

DONCASTER DISTRICT

**SURE START MOORENDS AND THE
WILLOWS**

ANNUAL EVALUATION REPORT

2004

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March 2005

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2.0 Executive Summary

The following Strengths and Weaknesses of the existing programme together with a number of future Opportunities and Threats.

The programme's particular **Strengths** are that it is:

- Very community focussed and responsive to their needs
- Excellent at providing access to quality play and development. We will not compromise on quality. Enhancing opportunities for play and development runs through all the groups we do. School nursery staff are very impressed with our work.
- Very good at partnership work. We develop our milestones together so people recognise how their work contributes. This means they own it and are accountable and able to be monitored. The discussions that occur allow the additionality of the work to become apparent to all.
- Able to respond to the particular needs of the local Traveller community. Local targets have been generated for work with Travellers.

The programme's **Weaknesses** are identified as:

- Communication. Particularly between staff and from staff to on the ground partners. There is poor cascading down of information from strategic level partners to front line staff. Communication otherwise works OK at strategic levels. The effects of poor communication in this way can be that duplication occurs. Action: A communication strategy is being developed.
- Health delivery. There is uncertainty about whether or not the additionality of services is being maximised to deliver the Health targets. Action: This is under review.
- Monitoring is not a clear and simple process. It is not done well for our own programme's needs. Action: Development work is planned.

The future **Opportunities** presenting themselves to the programme relate to:

- The new build whereby our staff will be based within the community.
- Children's Centre – we will deliver our work across a wider area. There will be a removal of the post code lottery and we expect less resentment from professionals that some people can and some people cannot access the services.
- Establishing fee-based childcare. Local businesses are showing an interest.

The **Threats** identified as facing the programme relate to:

- Changes within the Health Visitor team. A staff member is leaving. This will be the third group of Health Visitors that programme will work with. This much change is disruptive.
- Children's Centres. Managing expansive change will be difficult especially when the increased catchment area and so greatly increased numbers and demand on services are not matched with the proportionate increased levels of funding.
- There is a lack of strategic vision for mainstreaming within the local context. National guidance has been poor / not specific enough on Children's Centre governance.

3.0 Setting the Scene

Brief contextual material on locality, demographics and service needs

The programme operates in the former mining village of Moorends with the addition of a geographically separate community on the nearby Willows estate. There are 332 children under 4 living in the area. There is a sizeable Traveller community.

The inputs that have been made. The additionality that has been achieved.

The programme delivers work against its target areas in a number of ways not too dissimilar to those adopted by other Sure Start programmes. These include a range of activity sessions with families to foster child development; the development of childcare options within the community; improving children's health through additional Health Visitor activity and safety activity; work with local libraries, primary schools and community centre to improve learning opportunities; actions to reduce the number of workless households through partnerships with relevant agencies and community groups.

There has also been work with the local Traveller community. A mobile unit has been used to provide one of the delivery settings.

The evaluation strategy and data sources

The evaluation strategy has been largely to support the development of the programme. It has now moved into a phase where data is needed to help with hard funding decisions and so the focus is shifted towards impact assessments. There is also work to support the new information needs arising from the Children's Centre agenda. This agenda will affect how the Sure Start operates in the future.

Evaluation methods have supported the programme through:

- Evidence-based development sessions with staff, board and partners
- Gathering user and non-user perspectives (Quantitative)
- Gathering non-user perspectives and proposals (Qualitative)
- Mapping reach and participation levels
- Assessing the Sure Start effect on those children who are entering nursery.

Data sources have included household face to face survey work, programme monitoring information, in-depth face to face interviewing and are likely to include nursery initial assessment data in the near future.

4.0 Synthesis of findings

Reach

The programme monitoring data indicates that there is, at present, inconsistency in the time at which children are first contacted after birth. Further developments within the programme will ensure that there is a return to the 100% contact rate within the first 2 months of life achieved in early years of the programme.

Thereafter contact levels vary depending upon the needs of the child and family. During the 2003/4 189 of the 332 children were seen by Sure Start. A mapping analysis of participation indicates a good spread of participation across the geographic area. It was pleasing to see that no major geographical gaps were identified by this analysis. Please contact the either staff team or evaluation consultants for more details of this mapping work (Contact details at Appendix A).

