were available. Across the service clusters, health promotion services were the most likely to inform users of other services (100 per cent of cases), the least likely were children's services, although even here 67 per cent of users had been given advice. Service users were also asked if they or members of their family use any other Sure Start services. Seventy-two per cent stated that they or their family did use other services. This would suggest that users of one service are more likely to engage with another. However, this varied from service to service. All of those within the health promotion cluster used another Sure Start service but the figure for the specialist adult service cluster was 50 per cent, and for the work and benefits cluster and the children's services it was 67 per cent.

The two key features of additional service use was intensity and the familial nature of use:

> I go to Parent Circle on a Monday, Keep Fit on a Tuesday, Walkers and Talkers on Wednesday, the crèche twice a week, and the Cooking and Craft sessions at the community centre on a Thursday.

> My sister used the Midwife service as she has just had a baby. I have just been asked to get the crèche number because we think my niece and nephew would benefit going there, because that's where my daughter picked up a lot of stuff. They would both benefit from going so that they won't be by there Mum's side all the time.

The evidence suggests multiple service use and a great deal of extended family involvement within the project – across all services. When participants were asked where they would go to seek help or support, the role of the Sure Start shop and key workers was again illustrated (see Table 4.12 below).

Table 4.12: Where parents seek advice and support

	Per cent of responses
Sure Start Shop	40
Specific worker e.g. midwife	36
Nursery/EYC	10
Work	3
Mum	5
Other parents	3
No children n/a	3

Service users were also asked what they thought families in North Prospect needed at that time. Significantly, responses did not suggest any additional services for 0-5 year olds but 28 per cent reported that services and provision for older children were needed.

> Things for older kids to do, not just the babies. There are a lot of nine and ten year olds getting into trouble around North Prospect.

Where Sure Start was identified as having any weaknesses it was in areas of building trust and providing services at times that were more convenient to users. Ten per cent of the sample reported that it was important that Sure Start 'prove itself' further to people in North Prospect, specifically that, at the service level, providers did care about the community and its needs:

> It's quite a deep thing because many years ago, the people in power so to speak, controlled North Prospect and if anyone came along and tried to change things they got rid of them. There was a community development worker - he was absolutely brilliant and he started to get the people in the community working together and doing things together, the powers that be saw him as a threat to their power base and they got rid of him. So there has always been that mistrust in whoever comes to North Prospect and tries to do anything. There is the mistrust of people being let down. Having said that, I think since Sure Start have been here and a couple of other agencies, things are now beginning to improve and create trust because they have seen the results - things have happened. Before all they saw was people sat round talking and nothing ever being done. So people think "why bother?".

4.6 Conclusions

The findings of Phase Three raise a number of questions for providers and service managers. At one level they confirm the widely held view that services are much needed, of a high quality and highly regarded by their users. However, the qualitative data collected during this phase also points to some complexities within the community and around service use that should be of interest and/or concern to those within the project. Among these are:

- **the very high degree of social and familial stability in the area**
- **the very high level of children's needs (specifically SENs)**
- **the role of services in providing routes to learning and training**
- **the ability of providers to meet the needs and expectations of their users**
- **the extent to which working practices prevent greater service take up**
- **the potential that fear over child protection reduces engagement**
- **the level of mistrust within the community and the fear of being let down**

Perhaps the success of the project, specifically in providing and staffing a mix of services that meet the very high level of local need, will help to address some, if not all of these issues.

Section Five: the impacts of the Sure Start North Prospect LARK Project

5.0 Introduction

This section examines the impacts of services reported by parents and service providers. At a parent level, impacts were examined in both Phase One and Phase Three, with impacts being measured using scales and elicited as open responses to questions during interview. Impacts were recorded at three different levels; on parents; on children and; on families. Service providers were also asked to report on impacts using scales and open responses; at the same levels. The combination of measures served as a useful validity check, exposing unintended impacts that may have been overlooked by the more structured aspects of the research.

The section is set out as follows to examine:

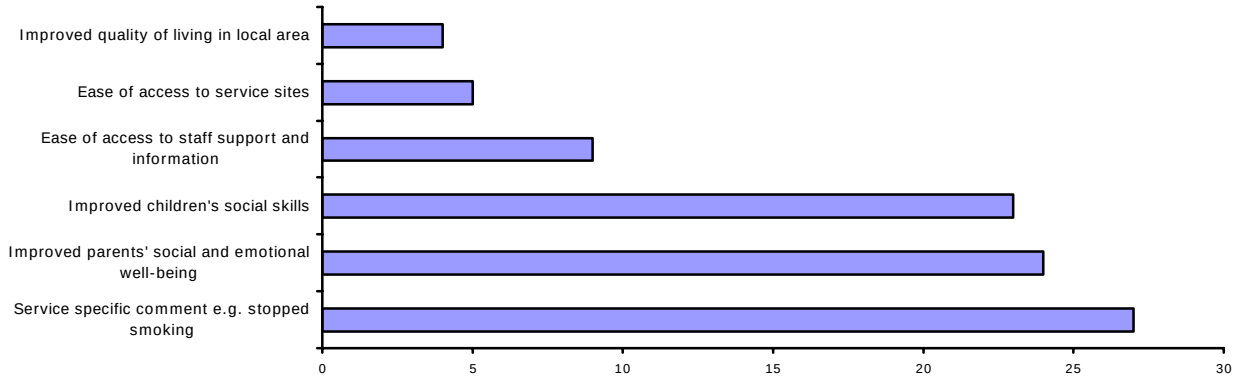
- **the main impacts identified by service users**
- **impacts identified at a parent, child and family level**
- **service specific impacts**
- **improvements to project services – a parent's view**
- **impacts reported by service providers**

The section concludes with a series of key points that service providers and their strategic managers may find useful when taking heir services forward.

5.1 Main impacts of services

When those completing a Phase One survey were asked to state the main impact of the service, the following features were identified and shown in Chart 5.1 (below).

Chart 5.1: Main impacts of service



Because the data derived from an open question, respondents were able to suggest an impact which they felt to be significant and a number of common elements arose. The most frequently cited impacts were service specific (such as

stopping smoking and learning what benefits they are entitled to), but there were also responses concerning the positive impact a service had on improving both parents' social and emotional well-being (24 per cent) and children's social skills (23 per cent).

Other significant impacts reported were that the service had increased and eased access to support staff (across services) and improved the flow of information from staff to service users. In addition, improving access to sites of service provision was reported as a significant impact. A small number of respondents (four per cent) reported a general improvement in the local area, these comments included increasing the feeling of safety as well as generally making North Prospect a better place to live. This would suggest that the impacts of SSNPLP are not isolated to those that are directly involved with the services it provides but has overarching effects on the community as a whole.

The data showed that users of the same services reported similar impacts. For example, all of the respondents from Smoking Cessation reported the access to the site and support as the main impacts, stating that, '*having support locally as and when I need it*' was an important factor. Similarly, all of those accessing Pregnancy Advice have also reported access, '*getting a test quickly, locally and free*' as the main impact.

Respondents from adult services were more likely to report that meeting people was the main impact of the service, rather than anything more specific to the service aims. Furthermore, half of the respondents using Fun and Keep Fit reported that the main impact had been to make them feel better about themselves. Thus, whilst some of the services had particular aims in mind, such as improving health and fitness, the reports from users suggest they have had additional impacts that may not have been recognised as a need initially.

In order to establish what improvements could be made and hence what the drawbacks of the existing services were, users were then asked how the service could have had more of an impact. The results are shown in Table 5.2 (below).

Table 5.2: Parents' suggestions for increasing the impact of the project

	Per cent of responses
More or improved advertising	15
More of the same service	14
Service specific comment (e.g. new materials)	8
Build on what has gone well so far	5
Keep the service going	2

The majority of responses involved working with existing elements of the service rather than introducing anything new. For example, advertising the service more effectively or extending it further. However, the majority of service users did not think anything more could be done; reflecting a general level of satisfaction with the service as it was.

5.2 A statistical examination of impacts

At Phase Three, participants were also asked to report what they believed to have been the main impact of the service. In this phase responses were required in three parts and thereby differentiated impacts into the three categories: self; parent; child and; family. These are discussed in turn below.

5.2.1 Impact on parents

The main impacts on parents were analysed and are detailed in Table 5.3 below:

Table 5.3: Main reported impacts on parents

	Per cent of responses
Led to less stress	22
Provided free time for the parent	17
Enabled me to work	11
Became more sociable	11
Increased confidence	8
Provided reassurance	8
Provided encouragement and support	6
Brought the parent closer to child	3
Increased independence	3

A decrease in stress was the most commonly reported impact, by respondents (22 per cent).

> I'm not so stressed out. It's very helpful if you need someone to go and talk to about anything then they're there.

The ability of the service to provide parents with free time was the second most commonly reported impact (17 per cent). It was clear that SSNPLP services provided an additional and unintended role to parents. Significantly, the majority of users who reported this impact were Childcare users:

> Because I'm only nineteen I found it quite a struggle to bring [my daughter] up on my own, so it gives me a bit of a break and they also help to bring her up while she's here, they teach her things that I wouldn't know how to teach her. It gives me time to myself.

These responses correlate with the findings of Phase One, which refers to a much larger sample (n=146 compared to n=40 at Phase Three).

Specific impacts were sought on a range of items including occupational, social and emotional impacts:

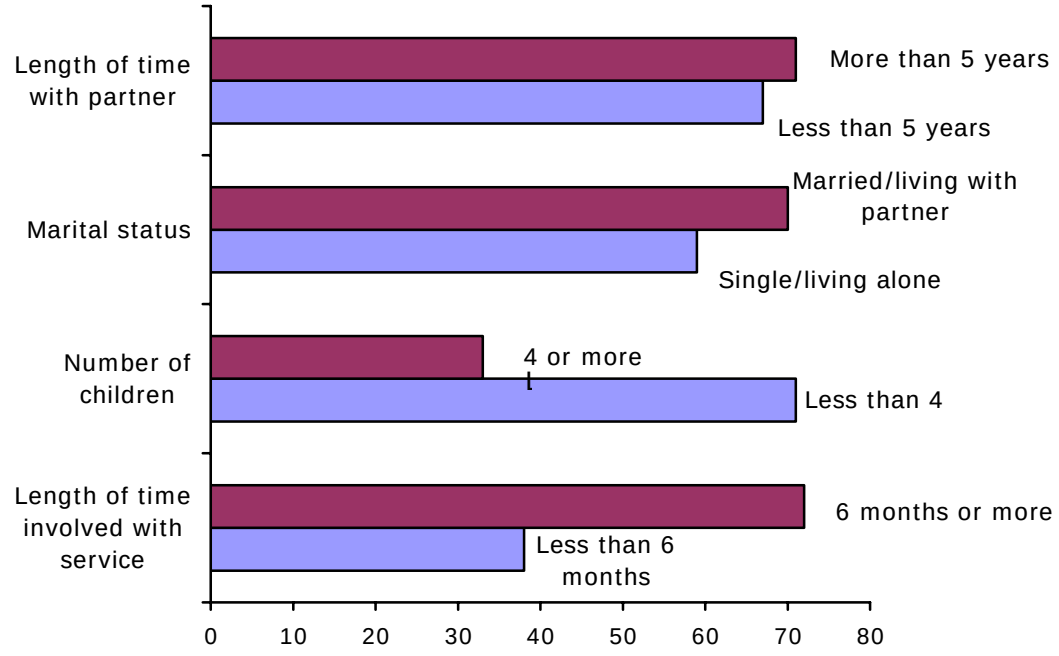
- **helped service users to make new friends**
- **decreased parents worries about their children**
- **helped service users to take up work, training or study**
- **helped service users to stop smoking**
- **taught parents about child development.**

Sixty-five per cent of respondents stated that the service had helped them to make new friends. However, closer analysis of the data sought to examine how impacts may differ by key variables:

- **time spent with current partner**
- **marital status**
- **number of children**
- **duration of contact with the service.**

The findings of this analysis for each potential impact are presented below.

