

Annual Evaluation Report 2004-2005

Background and Introduction

The Sure Start Shadwell catchment area includes two of the most deprived wards in the country, St. Katherine's & Wapping and Shadwell. The area is characterised by both high levels of poverty and affluence. The London Docklands development in the 1980's gentrified the area, however due to geographical boundaries; the residential area north of the Highway meant that the Shadwell ward was largely excluded in this regeneration.

The community

The Sure Start Shadwell area is characterised by an urban community, families are larger than the average and poverty is largely a result of high levels of unemployment. The 2001 Census data suggests that the population of Sure Start Shadwell comprise over 52% 'Asian or Asian British', 49% 'Bangladeshi' and 38% 'white'.

Unemployment

Unemployment within the area is high, recorded at 7.6% compared with 6.6% in the borough and 3.4% nationally. Of those recorded as unemployed, 32% were considered as 'long term' unemployed and 15% had never worked. Another feature of the local population is that 9% of respondents were recorded as economically inactive, that is neither employed, unemployed, retired or a student.

Qualifications

In terms of qualification levels, the Census data recorded that 37% of Shadwell residents had no qualifications which was significantly higher than the national and borough average. Conversely, census data suggested that 26% of ward residents were qualified to degree level or higher and this compared favourably with 19.8% national average.

12.8% of respondents reported that they looked after home and/or family. This compared with almost double the nationally recorded figure of 6.5%.

Sure Start Shadwell Services

The programme provides a number of activities and services either commissioned through Service Level Agreements or delivered by staff directly employed by the programme.

Sound evaluation is embedded throughout the programme through the Sure Start Shadwell Evaluation Strategy; this includes:

- Formal evaluation of all events and activities
- Evaluation of commissioned services through Service Level Agreements
- Ongoing feedback from staff and parents through
 - Regular staff meetings and team away day
 - Parent Forum meetings
 - 'Thank You' Letters from parents
 - Informal feedback from parents and staff

Monitoring

All commissioned services are monitored through Service Level Agreements. Service providers regularly report on reach to the Deputy Programme Manager on a monthly basis through the monitoring forms. The reach figures are used to inform the regular reports submitted to the Sure Start Unit. Service Providers also regularly provide qualitative reports on a quarterly basis on service delivery as well as financial progress to the programme; regular six monthly reviews are carried out by the Deputy Programme Manager with all service providers to review service delivery. The Deputy Programme Manager also Chairs the Service Provider's Forum which provides an opportunity for service providers to update each other of service delivery.

Reach Figures

As at January 05, there were 831 children registered with Sure Start Shadwell. The programme continues to report 100% of children contacted within two months of birth. The new birth visits are carried out by a mixture of breast feeding support workers and the health and family support workers.

The programme offers a range of services to support the health, social and emotional development of children and parents living in the catchment area; these include one-to-one support from the health and family support team; new birth visits; referral service; speech and language therapist; breast feeding support; teenage mothers support group; parents forum; 6 play and stay (toy library) sessions; psychological and counselling service; rhyme time sessions; playbus; child safety scheme; baby yoga; health and nutrition training for parents; staff and volunteers; craft sessions (stitches in time); parenting skills training; father's group; first aid training; parent & toddler groups; childcare training; volunteering scheme; 2 and 3 year old birthday parties and many events and activities for parents and children.

Community involvement and engagement

It has taken intensive community development work to encourage parents to get involved within the Sure Start programme and take up new services within Sure Start Shadwell. However, since the programme started, local parents have become increasingly enthusiastic and not only joined in activities and accessed a variety of Sure Start services, but have become actively involved in the management and delivery of the programme. There are currently 5 parents on the Management Board; 3 representing the parents forum, 2 representing the father's group. There is every reason to believe that this capacity will increase throughout the lifetime of the programme.

The programme has an established Parents Forum with a committee of 10 members plus other members who get involved as and when they are able through volunteering etc. The appointment of the Father's Worker has been instrumental in involving fathers in the programme, the Father's group is very successful with a membership of 36 fathers. Parents also get involved with the programme through the well established volunteering scheme; 15 parents are currently volunteering through the scheme with various organisations with many more either interested or awaiting CRB and other HR clearance.

Evaluation Sub-Group

Membership of the Evaluation Sub-group includes two parent representatives, a mainstream Health Visitor, the Public Health Co-ordinator, the Community Development Officer and is chaired by the Deputy Programme Manager. Regular input and support is also provided by Louise Harrington from NESS. The group is responsible for planning and guiding and implementing the programmes Evaluation Strategy.