Progress towards targets

At this time there is very poor availability of longitudinal data against most targets. This means that in most cases we cannot say how well or otherwise the programme is doing against its objectives. For those targets where figures are available progress appears as follows:

Target	2002/3	2003/4	Commentary
Reduced proportion of re-registrations of Child Protection register	0	5	Increased rather than reduced
100% contacts with new babies by age 2 months	100%	<100%	There is a dip in performance.
Implementing care for mothers with PND	100%	100%	Excellent
Contact with pregnant women	Not measured	85.33%	Aiming for 100% in 04/05
Active library membership	13.07%	Na	
% households with no adult of working age in employment	47.23%	Na	
Proportion of parents on management board	16.67%	10%	Slight fall in proportions

Na = data not yet accessible.

Cost effectiveness

Assessment in this area is not advanced at present.

5.0 Recommendations for Policy and Evaluation

What are the key learning points?

We have presented the learning points from our programme in the form of a narrative that describes aspects of our work that have been particularly effective and areas of difficulty that the programme has encountered. There are ideas contained here for both policy and evaluation.

These learning points are presented in chronological order so as to provide a feel for the development of the programme.

A good start in three ways

1. NCH's involvement provided the programme with a positive independent starting position. This meant the programme could kickstart things quickly without being saddled with baggage from pre-existing relationships and expectations about how things might work.

NCH also offered a good structure in which to undertake recruitment. The programme manager started in October 2001 and there were nine other key staff in post by April 2002.

2. During March 2002 there was a very successful fun day for local parents. The aim was to consult with local people to help get the capital plan right. 270 people came to the day. There was also a good response from partners. The programme got good information from the community. Some of the staff came too even though they were not yet in post.

3. A joint Jobs Fair was held with other organisations in the centre of Doncaster. Homestart, PLA, Jobcentre Plus and Early Years were the other partners in this. It was widely advertised and open to the public. There was a phenomenal response. 220 people came. The Job's Fair raised the profile of the programme. It gave people a sense of the programme's plans too.

The Job's Fair was quoted in the Sure Start magazine 'Partners' as an example of good practice getting people and organisations together and as an example of good early partnership activity too.

The Job's Fair gave us a better quality of applicants.

Early relationships - Working with partners

In January 2002 negotiations began between the programme manager and partners in Health Visitor and Midwifery services. No resistance was encountered. There was a clear commitment from Health managers to work in partnership.

However there was and is still a difference in on the ground commitment. Additionality from Midwifery is not showing through clearly. Speech and Language services were more difficult to engage with effectively. There has been a restructuring of the service and matters are beginning now to settle into a clearer pattern. This should make it easier to engage with this service in the future.

April 2002 onwards - Continuing the development work

Early team building activity for all staff stressed the importance of working together and undertook the joint planning of service delivery.

In the summer Children's Fund money was used to provide a vibrant summer of activity and began the drop in sessions that were to continue throughout the programme to date.

Early challenges to delivering the service

The political push at the time was to provide services that are *different* rather than focus on expanding existing services that work well. Our programme's strategy was to approach delivery halfway between these two points so that where appropriate we made best use of existing methods and services where they were working well rather than necessarily doing something different. We certainly did some things differently too. Our approach to building on existing methods applied particularly to the Health Visitors and Midwifery provision. As has been noted above we are presently questioning the usefulness of this approach with regard to Midwifery services.

As has also been noted there was early resistance from on the ground Health staff. There were some gruelling meetings. There were anxious Health Visitors and also resentment from Health Visitors who were doing a very good job with little resources. We worked very hard to get across the idea that our approach was not about *us* doing what they were already doing but about working together. These were often joint meetings between Health Visitors, Midwives, School Nurses and ourselves.

The key moments came when we did a chart of the week's activity and identified where there were gaps in services that could be filled. We agreed to plug the gaps and things worked well after that. We developed the Drop in activity from this analysis. Keep in touch meetings were scheduled every six weeks. In due course these meetings were expanded to include other partners and were called Community Network Meetings. They became a very useful forum in the early stages for everyone to share information and ideas.