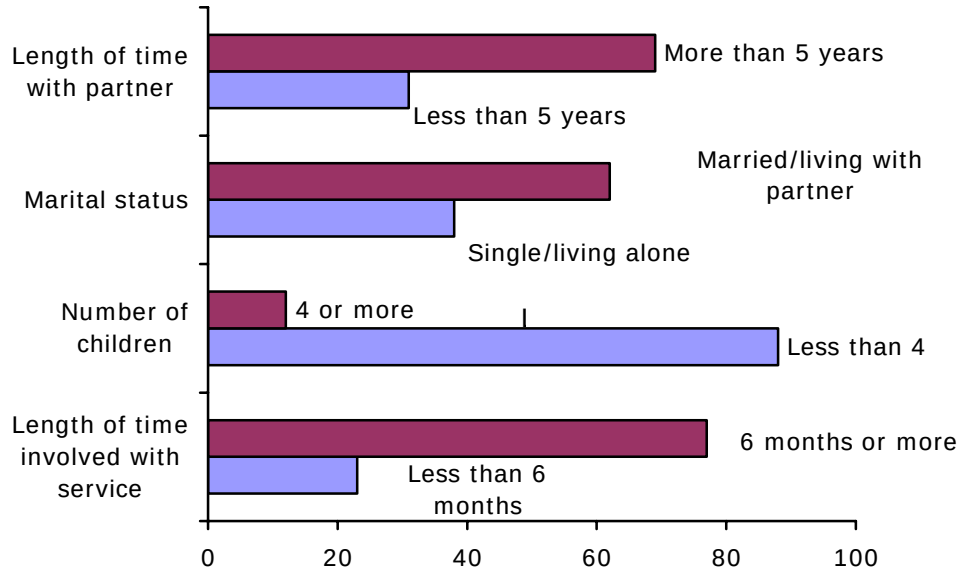
Chart 5.4: Helped service users to make new friends



The analysis (Chart 5.4 above) showed that service users who had been involved with the service for six months or more were more likely to have reported that it helped them to make new friends (72 per cent) than those who had been involved for less than 6 months (38 per cent), as may have been expected. However, those who were married or living with a partner were also more likely to report this as an impact (70 per cent) than those who lived alone (59 per cent). This may suggest that respondents with a partner find it easier to make new friends, either because of the configuration of services and/or they have greater levels of confidence in social situations. Users with more children did not identify making new friends as a high impact (only 33 per cent of respondents with four or more children), despite the need to meet other parents having been identified as a key need among this group at Phase One.

When the data was analysed further where parents had reported that they became less worried about their child (see Chart 5.5 below), similar differences were found.

Chart 5.5: Decreased worry about children

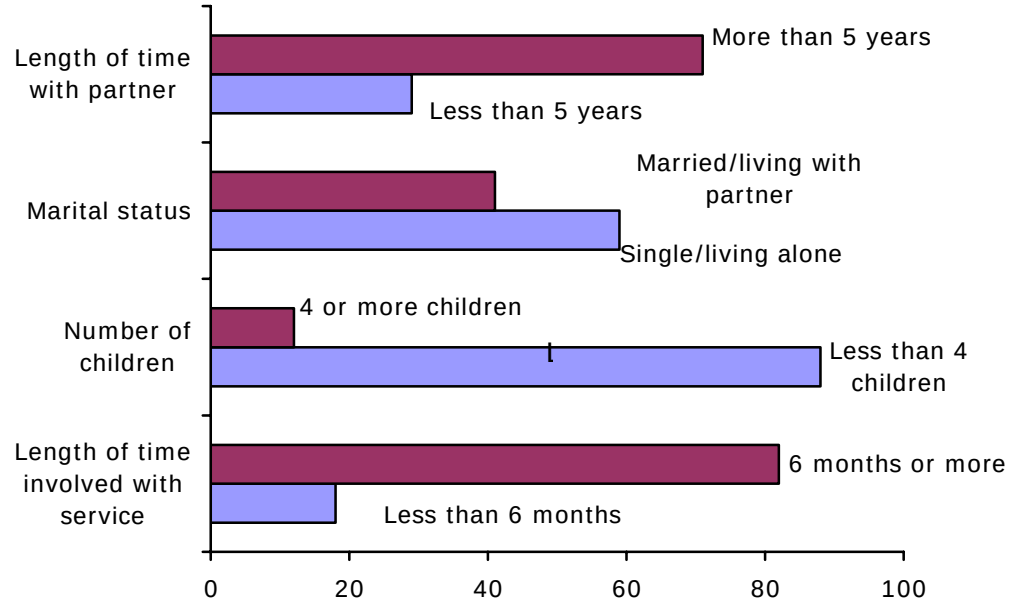


The analysis suggested that 'worry' was not only linked to service impact but also to the familial structure and duration of involvement with the service. For example, users who had been involved with the service for more than six months had become considerably less worried (77 per cent) than new users (23 per cent). Single parents were not as likely to have been made to feel less worried about their child (59 per cent) than those who were married or living with their partner (70 per cent). This possibly reflects the heightened sense of responsibility within one parent families, compared to families where responsibility was shared. Perhaps of interest to service providers was that where some of the worry for single parent was alleviated by the service (being a key impact of it) this remained a key concern for users.

The extent to which the services had helped service users take up work was examined by key variables. The opportunity to take up work was identified as a need by just over half of the respondents at Phase One (see Section Two). The ability to work may also contribute to a general improvement in the social and emotional well being of a parent by reducing stress, particularly if financial stability is an issue. One parent reported that it had reduced stress at home because it had reduced her own guilt about working:

> Because I'm less worried about the children when I'm at work and I feel less guilty because Nathan enjoys it.

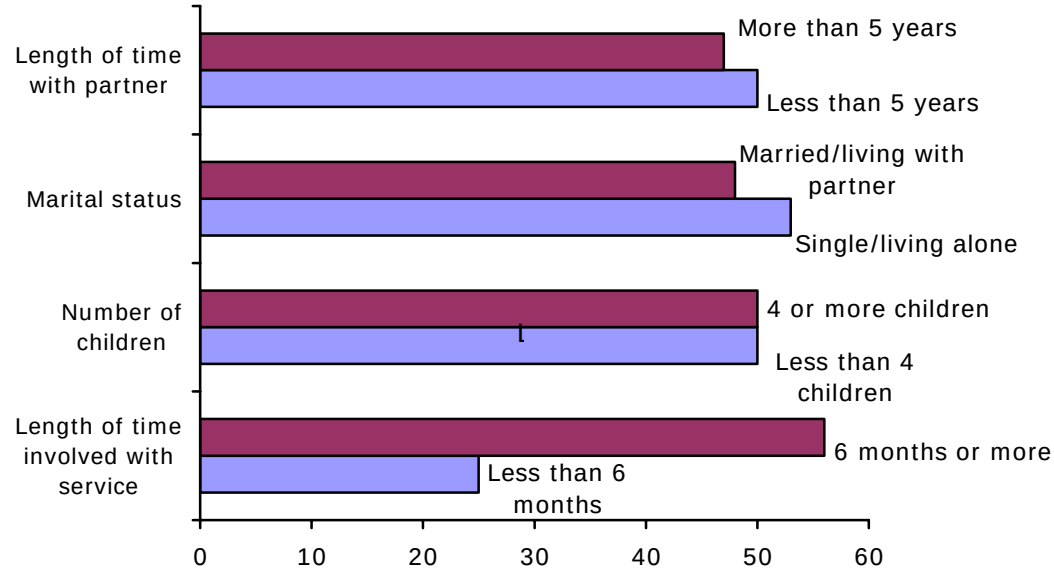
Chart 5.6: Help in taking up work



Users were most likely to report help in taking up work as a significant impact if they had been in the service for more than six months, were single and had fewer children. This would suggest that lone parents either received more help in taking up work and/or they identified employment as a greater priority. However it is possible that those with fewer children may have had more opportunity and time to take up work and therefore recognise that as a main impact.

The reported impacts of help received to enable parents to train or study produced far less differentiated results (see Chart 5.7 below).

Chart 5.7: Help in taking up training or study

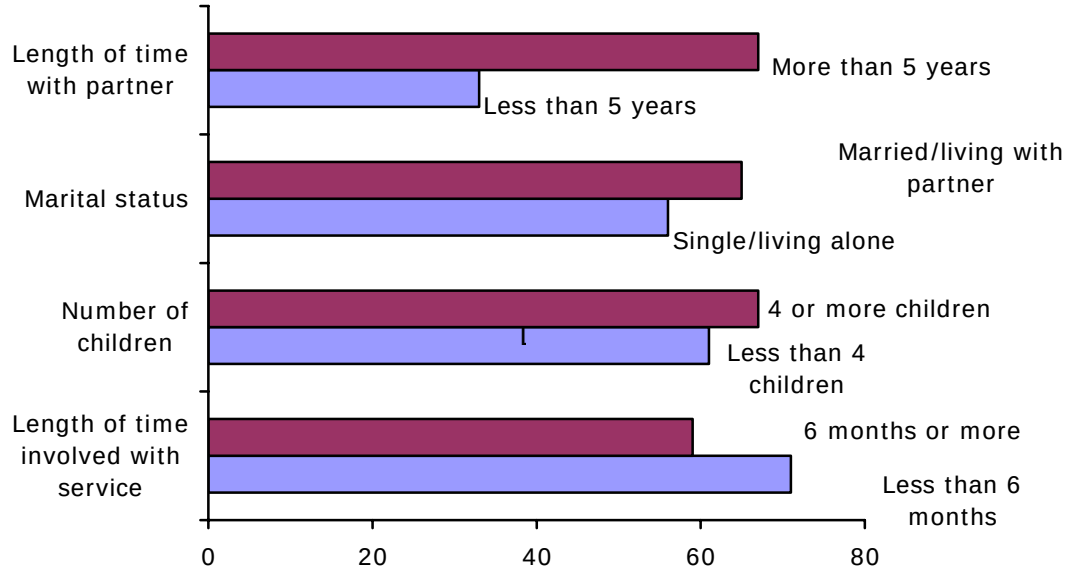


As with help taking up work, those who had been involved with the service for six months or more were most likely to have reported the help that they received

to train or study as an impact than those who had been involved for less than six months. New users may not be aware of training and study opportunities and/or may not have seen this as a priority and thus a major impact (although, the number of participants who had been using the service for less than six months was low, this may have affected the results). There was little difference according to marital status and number of children, although single users are marginally more likely to report it as an impact (53 per cent) than those living with a partner (48 per cent).

Parents were also specifically asked about the impact services had on teaching them about child development.