Thematic Evaluation

The programme commissioned and carried out two major pieces of evaluation in 2004; the review of the Sure Start Shadwell Health and Family Support Service was conducted in-house and the Parent Satisfaction Survey and Needs Audit was externally commissioned. The process and outcomes of these are set out below.

1. Review of Sure Start Shadwell Health and Family Support Team

The evaluation was carried out over a 5 month period (March – July 04) and covered referrals made to the service for the period June 03 – March 04.

Aims and objectives of the evaluation

The aim of the evaluation was to review current Sure Start Shadwell family support provision, in order to inform the development of a new service by

- ascertaining the perspectives of service users, providers and health visitors with families on their caseload referred for Family Support
- analysing referral sources and reasons
- measuring process and impact outcomes during the early months of the service

Rationale:

- The service is new and early evaluation was needed to help shape its development
- The service is expensive - staffing costs were £94,810 in 2003/4, and £139,000 had been ring-fenced for 2004/5.
- Unlike many other Tower Hamlets Sure Start local programmes, Sure Start Shadwell directly employs its Family Support Workers, rather than commissioning the service to an external agency.

Health and child development

Health indicators in the Sure Start Shadwell area especially, show that there is a high incidence of heart disease, diabetes and cancer in adults and tooth decay in children. Health professionals have indicated that dietary and nutrition issues should also be addressed in addition to information and advice about oral care. In terms of child development, early consultation with professionals suggested that parents should be offered opportunities to learn about and understand their child's development needs and work would need to include a high level of promotion and information.

Family Support is provided by an integrated Health and Family Support team, characterised by a mix of directly employed staff with different professional, community and language skills and training, who are able to work flexibly and intra-professionally. Families referred to the service are allocated one key worker who can offer a range of services to meet the family's needs by utilising the expertise and knowledge of other

colleagues in the team. Families receive a comprehensive flexible service from someone they can get to know and trust.

During the period reviewed the team consisted of a Public Health Co-ordinator (a qualified Health Visitor), a Midwife and 2 whole-time equivalent Family Support Workers. In January 2004, 2 additional temporary part-time Family Support Workers were recruited, consolidated into one whole-time equivalent permanent post in August 2004.

The team is based in a Health Centre alongside local Health Visitors and Bilingual Health Advocates, allowing for good communication and shared understanding of roles.

The team visits more than 30 new families a month (including 2-month introductory visits and new referrals) and supports several groups each week (e.g. Rhymetime, Baby Yoga), as well as providing continuing support for families previously referred. The team organises Sure Start Shadwell events, e.g. bi-monthly 2 and 3 year old birthday parties, information days, fun days and is crucial to the Sure Start Shadwell Outreach and Public Relation Strategy

Evaluation Design

Process outcomes were measured through scrutiny of records, and interviews with Health & Family Support Team workers and questionnaires to Health Visitors

Impact outcomes were measured through interviews and questionnaires to service users

Key Findings

The number and type of referrals for Family Support indicate an expressed need for the service amongst local parents, whose comments were positive both about the support they received and Sure Start Shadwell services in general.

Staff were positive about the model of family support delivered and the outcomes for parents.

More specialist training for staff will enable them to better meet parents' expressed needs and service needs within the Children's Centre Initiative.

Staff shortages mean that Health Visitors are struggling to provide quality universal services to local families, and find it difficult to track and follow up referrals made for family support. Sure Start Shadwell needs to be mindful of the need to ensure quality verbal and written feedback to Health Visitors and other agencies to ensure best and safest services to children and families

2. Parental Satisfaction and Needs Audit

To determine parental satisfaction, the programme commissioned Axis Community Solutions, a local consultancy to undertake a parental satisfaction and needs audit in June and July 2004.

The primary objective of the survey was to:

- To identify the current levels of user satisfaction in Sure Start Shadwell services

- Identify the training and employment aspirations of parents in the Sure Start Shadwell area, and identify any barriers, issues and needs for parents to access opportunities; and
- To estimate the childcare demands of parent wishing to access training and employment.

Methodology

A two-pronged approach was used, firstly all organisations and activities in the Sure Start area were contacted, and the majority of interviews carried out. However, this activity was not sufficient to meet the agreed target number of 200 interviewees. Therefore, in consultation with the programme, the research incorporated a number of home visits by means of door knocking. A free prize draw was used as the incentive for taking part in the survey.