April to October 2002- tough work

During this time there was a change over from Health Authority to Primary Care Trusts. For this programme that meant a change of accountable body at a time when key decisions on finance were needed to develop the programme and its building. Decisions were not being made and the responsiveness of Health Authority staff was very slow.

The accountable body changed to become Doncaster Metropolitan Borough Council Social Services department. Things improved after a further delay while they became comfortable dealing with quarterly government funding arrangements.

January 2003

A very successful Bookstart Plus launch ended 2002 where over 100 attended the local library on a beautiful sunny day. The library had paint, sand and water in it for the first time too. Early 2003 yielded useful data from the survey of local residents. Evaluation had seemed a woolly concept until this point compared with the 'doing' work we were used to. The survey began to make sense. It showed where we were:

- Meeting the expectations of the community
- Understanding the community

The survey seemed to tangibly inform what we do and the way we work. The survey confirmed our thinking and made us question some of our thinking. It helped us with business planning.

Really Grim

It has been 2 years from submission of the proposals to starting work on the building. From May 2002 the Capital Plan went to GOYH. At this time the process for agreeing Capital Plans changed and our Plan sat on a desk for 6 weeks. The plan had to go then to SSU and the SSU sent the plan to the Nationally appointed Architects. The plan assumed that it would be OK to start tendering in September 2002 with a developer in place in January 2003. The feedback from the National Architects was that the plan was too ambitious, that it was for more than £1m and that only 1/3rd of it would be used for Sure Start.

The programme invited the Architects to walk through how it would work and see how its multiple usages would work together and were all linked to the Sure Start targets. The Architects passed the plans in February 2003 with minor changes. However during this time building costs spiralled.

After some arguing with the Sure Start Unit over the use of a small but important underspend – an argument that was well supported by the Regional Advisor – final approval for the building was achieved in late April 2003. Tender processes were completed in September 2003 though work could not start until January 2004 as work on another Sure Start was prioritised so that it did not lose its capital budget. The actual start date for our building work was 14th June 2004.

The fallout from this delay to the building is that the ways of delivering that were envisaged, designed and geared to be temporary arrangements have taken on a permanence that will have lasted nearly 3 years once the building is completed. It is notable that 3 years is very much longer than the life of many initiatives. Had a 3 year wait been envisaged a different approach to delivery might well have been adopted.

Similarly we might have been better going for a quicker refurbishment rather than a new build. We wonder how many families we have lost or who have become disillusioned through broken promises. The wheels need to be oiled so that they are slicker.

Regarding our new building we couldn't have wished for a better location, next to a bus stop, very visible, within walking distance. It will be good for the staff to be in a nice environment with good colour schemes and finishes. We are very keen for it to become a hub for the community. There are good opportunities to develop childcare and the sensory room is generating interest particularly for those with disabled children and adults.

Things we do to ensure that we are well-focused

We review what we are doing for example by running a closure week to review what we are delivering to ensure they are meeting the needs of the community and its families. Staff from other partners are involved in this process. We look at where we need to make changes and improvements.

Some evaluation work is linked into this. For example evidence from evaluation work on those who are hard to reach was linked in to our recent review to redesign how we are delivering services and the changes we need to make. In particular the outcomes from this were that we looked at the visibility of Sure Start within the community and developed a clearer publicity / marketing strategy. We also developed a new 'first contact team' that works antenatally to introduce Sure Start services and to counter a finding from the Hard to Reach assessment that people thought of Sure Start as being just about health. We also now do a follow up visit after 6 months if we have not had contact with people since their initial visit. Birthday cards on 1st, 2nd and 3rd birthdays are also sent to act as reminders.

Summary position and next steps

We conclude this reflective analysis of the three years of this programme with a SWOT analysis. This has identified the following Strengths and Weaknesses of the existing programme as perceived by management together with a number of future Opportunities and Threats.

The programme's particular **Strengths** are that it is:

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- There is a lack of strategic vision for mainstreaming within the local context. National guidance has been poor / not specific enough on Children's Centre governance.

Appendix A Contact details

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