Chart 5.8: Taught parent about child development



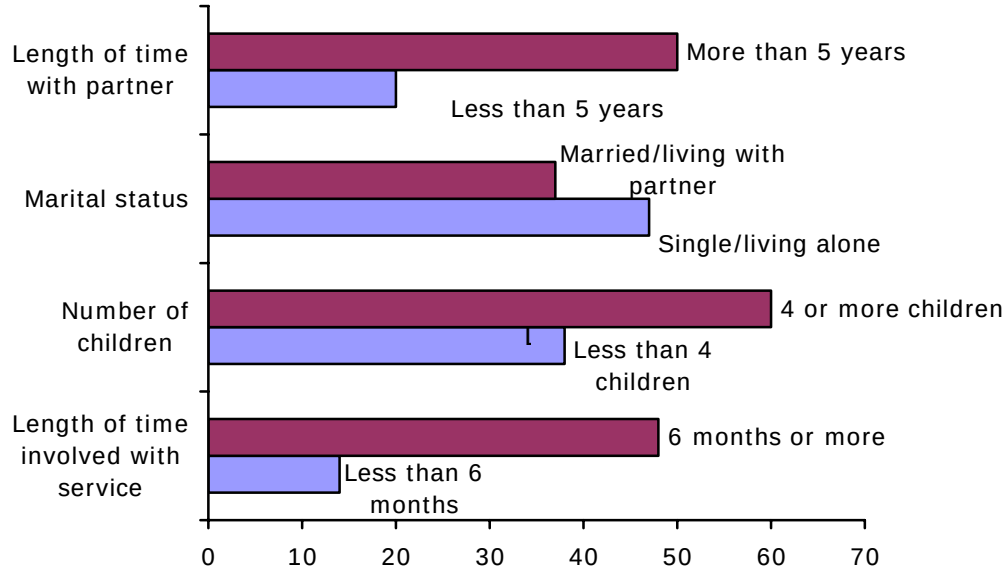
There were few divergences in the impact of child development learning. Perhaps of most interest, is the finding that users who had been involved with the service for less than six months were more likely to report this as an impact.

> It has taught me that my children don't all develop at the same time, that all children have different needs you know you have to try to not compare them because they're all individuals.

Finally, the impact services had on smoking cessation was analysed according to differences in home set-up and length of involvement with the service (see Chart 5.9 overleaf). One parent attributed her giving up to the project's intervention:

> I quit, this is my fourth week. Sure Start issued me with a letter to give to my doctor to get NRT. I was always quitting and then something would happen and I'd go back to it - this time hopefully I'll stick to it.

Chart 5.9: Helped parent give up or think about giving up smoking



Other contributing factors to recording smoking cessation as an impact include families with more children and parents who have living with a partner for longer, but these both may be affected by the age of respondents. Interestingly, the longer users were involved in a Sure Start service, the more likely they were to report giving up or thinking about giving up smoking as an impact. This may suggest that involvement with services acts as an encouragement to give up smoking and/or improve health.

The most significant impacts for adults are those that have affected the social and emotional well being of parents, which supports the findings at Phase One within the larger survey group. The most positive effects reported were the help users received in making new friends and reducing the worry about their child (both 65 per cent).

> I think you still worry but I suppose it is less worry knowing where she is and that the contact is something that is supposed to happen and I know for a fact that they would contact me immediately, so yes I suppose it has lessened worry.
>
> [The service] makes me a lot more relaxed because I'm not worried about my daughter. When I'm at home I'd do nothing but worry because I didn't know what she was up to or what she's doing or if she could hurt herself.
>
> If there's anything wrong, Denise is only a few minutes up the road from me so if anything goes wrong and I don't know what to do about it or don't know how to deal with it all I have to do is go up to Denise and she will explain to me what I can do.

5.2.2 Impact on children

The principle impacts reported by parents on their children are shown in Table 5.10 below.

Table 5.10: Main impacts of the service on children

	Per cent of responses
Interacts with other children	41
Speech development	23
Mental development	9
None	9
Calmer	4.5
Better behaved	4.5
Confidence	4.5
Support	4.5

Again, this supports the findings at Phase One, as the principle impact identified relates to the positive impact the project had on a child's social skills. The most commonly reported impact was a child's increased ability to interact with other children (41 per cent); this was reported by parents whose children attended Childcare and by parents who received a Health Visitor or attended Parent Circle. The second most commonly reported impact was improvements in speech development (23 per cent), which four parents whose children attended Childcare and one parent who attended Parent Circle reported.

> She's come along quite a lot, before she was here she didn't want to do anything, but while she's been coming here she has been singing and learnt to play with other children and on her own.

As at the adult level, parents were then asked direct questions to ascertain how their child's social development had been impacted by the service, specifically whether it had:

- **improved their child's listening skills**
- **improved their child's speaking skills**

The results were similar for both, 50 per cent of the respondents reported that their child's listening skills had improved and 45 per cent stated that their child's speaking skills had improved.

> He's quite good at listening. The children get told what to do at nursery and they do as they're told, so they're pretty good at listening. He listens to me at home too.

Chart 5.11: Improved child's listening skills

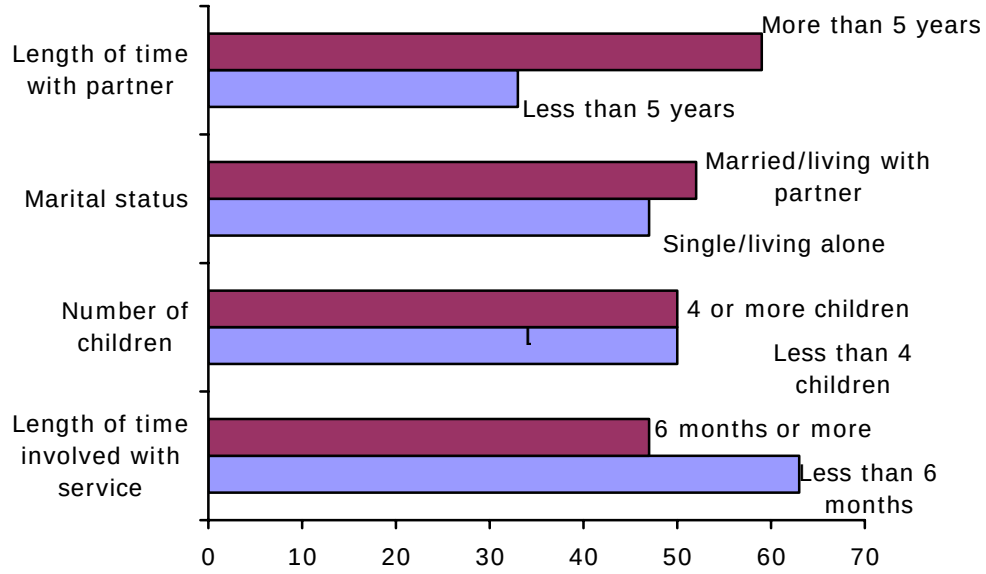
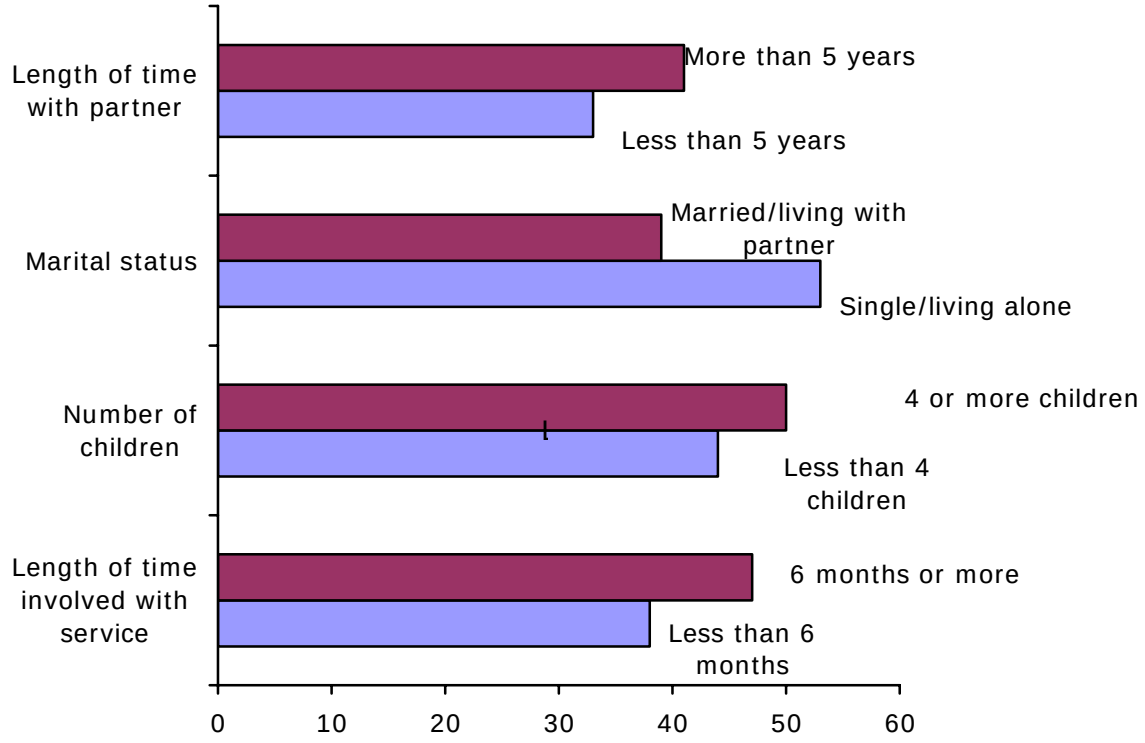


Chart 5.12: Improved child's speaking skills



There was little divergence in responses amongst users with different lifestyle arrangements. Perhaps the most significant finding was the greater perceived improvement in children's speaking skills in single parents (53 per cent) than in those living with a partner (39 per cent). However, the converse was true for children's listening skills (47 per cent of single parents compared to 52 per cent of parents with partners), although the difference was not remarkable.

5.2.3 Impact on the family

When participants were asked to state the main impact of the service on the family there was a limited number of responses, the majority of which were linked to providing support and reassurance to parents, as opposed to having specific impacts on family needs. For example, the impact project services had on reducing stress and increasing personal (parent's) time were reiterated. This is consistent with data gathered in Phase One as no one reported family factors as an impact at this stage; this may be because family impacts are less obvious to pinpoint.

Two responses that were more specific included one from a Job Broker user who reported that the financial benefits resulting from her involvement had improved the quality of life for the whole family, and one Midwife service user who reported overall lifestyle improvements:

> It has helped me look at my lifestyle and change it. It has made everything better. I can cope with family problems better, I'm actually doing something about it and getting things done.
>
> I've got a job, which means I have more money and the kids get more.

In order to obtain more specific information as to whether the project had had a positive impact on their family, as with the sections on adults and children, participants were also asked a number of direct questions.

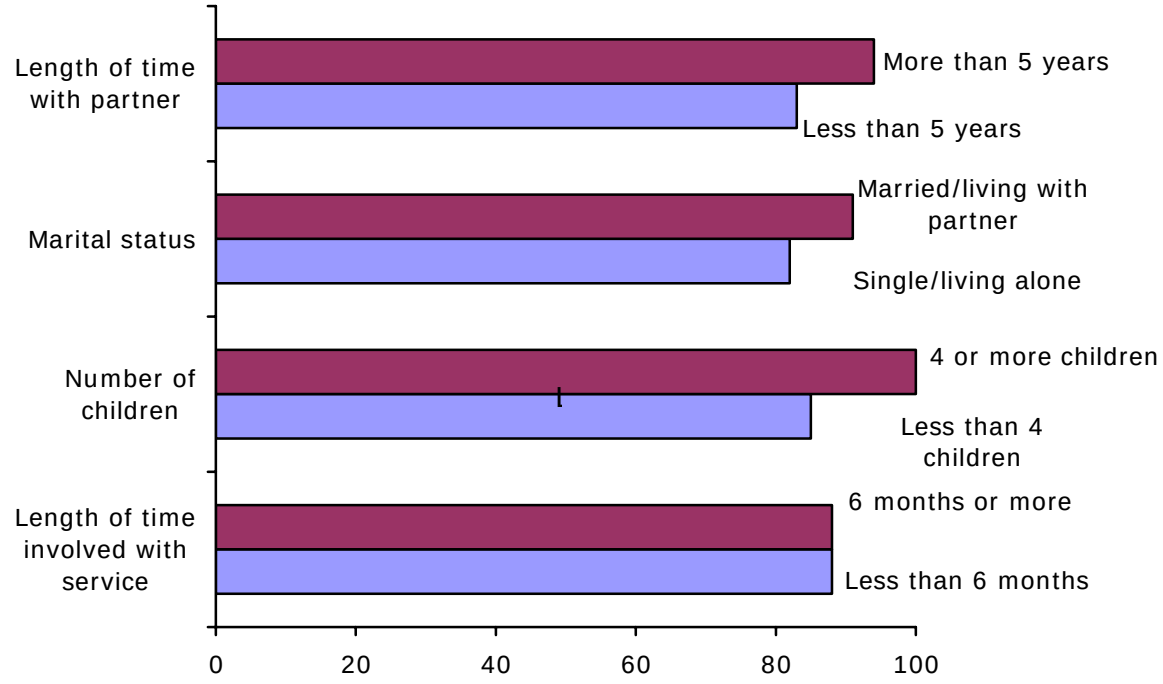
Has the service:

- **Supported the family?**
- **Led to less stress at home?**
- **Improved family stability e.g. stopped arguments at home?**

The data shows that project services **had** generated major impacts on the family. The majority of respondents reported they were more aware of support for their family (88 per cent) and experienced less stress at home (70 per cent) and, over half reported an improvement in family stability (55 per cent).