Interviews

A total of 208 people were interviewed in 15 locations. Home visits accounted for 75 interviews (36%). The majority of the respondents were female, of Bangladeshi ethnicity, married, between the ages of 22 – 34, and classified themselves as full-time parents/carers who are not working or studying. The majority of the respondents (77%) have 1-3 children, and 20% have 4 or more. The mean average number of children per respondent was 2.3.

Levels of satisfaction with current childcare arrangements

A large number of respondents did not answer this question, given the order of questioning it seems unlikely that people did not respond as they perceived the question to refer to professional services, thus this area would seem to warrant further investigation.

Of those who responded, 6 people described themselves as either very unsatisfied or unsatisfied with their current childcare arrangements. 3 people described themselves as 'satisfied' and 5 people said they were 'very satisfied' with their current childcare arrangements.

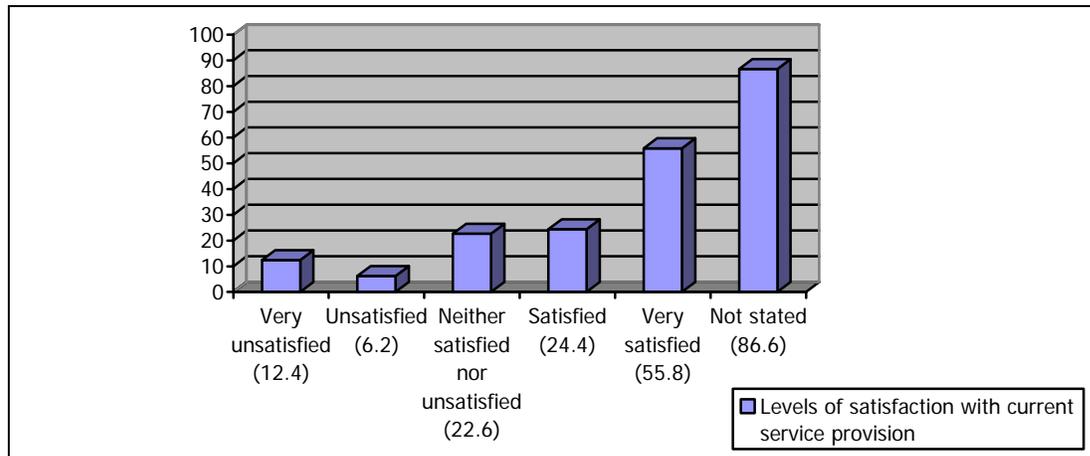
Preferred changes to current childcare arrangements

Respondents were asked what they would change about their current childcare arrangements if they could. The total number of respondents that stated they would like changes in their current childcare arrangements was 136 or 65%.

Use of organisations/activities in Shadwell and surrounding areas

The response to this question suggests that at least 86 respondents (41%) have not accessed organisations and activities for young families in the Shadwell area. Awareness of activities/organisations provided by Sure Start appears to be relatively low with no more than 8 respondents mentioning the same activity/organisation.

The average level of satisfaction for each of the values is presented below.



Levels of satisfaction

The above results demonstrate that a high number of people appear to be very satisfied with childcare provision in the Sure Start Shadwell area, however there is also a significant minority that are not satisfied with specific elements of childcare provision in the area. The three areas that scored greatest in the ‘very unsatisfied’ category were the cost of support, the quality of support, and then the amount of support. The first is particularly noteworthy as this area received the greatest number of ‘not stated’.

Number of non-respondents

The ‘cost of support’, ‘the location of activities’ and ‘the opening times of activities’ all suggest answers that are directly related to professional service provision, and thus the low number of responses to this answer may reflect the fact that in response to questions, 86 respondents stated that they had not used any organisations/activities in the Shadwell area. The fact that respondents understood this section of the survey to be referring to ‘professional’ rather than informal support may account for the high levels of non-respondents. This is not the only conclusion that could be drawn however, and this area would appear to warrant further investigation.

Help support and activities missing

The top five areas mentioned by respondents were (in order) 1) childcare/parenting lessons; 2) exercise classes; 3) English lessons; 4) that staff should be more helpful; and 5) trips, for example, to theme parks or the seaside.

Improving service provision

The top three areas mentioned by respondents were (in order) 1) better publicity, advertising, or more information about events or activities; 2) more toys or new toys; and 3) a crèche or childminding facilities.

The impact of childcare arrangements on other areas

64 respondents (out of 208) stated that over the last year a lack of suitable childcare had prevented them from taking paid work, changing their working hours or job, or taking a training course. When asked, 45% of this group either didn't know or didn't state what type of childcare they would have most needed; 25% of this group said they would have needed a crèche, another 25% said they would have needed a day nursery. The 'don't know / not stated' category included a number of respondents in the 18-24 age band. These results suggest that for a significant minority, more professional support would have enabled them to take up paid work, change their working hours or job, or take a training course.