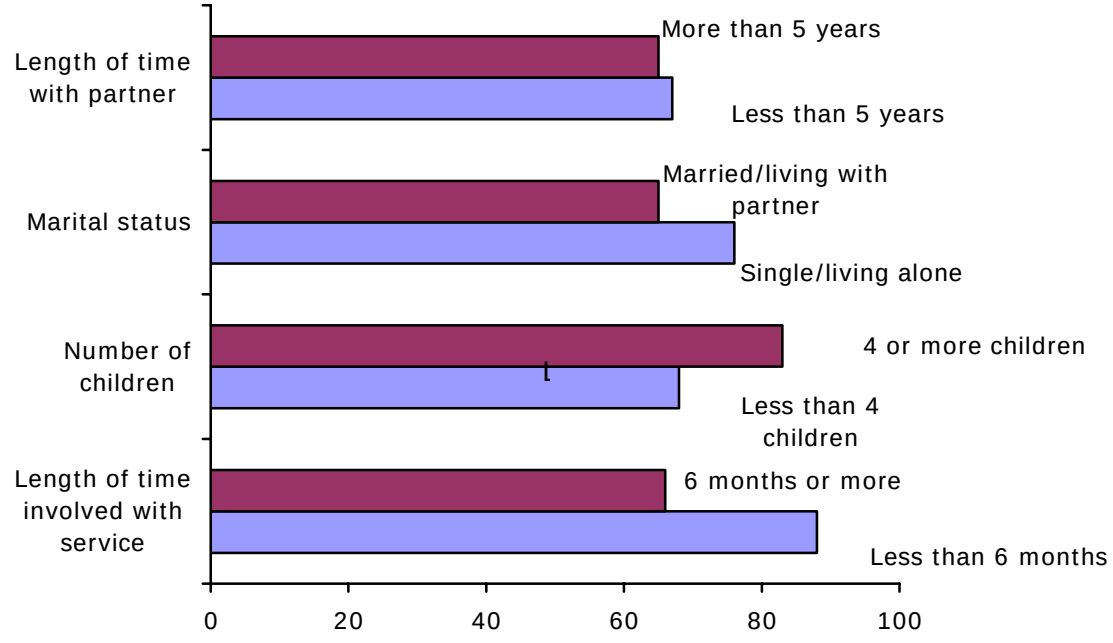
Again, responses were examined to see how impacts of services also depended on extraneous circumstances related to lifestyle arrangements and how long users had been involved with project services. The findings for each of the three questions are shown in Charts 5.13, 5.14 and 5.15 overleaf.

Chart 5.13: Increase in support for family



All users reported increased support for the family as a very high level impact. However, this was higher in users with large families; all respondents who had four or more children reported this as an impact compared with 85 per cent of users with less than 4 children. Interestingly, it made no difference how long users had been involved with project services, which would suggest that it is an impact that is felt immediately and sustained throughout, and/or, since this is a measure of perceived impact, that family support is a main priority for parents accessing services.

Chart 5.14: Led to less stress at home

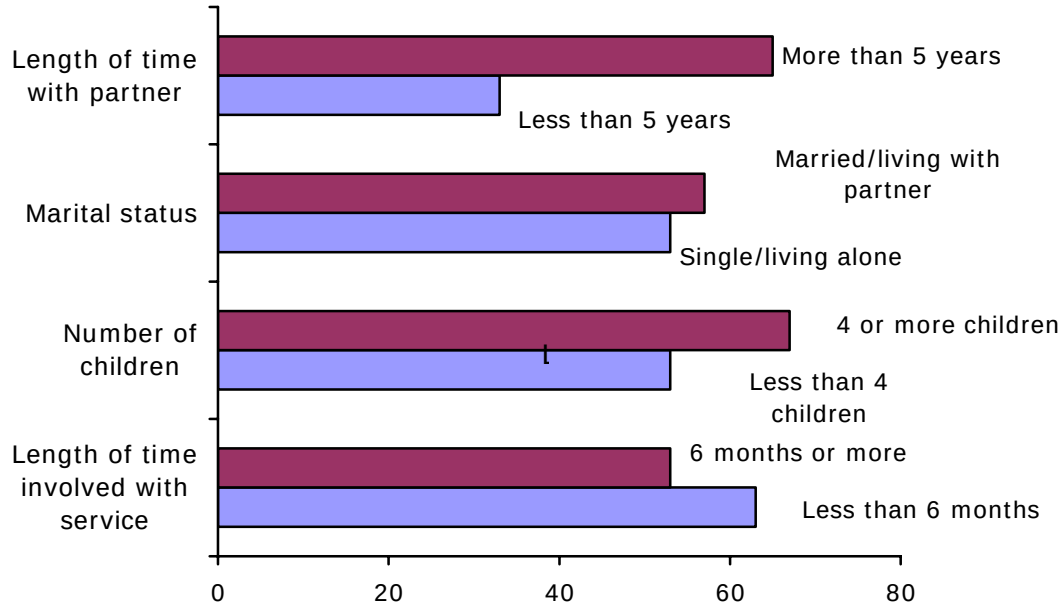


Users with large families were more likely to report a decrease in stress at home as a service impact (83 per cent) compared to families of less than 4 children (68 per cent). However, single users were more likely to report this as an impact (76 per cent) than those that were married or living with a partner (65 per cent). Given the likelihood that in a single parent home there is less likely to be support on hand than in a situation where there are two adults, it is perhaps unsurprising that the support received from services will be perceived as a greater impact by single parents.

> Because you're talking all the time so you can get all your stress out by talking to someone, and get your worries out rather than taking it out on my partner. Because I do get stressed out quite a lot, so instead of me arguing with him, when I talk with Karen I can kind of get it all out of my system. It has helped.

Perhaps of particular interest to service providers, is the finding that users who had been involved with the service longest were less likely to report a decrease in stress at home as an impact. This may be because the initial impact that the service had was high and was therefore less likely to be felt after long periods of time and/or because causes of stress may have re-established themselves after an initial respite.

Chart 5.15: Improved family stability



Users with large families were also more likely to report an increase in family stability as a main impact, but this may be related to priority of need. Unlike the findings on the reduction of stress, single parents were less likely to identify an improvement on family stability as an impact, which may suggest that whilst single users report less stress between themselves and their children this does not necessarily achieve what they perceive as family stability and/or a reduction in stress is a more immediate priority

In addition, **all** users that had been living with their partner for over ten years reported an improvement in family stability as an impact compare with as few as 29 per cent of those who had lived with their partner for less than 10 years.

Again, of interest to service providers, the length of time users had been accessing project services did not correlate to an improvement in family stability as might have been expected. This may again be due to the reasons outlined above or due to a shift in perceived priorities when selecting impacts.

5.3 Service specific impacts

As in Section Two, services have been categorised into the following clusters:

- **Children's services**
- **Specialist adult services**
- **Health promotion services**
- **Work and Benefits**

Impacts have then been examined to reveal how specific services effect the perception of overall impacts. Since this also relies on Phase Three data, results have again been differentiated into three groups: parent, child and family.

5.3.1 Impacts on Parents

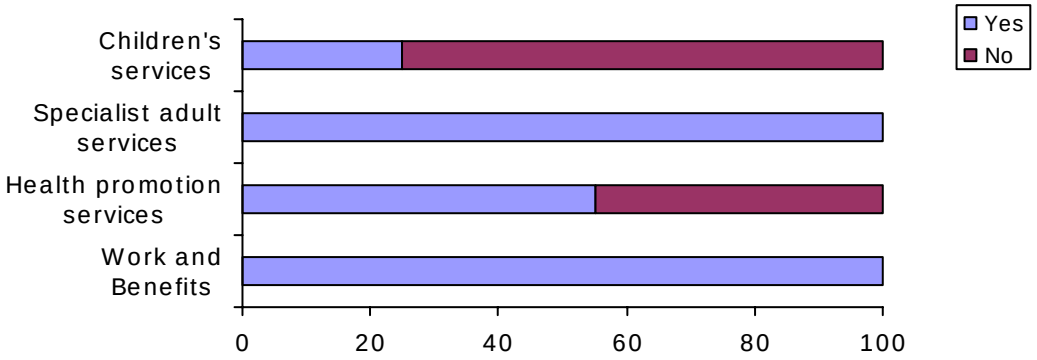
As above, the same impact questions are addressed in turn in order to see if the service:

- **helped them to make new friends**
- **decreased worry about child**
- **help them to take up work/train/study**
- **help them to give up/think about giving up smoking**
- **taught them about child development**

Both Specialist Adult Services and services on Work and Benefits had a 100 per cent reported impact on users making new friends. However, children's services and health promotion have had a much lower impact. The responses from those in Work and Benefits in particular demonstrate how services can have impacts unrelated to the specific service aims. As one respondent explained, when asked what had been the greatest impact:

> More confidence I think. Becoming part of a group of women really, befriending them and actually realising that you're not alone. By talking to people and not feeling as though you're an isolated case.

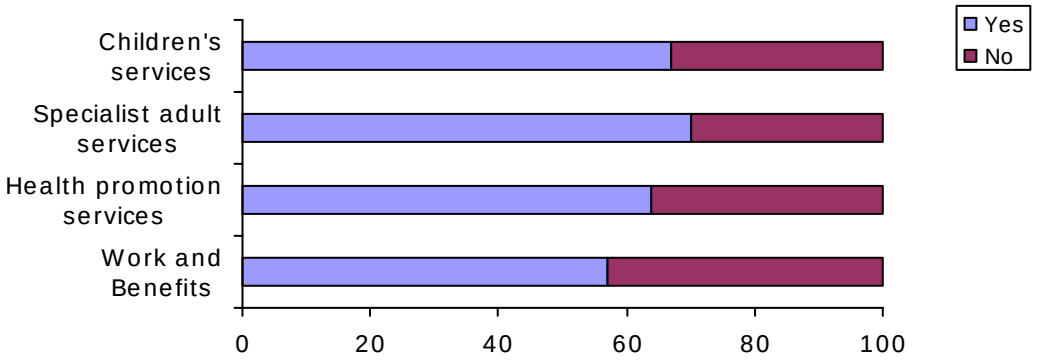
Chart 5.16: Help them to make new friends



A reduction of stress in parents was also linked to the decrease in worry about children that the services allowed. The following chart (Chart 5.17) shows how there were no significant differences between the clusters.

Although, an analysis of the data reveals that there was a significant difference within the Work and Benefits cluster. The Benefits Advice service again proved to have had a 100 per cent reported impact, compared to only 40 per cent of those attending the Job Broker/Tax Credit service.