When asked if they might be interested in undertaking 'some sort of job, alternative employment, training or voluntary work' in the next few months, 77 respondents said they were very interested. The results strongly illustrated that most respondents fall into one of two categories: 'not interested' or 'very interested'. The most popular type of training respondents were interested in was 'child care/childminding' (22 of 105 respondents), followed closely by an 'English course'. The majority of respondents interested in these two types of training were female Bangladeshi respondents. The community centre was clearly the most favoured location for training; other noteworthy locations were 'School' and 'College'. Daytime was clearly the most favoured time for training, with flexi-time, weekends and evenings also being mentioned.

27 respondents expressed an interest in undertaking employment or voluntary work: the most favoured area was working in schools or a nursery, or as a school assistant; followed by childcare, and voluntary work. Other respondents expressed interest in other ways of working with children; others mentioned community work, office work/clerical, administration, hospital work, social work and retail. 19 respondents said they would need additional or special training to take up the employment or voluntary work they were interested in, of whom 9 mentioned childcare training, 7 English lessons, 1 office work and 1 computer training.

Sure Start making itself better known

A large number of respondents (139 of 208) thought Sure Start could make itself better known to their families through a leaflet. 50% of respondents (104) mentioned a newsletter, and 47% a newspaper. 33% said open days/events and 22% posters. Of the unprompted areas suggested, most frequently mentioned was a letter (30 people).

Specific suggestions revolved around three primary areas: 1) providing information in a number of languages; 2) Sure Start producing more adverts and holding more events; and 3) the effective presentation of materials.

Conclusion

The evaluation concluded that 39% of respondents are using some form of professional childcare, a higher proportion than those who would ideally use this form of care. Many state they are satisfied with their current childcare arrangements, yet many say they would like changes, and many of these cite access to professional care. This apparent contradiction could be reconciled by understanding that factors other than pure preferences are at work.

A high proportion of respondents did not state their level of satisfaction with their current childcare arrangements: it is unclear why and this area would seem to warrant further investigation. A high proportion of respondents did not state whether they are happy with current service provision or not: this could be explained by understanding that a high proportion of respondents do not use organisations/activities and they assumed these questions to refer to this form of care. This however, is not the only conclusion that could be drawn.

Those who did state their level of satisfaction with their current childcare arrangements tended to be satisfied. Those who stated their levels of satisfaction with current service provision also tended to be satisfied: there was however a significant minority who were very unsatisfied, with cost being mentioned most frequently, followed by the quality of support, then the quantity of support.

As mentioned above, a large number of respondents do not use organisations/activities in Shadwell and the surrounding areas. Tentative conclusions could be drawn from other sections of the survey that this may be due either to a preference for informal childcare arrangements (e.g. family), the cost of services, and the lack of publicity.

When asked how service provision could be improved the most frequently mentioned areas were better publicity and advertising; more toys or new toys; and a crèche or childminding facilities. When asked how Sure Start could make itself better known to their families, respondents listed a large number of areas, including a leaflet, newsletter, newspaper and open days/events, thus suggesting a multi-pronged marketing strategy would be most effective.

Partner's in Excellence Award

2 & 3 Year Old Birthday Party

Sure Start Shadwell birthday parties are a fun way to bring services to families. Initially introduced in 2003 to apply the Sure Start Language Measure to 60 two-year old, the parties are now helping to address early learning, health, social inclusion and parents' employability.

The parties have been awarded the Sure Start Partners in Excellence Award 2004 in the category of Equality and Inclusion for bringing together a host of professionals including speech therapists, health visitors, dentists, librarian, child safety, toy library, breast feeding and psychologists in a fun setting to access families in the form of a party which includes entertainment for the children as well as healthy snacks.

Purpose

The 2 & 3 year old Birthday Parties are used to:

- Undertake SSLMs, get advice from a speech & language therapist
- Outreach – engage new families in Sure Start Shadwell activities
- Oral health promotion and dental examination
- Nutrition and feeding information – breast feeding, weaning, healthy snacks and drinks, bottle and dummy exchange
- Opportunity for families to speak with a health visitor and health advocates about their children's health and development
- Bookstart – engaging parents in early learning and library registration

- Early learning and constructive play opportunity for children
- Joint working with partner organisation and statutory services
- Opportunity for social interaction among parents and community building

Language & Listening Group

The Chat -A- Way Team (Speech and Language Therapy) provides a variety of services for Sure Start Shadwell families living in the Sure Start catchment area. The SLT service for Shadwell is currently two days per week and therefore not extensive enough to provide a timely service for the unusually high number of new referrals being received over the last 4 or 5 months.