Chart 5.17: Decreased their worry about their children



The perceived impacts of help to take up work, train and study revealed more differences between service clusters (see Charts 5.18 and 5.19 overleaf).

Chart 5.18: Helped parent to take up work

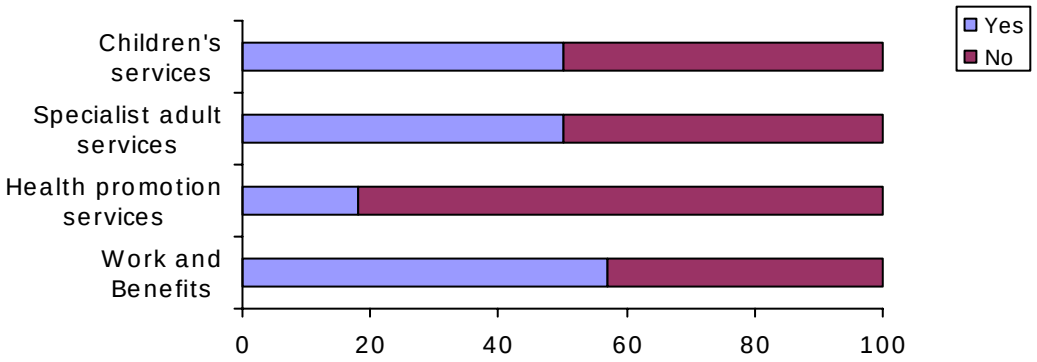
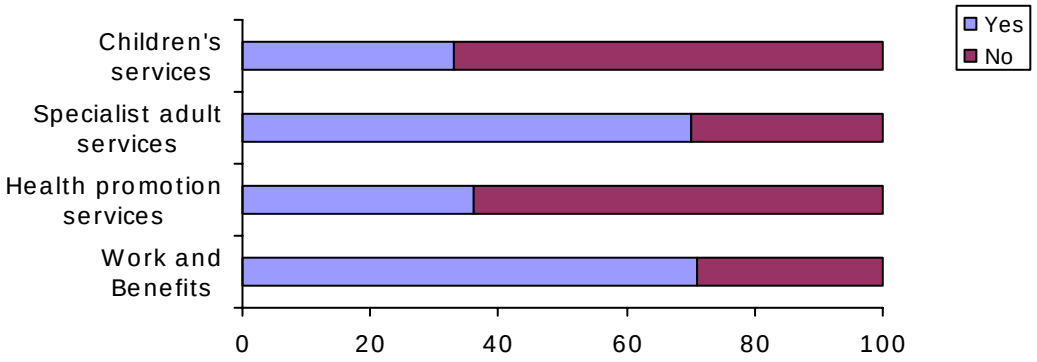


Chart 5.19: Helped parent into training or study

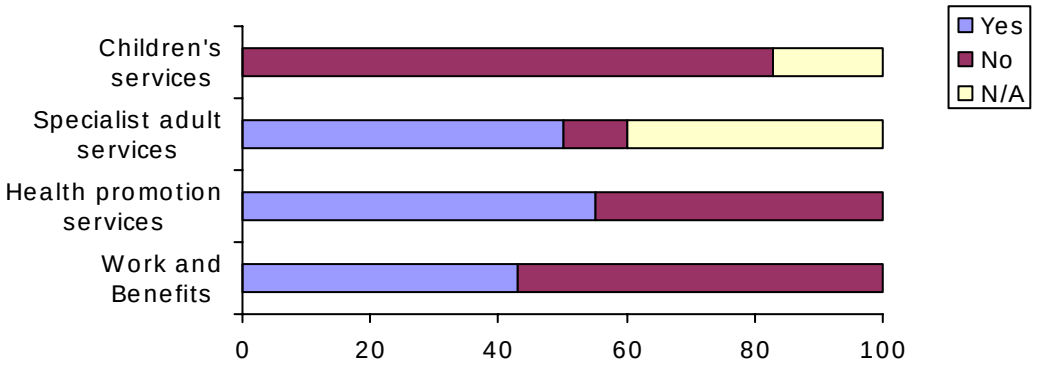


As may have been expected, attendees of the Work and Benefits services reported help in both areas as a greater impact. Although Specialist Adult Services also had a significant impact (50 per cent – help to take up work; 70 per cent – help to train or study).

However again, there were considerable differences within the Work and Benefits cluster. Most notably, the Benefits Advice service had made no impact in helping respondents take up work yet, all of the same respondents noted help into training or study as an impact. A further interesting point for service providers concerns the impacts reported specifically by Job Broker/Tax Credit service users; only 80 per cent stated help to take up work as an impact and 60 per cent stated help to take up training or study, despite these two factors having specific relevance to the service.

As might be expected, attendees of Health Promotion services were most likely to report smoking cessation help as an impact. This was followed closely by attendees of Specialist Adult services and Work and Benefits services. Nobody from children's services noted this as an impact.

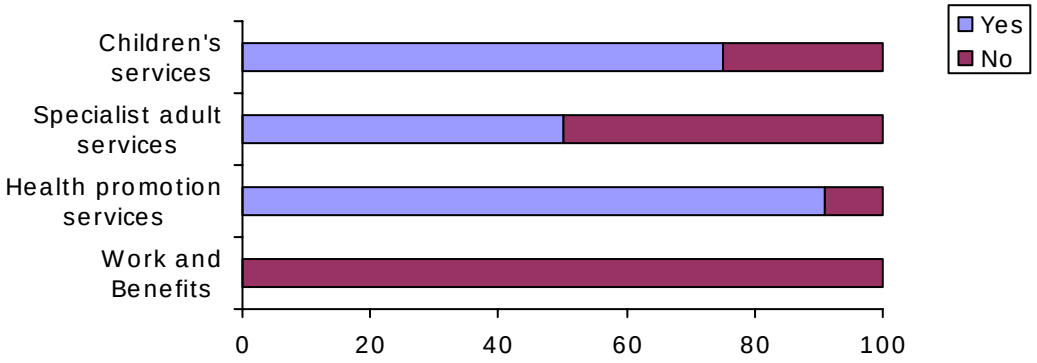
Chart 5.20: Made parents give up or think about giving up smoking



Again, the greatest divergence within clusters was within Work and Benefits. All respondents receiving Benefits Advice reported help giving up or thinking about giving up smoking as an impact, compared to only 20 per cent from the Job Broker/Tax Credit service. Furthermore, there were also differences within the Specialist Adult Services; 80 per cent of the respondents who smoked from Parent to Parent reported help as an impact, compared to just 20 per cent of those who smoked from Parent Circle.

Health Promotion services were reported as more effective (91 per cent) at teaching parents about children's development than children's services (75 per cent). (However, it is worth noting that in this phase children's services only included Childcare).

Chart 5.21: Taught parents about children's development



The most effective service for teaching parents about child development was the Health Visitor since all of those respondents accessing that service reported this as an impact. Again there was a divergence within the cluster of Specialist Adult Services as Parent to Parent was reported as more effective (80 per cent) than Parent Circle (20 per cent).

Moreover, the impacts on parents have produced results that do not necessarily correlate to specific service aims. This was made particular evident in the impacts made by the Benefits Advice service, which has been particularly successful at impacting on parents health and social and emotional well-being.

5.3.2 Impact on children

Again, the same questions were addressed regarding the impact on children, had the service:

- **improved child's listening skills?**
- **improved child's speaking skills?**

As may be expected, children's services were reported as having the greatest impact on improving children's listening and speaking skills. Whereas, Work and Benefits services had no impact.

Chart 5.22: Improved child's listening skills

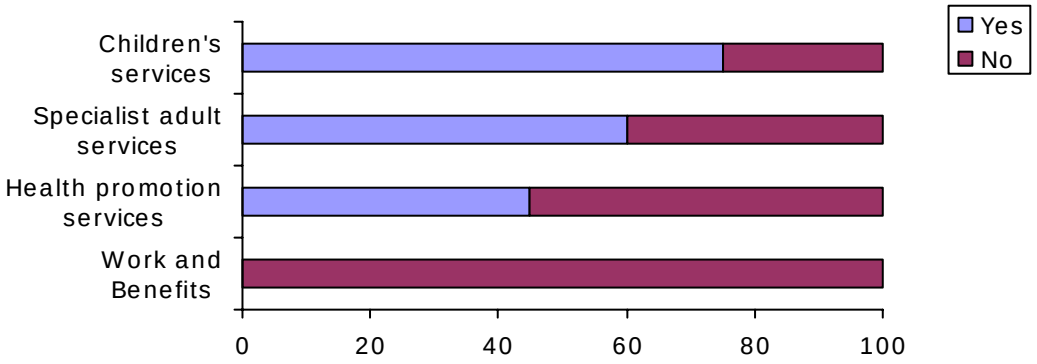
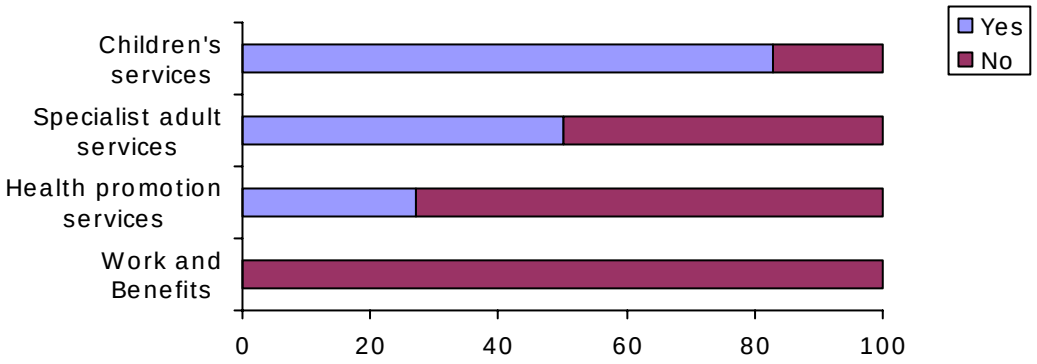


Chart 5.23: Improved child's speaking skills



However, looking within the clusters, most respondents that reported an improvement in their child's listening skills were from Parent to Parent (80 per cent). The Parent to Parent service also made a significant impact in improving children's speaking skills (60 per cent), although this was not as may as from Childcare (83 per cent).

In summary, although the impacts on children tended to have been made mostly by services specifically geared towards children, as might have been expected, Specialist Adult Services also made significant impacts.

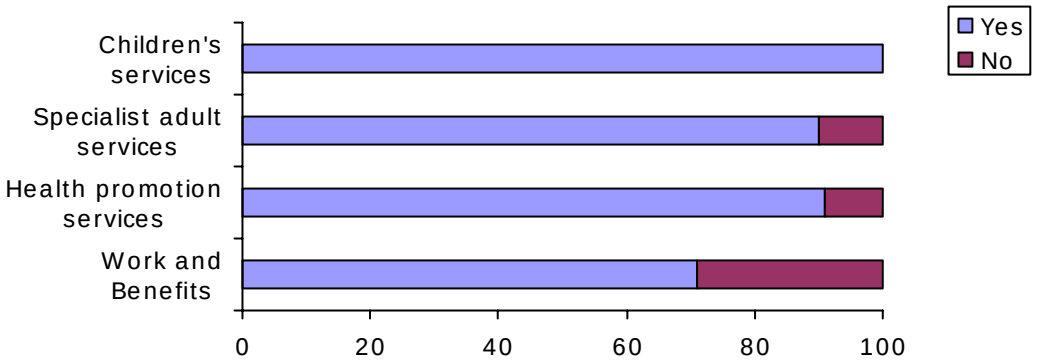
5.3.3 Impact on the family

The same questions were addressed regarding the impact on the family to assess if a service had:

- **supported the family**
- **led to less stress at home**
- **improved family stability e.g. stopped arguments at home**

All services had significant impacts on supporting families (above 70 per cent for each cluster) but the most effective, as reported by service users, was children's services, with all respondents reporting this as having had an impact (see Chart 5.24 below).