In an attempt to redress this and reduce the waiting time for families, a pilot language and listening group was established in Shadwell for children awaiting assessment by the Speech and Language Therapy team. The basic concept of the group was to focus on developing the language and listening skills in children suspected of having a language delay. The focus on listening, attention, turn taking and initiating in communication are core areas for all children under the age of 4 identified with a suspected language delay. These activities are also the focus of 1:1 therapy sessions. The group was therefore designed to work on the same skill areas, but in a group setting.

Attendance and outcomes

Of the original 6 participants, 3 families attended the group to its conclusion. Of the 3 who did not:

- 1 family felt the level of activities did not challenge their child sufficiently. As a result, a language programme was written for the child, to be carried out on a daily basis at the child's nursery.
- 1 family felt their child's behaviour was too disruptive for the setting and chose to withdraw from participation. This child was offered a series of home visits instead, although the family declined.
- 1 family stopped attending after the first session (2nd week). Subsequent telephone contact with the parents confirmed the family intended to attend, although in reality they did not attend again.

Prior to the final session, parents were informed they would be asked to complete a post-group evaluation questionnaire. For various different reasons, no families attended the final session, so the questionnaires were posted to each family, after telephone contact had been established. Of the three families, one family chose to return a completed form. Overall, they felt positive about the group therapy and that it had been beneficial for their child's communication skills.

Participants details

The following table outlines background details on each child.

Child's age	Gender	Reason for inclusion	No. of wks attended
2;0	M	Language delay	1
2;10	M	Language delay	4
3;0	M	Language delay/behavioural issues	5
2;6	M	Language delay	1
2;3	M	Language delay	2
3;4	F	Global delay, including language	2

Conclusion

Looking at the table above, it may be considered that the spread of the ages of the participant's was too wide. It is important to consider however, that the eldest child (3;4) was included in this group by being matched by developmental age, not chronological age. This process involved assessing the child's developmental stages and offering therapeutic intervention that was closely matched to these.

The gender mix may be seen as being reflective of children with language delay in general, where it is suspected that more boys than girls are referred for suspected language delay. There may also be other factors affecting this, such as cultural or social influences.

The group facilitators, a Speech and Language Therapist and a Bilingual Co-worker felt that improvement was noticeable across all three children who continued to attend the weekly sessions. The professional scales implemented to make this assessment are likely to be of a less explicit nature than measures used by parents. It is likely that parents are more prone to measure the emergence of spoken words as a measure of language development. The SLT service are inclined to measure slightly more subtle improvements, such as an increase in a child's attention span on a given task, their demonstration of listening, their ability to carry out a language task towards the conclusion of the group that they appeared unable to carry out at the commencement etc.

Overall, although attendance was half that expected the group appeared to be successful, in that 3 children were provided a structured, individually tailored and consistent therapeutic intervention in the time allocation that would otherwise have afforded one child the same level of input.

Since the above evaluation, the Chat -A- Way session has now developed into a very popular group running from a local community venue. The group is now well attended with an average of 7 children per week.

Children's Centres Initiative

The Sure Start & Glamis Children's Centre develops from the Sure Start Shadwell local programme and will encompass a larger catchment area. There are significant changes to the size of the catchment area (approximately 40% larger than the existing Sure Start Shadwell catchment area). However, since Children's Centres will offer universal provision regardless of whether service users live in the catchment area or not.

The Glamis Children's Centre will be overseen by a sub group of the existing Sure Start Shadwell Management Board. At the time of writing, members of the Board have met on a fairly regularly basis to progress the development of the capital work in relation to the Children's Centre, detailed planning regarding governance, service planning and integration of services started in October 04 with the appointment of a consultant and the setting up of the Children's Centre Steering Group.

Future Evaluation

In consultation with NESS, the programme has decided that the theme for evaluation in 2005 will be Parental Involvement in Sure Start.

The evaluation will be a qualitative look at:

- The impact of Sure Start on parent's lives in terms of personal development, using case studies, interviews and focus groups
- Volunteering in Sure Start using themed case studies
- The decision-making process and the impact of parental involvement

Outcome:

- Impact on family life
- Impact on children
- Training / employment

The evaluation will link to literature on employment, training and well-being of families.