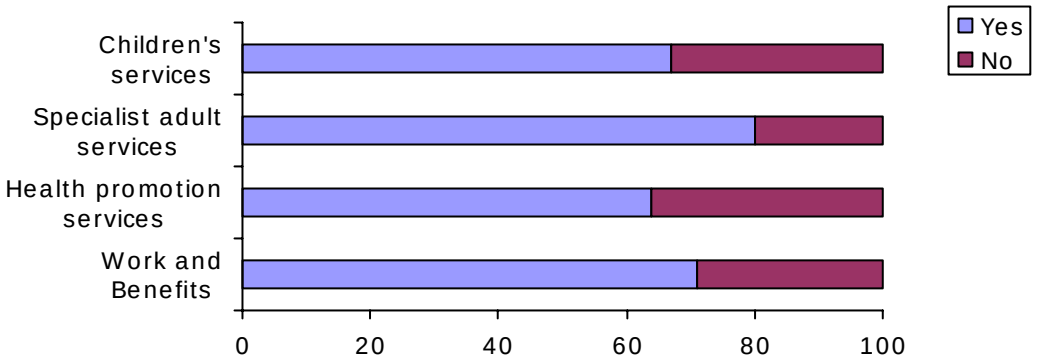
Chart 5.24: Supported the family



An examination of the data within each of the clusters shows that four services produced a 100 per cent rate of recorded impact; Benefits Advice; Childcare; Health Visitor and; Parent to Parent. The lowest reported impact came from attendees of the Job Broker service.

All services also had major impacts on decreasing stress within users' homes (above 60 per cent for each cluster) but here, the most effective was Specialist Adult Services, with 80 per cent reporting this as an impact (see Chart 5.25 below).

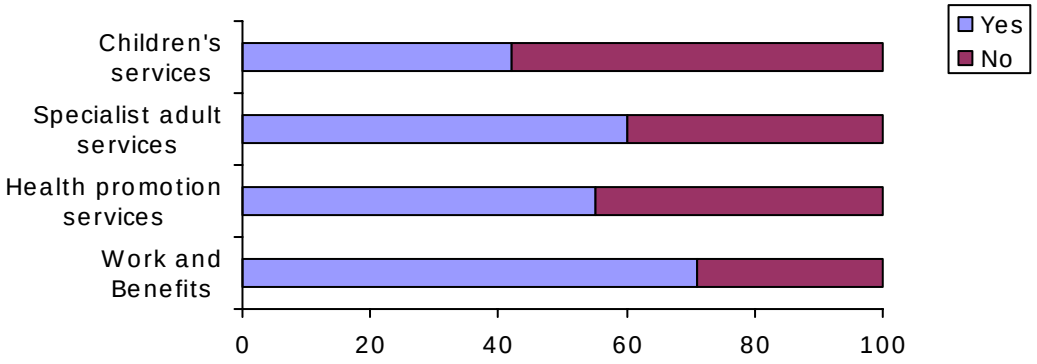
Chart 5.25: Decreased stress at home



Amongst individual services, all of those attending Benefits Advice reported this service as having had an impact on decreasing stress at home. Attendees of the Health Visitor service were least likely to report a decrease in stress at home as an impact; only half reported this as an impact.

Finally, participants were asked to state whether services had impacted on family stability. This was the least effective impact on the family throughout all of the service clusters. Work and Benefits proved to be the most successful (71 per cent) and Children's services the least (42 per cent).

Chart 5.26: Improved family stability



The services that improved family stability included the Job Broker/ Tax Credit service and Parent to Parent (both 80 per cent), these were also the services that had been most helpful in helping people take up work. The Benefits Advice service, which had not helped anyone back to work, was less successful at improving family stability (50 per cent) despite helping reduce stress at home. This suggests that family stability may be related to employment and to financial stability. The Midwifery service had also improved family stability (80 per cent)

but whilst this service had little impact on helping people to work (20 per cent) it is time limited and is likely to have been accessed by those for whom employment is not a priority and/ or may be in receipt of maternity benefits.

5.3.4 Summary of service specific impacts

It is perhaps unsurprising that those services that have specific aims also have the greatest impact on those aims. For example, users from the Job Broker and Tax Credit service were those who felt they had been helped most to take up work (80 per cent of Job Broker/ Tax Credit service users). However, this was not necessarily the case, Parent to Parent was also effective at helping people to take up work (60 per cent of Parent to Parent service users).

Impacts that were not specific to particular services included those that improved family/child circumstances. All services had largely positive effects, but some were reported to be more effective than others. All respondents using the Benefits Advice service felt less worried about their child and experienced less stress at home. Midwifery and Parent Circle had also helped a lot in both of these areas (80 per cent). However, only 67 per cent of those attending the Childcare Service felt that the service had made them less worried about their child and led to less stress at home.

5.4 Suggestions for improvements - parents' views

At Phase One, survey respondents had been unable to specify what they thought would increase the project's impact (see Table 5.2 above). At Phase Three, participants were asked to make suggestions on how they felt the service could be improved; their responses were reported in Section Four. However, parents were also asked what they thought would help them get more out of the service. Their responses have been listed in Table 5.27 (below).

Table 5.27: How parents could get more out of the service

	Per cent of responses
Couldn't get any more out of it	39
Don't know	21
More sessions	15
Involve/ listen to parents more	10
Hold more activities	5
More staff	5
Open earlier	3
More detailed plan/schedule for sessions	2

Thirty-nine per cent reported that they had got all they could out of the service and 21 per cent stated that they did not know what would help. Again, as at Phase One, this may suggest a high level of satisfaction with the service but may be evidence that parents are unable to identify what would help them and are therefore unable to specify what the potential for improvement within the service is.

Below, two of the respondents go into more detail with respect to why more sessions may allow them to get more out of the service they receive:

> Possibly more sessions. I don't know if they do this, I've not come across it but maybe a parent afternoon or something like that where you can come and see, well you can probably do that anyway without having an official invite, but maybe a parent session where they can come and see their work or maybe put on a little show or a little something, just to see exactly what goes on.

> I think it comes back again to getting more staff. Until then I don't think they can improve it because they are too tied up with what they have to do. It also comes back to funding - having the money to be able to do things. I think they could be out on the street a lot more, doing home visits, but Julia has such a workload - she's here and then she has to make home visits, it's pretty tiring. If that was split they would be able to spend a bit more time with other people, I know for a fact that they have to turn people away sometimes.

The possibility that parents are unable to specify what would help them and their children is an area of concern.

5.5 Impacts reported by service providers

Those taking part in the research were asked to identify the main impacts of the Sure Start North Prospect LARK Project – irrespective of their own service content or client group. Their responses were collated and ranked by frequency to produce the following list:

- **Sure Start provided required services in context of service deficit (e.g. Childcare)**
- **Sure Start provided specialist or enhanced services in a context of high need (e.g. paediatrics', speech and language therapy services, midwifery services)**
- **Sure Start built the confidence and self-esteem in parents in order to engage them in service provision**
- **Sure Start increased the capacity for change and betterment within the local community (encouraging parents to take up education, training or employment opportunities)**
- **Sure Start provided routes and access to other (statutory and/or voluntary) services for local children and families.**

Providers' responses did reflect some of the impacts that service users had reported, specifically, building the self-esteem and confidence of the parents and children. However, they added more long-term impacts, such as employment and training opportunities and income maximisation. Their responses suggest that the programme was achieving impacts beyond service-level, local, regional or national targets and was essentially acting as a change agent in an area of

high social and economic deprivation. The responses were accompanied by references to locally specific factors; it was reported that many services for children and families were absent, or where present, were struggling to meet the level of local need, or to engage the community in a meaningful way. In effect, Sure Start was changing the context of provision from a state-led resource driven model to a needs-led, community grounded model – changing the nature of provision in itself, but also changing the expectations of the community and redefining the terms on which providers engaged with that community.

In addition to assessing the impact of the programme overall, respondents were asked to identify the main impact of their own service (based on a list of 26 potential impacts). Each impact was reported by over 62 per cent of the service providers. The only impact that was reported by every service provider was greater access to high quality childcare. The most cited impacts (in rank order) were:

- **Increased access to high quality childcare (100 per cent)**
- **Increased use of services for children and families (within the Sure Start North Prospect LARK Project) (95 per cent)**
- **Increased parental awareness of their children's health, educational, social and emotional needs (95 per cent)**
- **Increased levels of self-confidence among parents and within the wider community (90 per cent)**
- **The earlier identification of Special Educational Needs in children**
- **The earlier identification of speech and language difficulties in children**
- **Increased use of libraries by families.**

The least frequently cited impacts (again in rank order) were:

- **Increased physical fitness for parents**
- **Increased use of antenatal services**
- **Increased breast feeding and increased use of information, advice and support on breast feeding**
- **Reduced use of cigarettes and tobacco and other smoking-related products.**

Taken with the most frequently cited impacts, the data suggests that the programme was enjoying greater success – as measured by impact – in areas around childcare and children's health and well-being, as well as parental

confidence, than achieving specific impacts related to PSAs such as smoking cessation and breast feeding uptake.

The evidence of impact from providers matches to some extent the quantitative and qualitative data collected from parents. For example, parents cited general improvements in their child as the primary impact of involvement – regardless of service content or service-specific impacts. This suggests that there may be a high degree of transfer between specific impacts (such as speech and language acquisition), behaviour, educational, social and emotional well-being, or, that unintended or secondary impacts are as valued (if not more valued) by parents than intended or primary impacts. Whether impacts are transferring to other areas, or secondary and/or unintended impacts were as valued by parents, the data suggests that Sure Start services were part of a complex process of addressing the more general needs within the user population.

5.6 Conclusions

Regardless of the reported impacts and the extent to which these were valued by users and providers, the research also found evidence of differential impact; where the benefits of a service were not equally shared by all. Although there were individual aspects to differential impact (such as attendance or level of need – with high need or crisis sometimes preventing progression), the following main groups were identified where impacts were reduced:

- **Service users – specifically adults – who were unable to express their own or their children's needs**
- **Service users – again primarily adults – who were unwilling and/or unable to move on from expressing a need to actively engage with providers in finding a solution**[1]
- **Those with drug or alcohol problems**
- **Parents who had limited social competence, who were either unwilling or unable to access services due to issues such as poor mental health**
- **Lone parents – particularly where they faced compounding problems such as a lack of adequate childcare, familial support system, had debt problems or were in temporary accommodation**
- **Families who led chaotic lives, not necessarily linked to Substance Misuse abuse, but for whom basic family functioning was routinely interrupted by crisis and chaos**[2]

[1] Note that it was reported that in the case of some families simply expressing a need was in itself part of a solution and that some families did not need to engage once they had accepted that they needed assistance, they may have found their own or another solution.

[2] Note that in some of these cases it was postulated that it was easier for families to remain in crisis and chaos and that some may actually create one in the absence of the other (or sustain both) to prevent having to deal with their family's needs.

- **Families who withhold information because they are deeply suspicious of providers and 'agents of the state' in general.**

The evidence points to some clear areas for further development within the programme and this falls into two main areas:

- **Increasing the impact of the services and seeking to achieve *specific* target impacts (regardless of highly valued secondary and unintended impacts)**

- **Increasing the 'reach' of services to ensure that the positive impacts are shared more widely, specifically on among those living on the margins of the North Prospect community.**

The data on impact was consistent in pointing to varied and significant impacts for children and families. The Sure Start North prospect LARK Project may use this evidence to inform the future strategy for its services.

Appendix One: service user survey

Sure Start North Prospect

EXAMPLE: The job broker service: your views

This questionnaire is **completely confidential**. It asks you what you think about the job broker service you have received.

It should take about 15 minutes to fill in. Most of the questions are straightforward, but sometimes it asks for more details, or asks you to write down your views in a little more detail.

Please try to answer all of the questions, even if your answer is 'don't know' or 'unsure', it's important to get your views. When you've finished, just put it in the envelope and seal it.

The first part is to collect some basic information about you and your family.

About you

1.1	Are you male or female?		Male	[ ]	[2]
			Female	[ ]	[1]
1.2	How old are you?		16 – 19	[ ]	[1]
			20 – 25	[ ]	[2]
			26 – 30	[ ]	[3]
			31 – 35	[ ]	[4]
			36 – 40	[ ]	[5]
			41 – 45	[ ]	[6]
			46 +	[ ]	[7]
1.3	Are you?	a) Single		[ ]	[1]
		b) Married, or living with a partner		[ ]	[2]
1.4	How many children do you have?		None	[ ]	[0]
			One	[ ]	[1]
			Two	[ ]	[2]
			Three	[ ]	[3]
			Four or more	[ ]	[4]

1.5 How long have you lived in the area?

	Less than 1 year	[ ]	[1]
(more than 1 year but)	Less than 5 years	[ ]	[2]
(more than 5 years but)	Less than 10 years	[ ]	[3]
	10 years or more	[ ]	[4]

The service you receive

This section asks you what you think about the service you get. Please feel free to say what you really think. There's no right or wrong answer; it's your opinion that counts.

2.1 How did you find out about the job broker?

	From a friend	[ ]	[1]
	From a leaflet or poster	[ ]	[2]
	From the person giving it	[ ]	[3]
	Through a school or nursery	[ ]	[4]
	Another way	[ ]	[5]

(You can say how here) _____

2.2 How long have you been coming for?

	Less than a month	[ ]	[1]
(more than a month but)	Less than 3 months	[ ]	[2]
(more than 3 months but)	Less than 6 months	[ ]	[3]
	6 months or more	[ ]	[4]

2.3 How satisfied are you with it at the moment? Are you...

	Very satisfied	[ ]	[1]
	Quite satisfied	[ ]	[2]
	Quite dissatisfied	[ ]	[3]
	Very dissatisfied	[ ]	[4]

2.4 As time has gone by, have you become more or less satisfied?

	More satisfied	[ ]	[1]
	Less satisfied	[ ]	[2]
	There's been no change	[ ]	[3]

2.5 Do you come to all of the sessions?

	Yes	[ ]	[1]
	No	[ ]	[2]

What tends to make you miss some? _____

_____

_____

2.6 Do you think that the service you get is of a high quality?

Yes	[ ]	[1]
No	[ ]	[2]
Don't know	[ ]	[9]

2.7 Do you come into the Sure Start shop for meetings?

No	[ ]	[2]
Yes	[ ]	[3]

2.71 **If** you do, is it easy for you to get to?

Yes	[ ]	[1]
No	[ ]	[2]

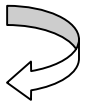
What makes it difficult? _____

2.8 How do you usually get to the Sure Start shop?

By walking	[ ]	[1]
In your own car	[ ]	[2]
In a friend or a partner's car	[ ]	[3]
By taxi	[ ]	[4]
By bus	[ ]	[5]
Another way	[ ]	[9]

How? _____

2.9 **If** you think it should be held somewhere else, where would that be?



_____

2.10 What about the people who provide the service, how satisfied are you with them? Are you....

Very dissatisfied	[ ]	[4]
Quite dissatisfied	[ ]	[3]
Quite satisfied	[ ]	[2]
Very satisfied	[ ]	[1]

2.11 Is there any way that the people who provide it could improve it?

No [ ] [2]
Yes [ ] [1]

How? _____

_____

_____

2.12 Could you get this sort of thing anywhere else?

Don't know [ ] [9]
No [ ] [2]
Yes [ ] [1]

Where? _____

2.13 Would you recommend it to a friend?

No [ ] [2]
Yes [ ] [1]

2.14 Do you think you'll still be using it in 3 months time?

No [ ] [2]
Yes [ ] [1]

And in 12 months time

No [ ] [2]
Yes [ ] [1]

2.15 Do you see Tracey anywhere else, such as at home or another centre?

No [ ] [2]
Yes [ ] [1]

Is this better for you? _____

Do you agree or disagree?

Below is a list of statements might agree or disagree with. Please read through them and put your answers in one of the boxes on the right.

Q		Agree	Disagree	Unsure
3.1	I get a lot out of using the job broker service			
3.2	It's perfect for people like me			
3.3	There should be more sessions than there are			
3.4	The time is not really convenient for me			
3.5	I sometimes feel uncomfortable coming			
3.6	It's easy to talk to the staff involved			
3.7	The people providing it are welcoming			
3.8	I need a bit more help with my children			
3.9	I like living in this area			
3.10	There should be more things like this locally			
3.11	There isn't enough information for parents			
3.12	I have other needs that are not being dealt with			
3.13	Some people I know wouldn't come here			

Other Sure Start Services

Sure Start offers other services to local families. Some of these you might not know about, or might not need. This is a list of the services they provide. Do you, your children, or another member of your family need these services?

	SERVICE	Do you/might you?	
Q		**YES**	**NO**
4.1	Help with stopping smoking		
4.2	Advice on healthy eating		
4.3	Keep fit for babies and toddlers		
4.4	Keep fit for adults		
4.5	Help and advice on child development		
4.6	Help with Special Educational Needs		
4.7	Benefits advice		
4.8	Games and activities for children and families		
4.9	Drug and alcohol advice		
4.10	Meeting other local parents		
4.11	Child care		
4.12	Help with children's speaking and listening		
4.13	Help and advice about domestic violence		
4.14.	More help getting work or training		
4.15	Yoga and relaxation		
4.16	Support from a midwife		

Some final thoughts

This is the last section and asks for a few final thoughts about the service you receive here.

5.1 Are there any ways of making this service better for you?_____

_____

5.2 What do you think its' main impact has been?_____

_____

5.3 How might it have more of an impact?_____

_____

5.4 What's the worst thing about it?_____

_____

5.5 What's the best thing about it? _____

_____

Thanks for your time and your views

Any comments?

Appendix Two: service user interview schedule

Sure Start parent interviews

EXAMPLE: MIDWIFE/LITE LUNCH

We've been asked to find out what parents in North Prospect think about Sure Start services. What you tell us is completely confidential, we don't tell anyone what you've said, or report back to Sure Start in a way that will identify you – so feel free to say what you really think.

We record the interview to help us look back over what parents have to say later.

Some of the questions are about you and your family, then we ask about what you've been involved in and what you think about it. Finally, we ask if there are other things you would like to get involved in personally, or would like for your children

The first few questions are about you and your family

1	**Sex of parent**		
	Female		1
	Male		2
2	**Are you single / living alone, or are you married / living with a partner?**		
	Single or living alone		1
	Married or living with a partner		2
2.1	**If married / living with a partner – for how long?**		
	Less than a year		1
	Between 1 and 4 years		2
	Between 5 and 10 years		3
	More than 10 years		4
3	**Do you have any children?**		
	Yes		1
	No		2
3.1	**IF YES – how many?**		
	1		1
	2		2
	3		3
	4 or more		4
3.2	**Could you tell me his / her / their age and sex?**		
		sex	**age**
	Child 1		
	Child 2		
	Child 3		
	Child 4		
	Child 5		
	Child 6		
4	*Are you/your partner currently expecting a child?*		
	Yes		1
	No		2

Some final questions about your family…

5	**Do any of your children have special educational needs?**		
	Yes		1
	No		2
5.1	**IF YES – how many?**		
			open

This section asks about what you do

6	**Which of these best describes what you are doing at the moment?**		
6.1	Looking after the home or family		1
6.2	Unemployed and looking for work		2
6.3	Self employed (full or part time)		3
6.4	Employed part time (under 30 hours a week)		4
6.5	Employed full time (over 30 hours a week)		5
6.6	Unable to work due to long term illness or disability		6
6.7	Retired		7
6.8	Other (please note):		99
7	**Are you involved in any study at the moment, such as at college or university?**		
	Yes What and where		1
	No		2
8	**Are you involved in any training at the moment?**		
	Yes What and where?		1
	No		2

This next section asks you about the Sure Start service you use

9	**How long has you been involved with this particular service?**		
	Less than 1 month		1
	Less than 3 months		2
	Less than 6 months		3
	6 months or more		4

10
How did you first find out about it?

Probe: Who told you about it?

11
Is the time that it's available convenient for you?

12
Could the timing be changed to make it easier for you to use?

13
Would you like there to be more or fewer sessions?

14
On a scale where 5 is very good and 1 is very poor, how would you rate the service you receive?

Scale	1	2	3	4	5
Response					

15
Again on a scale where 5 is very good and 1 is very poor, how would you rate the people providing it?

Scale	1	2	3	4	5
Response					

16 – IF APPROPRIATE
Looking at where it's provided, again where 5 is very good and 1 is very poor, how would you rate the place you use?

Scale	1	2	3	4	5
Response					

17
Compared to other services you might use, such as your local GP, how does it compare?

Probe: Do you feel that it's better than your usual experience of services for children and families?

18
In general, do you think that families are offered good quality services in North prospect?

Probe: Do you think this is a good area to get the things you need?

19
Based on what you may have experienced yourself, do you think that Sure Start provides services that are above or below average?

This next section looks at the effects the service may have had on your child or family

20
What's been the main impact of the service on your family?

21
What's been the main impact on you?

22	Has it done any of the following?	yes [1]	no [2]
22.1	Helped you to take up work?		
22.2	Helped you to train or study		
22.3	Supported your family		
22.4	Made you less worried about your child		
22.5	Taught you about children's development		
22.6	Helped you make new friends		
22.7	Led to less stress at home		
22.8	Improved family stability such as stopped arguments at home		
22.9	Improved your child's speaking skills		
22.10	Improved your child's listening skills		
22.11	Made you give up smoking, or think about giving up		

23
In your view, what would help you get more out of it?

24
Do you go to all the sessions?

IF NO
24.1
What makes you miss some?

25
How could the people who provide it improve it?

26
Have you recommended the service to any of your friends or family member?

This last section looks at other services you or your family might consider using

27
Do you or members of your family use any other Sure Start services?

IF YES
27.1
Which ones?

27.2
Who uses them?

28
If you were looking for help or advice around your children, where would you go to find it?

29
Have the people providing the service you use given you any advice around other services that are available?

IF YES
29.1
Which ones have you been told about?

30
Have you ever considered dropping out?

IF YES
30.1
Could you tell me what led to this?

31
We know some parents don't come forward for things like this, have you any idea why that is?

32
Discounting what Sure Start do for a minute, what would you say that families in North Prospect really need right now?

33
Finally, if you had any advice to give the people providing the service, based on your experience – what would it be?

Thank your for your time – we really appreciate it

Appendix Three: service provider survey

Sure Start North Prospect

Service provider questionnaire

This questionnaire is confidential. The information you provide will be used to address a number of key questions around service delivery and your views will not be made public, or passed onto a third party in a way which identifies you as an individual.

The questionnaire should take you about 20 minutes to fill in. Questions are answered by placing a cross in the box next to the response that most closely matches your view. The numbers next to the boxes are for entering the answers into a software package, they don't mean anything in themselves (unlike those questionnaires where a high or a low 'score' is calculated), so please ignore them.

There are five sections looking at:

Your current role
Where you deliver services
Referrals to your service
The impact of what you do
Mainstreaming or continuing your work

Your current role

1.1 Do you work for Sure Start in a full time or part time capacity?

Part-time	[ ]	[2]
Full time	[ ]	[1]

1.2 How long have you been working for Sure Start?

	Less than 2 months	[ ]	[1]
(more than 3 months but)	Less than 6 months	[ ]	[2]
(more than 6 months but)	Less than 12 months	[ ]	[3]
(more than 12 months but)	Less than 18 months	[ ]	[4]
	More than 18 months	[ ]	[5]

1.3 Has your commitment changed, for example, have you moved from part time to full time, from full time to part time, or has a secondment become a permanent post?

Yes	[ ]	[1]
No	[ ]	[2]

1.4 Are you happy with the time that you are currently contracted for?

No	[ ]	[2]
Yes	[ ]	[1]
Don't know	[ ]	[9]

1.5 Looking at the work you do, on a scale where 5 is very high and 1 is very low, how would you describe the level of local need for the service you provide?

1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

1.6 Are there people who need the service you offer, but don't access it?

No	[ ]	[2]
Yes	[ ]	[1]

(If yes, who are these people?) _____

_____

1.7 In your view, what might prevent local people from using the service you provide (for this question, you can put a cross in more than one box)?

A lack of awareness of the service	[ ]	[1]
The timing of the sessions/visits	[ ]	[2]
Any stigma associated with the service	[ ]	[3]
The fear of expressing a need	[ ]	[4]
Access to the venue	[ ]	[5]
Fear/dislike of some of the other people who use it	[ ]	[6]
A lack of child care facilities	[ ]	[7]
Personal problems or a lack of structure in their lives (such as through homelessness or drug use)	[ ]	[8]
Other reasons	[ ]	[99]

For example _____

_____

1.8 Is the service you offer, or one very like it, provided elsewhere locally (within the Sure Start North Prospect area)?

Yes	[ ]	[1]
Don't know	[ ]	[9]
No	[ ]	[2]

1.9 Do you feel that you need to extend the service you provide, either to meet the needs of more people, or to meet the needs of a different client group?

No	[ ]	[2]
Don't know	[ ]	[9]
Yes	[ ]	[1]

For more people, or a different client group? _____

Where you deliver services

This section relates to services delivered outside the client's home, at the end there is a section for work done in the home. If you **only** provide home based services, please start at question 2.3

2.1 Do you provide services in more than one place?

No	[ ]	[2]
Yes	[ ]	[1]

Please answer the rest of the questions in this section in relation to the **main site**, where you do most of your work.

2.2 Is it convenient for the clients you work with?

No	[ ]	[2]
Yes	[ ]	[1]

2.3 Do you work in client's homes?

Yes	[ ]	[1]
No	[ ]	[2]

Please go to Q3.1

2.4 On a scale where 1 is very comfortable and 5 is very uncomfortable, how do you feel about providing the service to people in their own homes?

1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

2.5 Do you have any concerns about your personal safety?

Yes	[ ]	[1]
No	[ ]	[2]

2.6 Could you meet the client's needs in another setting?

No [ ] [2]
Yes [ ] [1]

You can expand on this here _____

_____

Referrals to your service

3.1 Where do the majority of your referrals come from?

Self referrals [ ] [1]
From within Sure Start [ ] [2]
Other statutory providers [ ] [3]
Non statutory providers [ ] [4]
Other [ ] [99]

Please state _____

3.2 Are there those who sometimes refer cases that you feel are inappropriate?

Don't know [ ] [9]
No [ ] [2]
Yes [ ] [1]

Who tends to do this? _____

3.3 Where do you tend to refer most cases on to?

Services within Sure Start [ ] [2]
Other statutory providers [ ] [3]
Non statutory providers [ ] [4]
Other [ ] [99]

Please state _____

3.4 Do you have difficulty finding appropriate services to refer people on to?

Never [ ] [3]
Sometimes [ ] [2]
Often [ ] [1]

The Impact of what you do

4.1 Disregarding any national targets associated with the Sure Start programme, what do you feel is the main impact of your work on your client group?

_____

_____

4.2 Do you have problems retaining people in the service?

No [ ] [2]
Yes [ ] [1]

Which clients do you have problems with? _____

_____

4.3 On a scale where 5 is the maximum number of clients and 1 is the minimum, where would you place the number of users who usually turn up for sessions or keep appointments?

1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

4.4 At what point on the scale below does a service user's non attendance reduce the impact of your work to the point where you have little or no effect?

Level of non attendance	10%	20%	30%	40%	50%	60%	70%	80%	90%
Point at which impact is reduced									

4.5 Are there any particular clients who you seem to have a **greater** impact with?

No [ ] [2]
Don't know [ ] [9]
Yes [ ] [1]

Which ones? _____

4.6 Are there any particular clients who you seem to have a **lesser** impact with?

Don't know [ ] [9]
No [ ] [2]
Yes [ ] [1]

Which ones? _____

Below is a list of the possible impacts any single service may have, please report any impact that your service has had in each area, even if your work is not supposed to have an impact there. You can add notes if you wish.

4.7	**AREA OF POSSIBLE IMPACT**	**IMPACT**		**NOTES**
		Yes	No	
7.1	Increased family cohesion			
7.2	Greater access to high quality child care			
7.3	Greater use of other Sure Start services			
7.4	Reduced use of drugs or alcohol			
7.5	Increased access to work			
7.6	Increased access to training			
7.7	Increased levels of self-confidence for parents			
7.8	Fewer incidents of violence against a partner			
7.9	Greater confidence to report violence against self			
7.10	Greater confidence to report child abuse (physical or sexual)			
7.11	Fewer acts of child abuse (physical or sexual)			
7.12	Increased identification of child abuse (physical or sexual)			
7.13	Greater awareness of the importance of diet and nutrition			
7.14	Reduced use of cigarettes or tobacco related products (all parents)			
7.15	Reduced use of cigarettes or tobacco related products (expectant mothers)			
7.16	Greater parental awareness of child development			
7.17	The earlier identification of special educational needs in children			
7.18	The earlier identification of speech and language difficulties in children			
7.19	Increased trust of professionals among parents			
7.20	Reduction in the admission of children to hospital as an emergency			
7.21	Greater use of antenatal services by pregnant women			
7.22	Provision of specialised information on breast feeding for expectant mother			
7.23	Increased use of libraries by families with young children			
7.24	Improved general physical fitness of children			
7.25	Improved general physical fitness of parents			
7.26	Improved access to child mental health services			

Mainstreaming or continuing your work

5.1 In your professional opinion will the service you provide still be needed in North Prospect in 2 years time?

Don't know	[ ]	[9]
Yes	[ ]	[1]
No	[ ]	[2]

5.2 Could what you do be adopted by other providers, to become part of their usual practice?

No	[ ]	[2]
Don't know	[ ]	[9]
Yes	[ ]	[1]

5.3 What do you see as the main barriers to mainstreaming the work that you do (for this question, you can put a cross in more than one box)?

The complexity of the work you do	[ ]	[1]
Characteristics of the client group	[ ]	[2]
The cost involved	[ ]	[3]
The stigma associated with mainstream providers	[ ]	[4]
Other provider's commitment to the client group	[ ]	[5]
A lack of strategic commitment	[ ]	[6]
A lack of awareness of what you do	[ ]	[7]
A reluctance to work in and around North Prospect	[ ]	[8]
Other reasons	[ ]	[99]

For example _____

_____

5.4 Within Sure Start itself, do you feel that there is a commitment to continue the work that you do?

Yes	[ ]	[1]
No	[ ]	[2]
Don't know	[ ]	[9]

5.5 If there was just one aspect of your work that you would most like to see continued, what would this be?

_____

5.6 When you find time to reflect on the work you do, how do you feel?

Very satisfied	[ ]	[1]
Satisfied	[ ]	[2]
A little uncertain	[ ]	[3]
Dissatisfied	[ ]	[4]
Very dissatisfied	[ ]	[5]

5.7 If you were no longer able to provide this service, how would local children and families be affected?

Negative effect					Little/no effect				Positive effect
-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5

Thank you for your views

You can use this space to add any additional comments if you wish

Appendix Four: strategic management interview schedule

Strategic Management and Mainstreaming Interview

Preamble:

We've been asked by Sure Start North Prospect LARK Project to see how their work fits in with wider developments around children and families.

What you say will help the Management Committee of Sure Start to plan for the future, especially around developments such as Children's Centres.

We're interested in looking at any changes in practice and any strategies that could be used to maintain or mainstream Sure Start services, looking at the 'legacy' of the programme.

The interview is completely confidential and will last for 45-50 minutes.

We tape the interview to help us recall it later during analysis – we don't share the recording with anyone else.

The first section collects some background information about you and then looks at your role in relation to the Sure Start North Prospect LARK Project

1	**Sex**		
	Female		1
	Male		2

2
Who are you currently employed by and what is your current role?

Probe: What is your job title?

2.1
Is this your only employer?

3
How does your current role relate to Sure Start North Prospect?

Probe: is it part of a wider set of responsibilities?

4
How did you first come to be involved with Sure Start North Prospect?

5
Do you deliver or directly manage any of the Sure Start services?

Probe: What's your role in service delivery and/or management

6
Are you a member of any inter-agency steering groups?

IF YES
6.1 Is Sure Start North Prospect represented on any of these?

6.2 Do you represent Sure Start North Prospect on any groups?

IF NOT EMPLOYED BY SURE START
7
Does your organisation have a service-level agreement with Sure Start North Prospect?

IF YES
7.1 Which service or services are covered by the agreement?

The next section looks at your own work with children aged 0-5 and how Sure Start North Prospect may have influenced local practice.

8
How does the Sure Start target age range (0-5) relate to your target population?

9
Would you say that your service links to other disciplines or does it work in a more single disciplinary way?

Note for researcher: eg. Link to health, education, social services

10
Do you feel that Sure Start North Prospect has increased the extent of inter-disciplinary working locally?

10.1
How has it done this/ Why hasn't it done this?

11
Do you feel that Sure Start has had a positive or negative impact on children aged 0-5 in North Prospect?

11.1
Why do you say that?

12
In terms of Sure Start, are you aware of any areas where things have not worked very well, or not gone as planned?

Probe: Are there any areas where you think further work is required?

13
Where does Sure Start fit into the local agenda concerning services for children and families?

Note to researcher: Is Sure Start a significant local player?

The next section looks at how the work of Sure Start North Prospect may be continued or find its way into mainstream practice.

14
Would you like to see the current Sure Start services continued over the next 12-18 months?

14.1
Do you anticipate that they will be continued?

15
What do you see as the barriers to mainstreaming Sure Start services?

16
Do you believe mainstreaming Sure Start services would have any impact on the quality of the services?

IF YES
16.1
In what way?

IF NO
16.2
Why not?

This final section asks you to consider the future of services for children aged 0-5.

17
How 'joined-up' is Sure Start North Prospect in relation to other services for children and families?

18
In your opinion, what has been the main impact of Sure Start services on the users?

19
Has Sure Start North Prospect had any impact on mainstream providers?

Probe: Negative or positive effects?

20
Has there been any change in practice associated with service delivery that you could attribute to Sure Start North Prospect?

21
Do you feel that the services provided by Sure Start North Prospect are a cost-effective use of resources?

22
In your opinion, what will be the legacy of Sure Start in North Prospect?

23
Do you think that the work of Sure Start North Prospect will inform the development of local Children's Centres?

24
How, if at all, do you see Children's Centres affecting your service?

25
Are there any groups not being reached by programmes such as Sure Start North Prospect?

IF YES
25.1 Which groups?

25.2 What are the factors in their exclusion?

26

Finally, what suggestions would you offer to the Management Committee of Sure Start North Prospect as they move into the next stage of their programme of work?

- **Thank the participant for their contribution**
- **Leave your contact details**
- **Invite further comments by phone or email**