

**BARNSLEY**

**SURE START BOLTON AND GOLDTHORPE**

**ANNUAL EVALUATION REPORT**  
**YEAR 2 - 2004 - 2005**

Dr Jenny Owen, Ms Geraldine Shipton and Dr Caroline Dryden,  
School of Health and Related Research,  
University of Sheffield,  
Regent Court,  
30 Regent St.,  
Sheffield S1 4DA

Tel 0114 2220849

Email [j.m.owen@sheffield.ac.uk](mailto:j.m.owen@sheffield.ac.uk); [c.dryden@sheffield.ac.uk](mailto:c.dryden@sheffield.ac.uk) ; [g.a.shipton@sheffield.ac.uk](mailto:g.a.shipton@sheffield.ac.uk)

## **Introduction**

This report presents the outcome of evaluation work carried out during 2004, with staff, parents and other stakeholders involved with Bolton and Goldthorpe Sure Start, during its first full year of activity.

The main sections below follow Sure Start report guidelines, and cover:

- **Setting the scene**
- **Synthesis of findings:**
  - Specific projects:**
    - parents' 'drop-in' sessions;
    - 'time for me' sessions;
    - work with fathers;
    - families and food;
  - capacity development** in the programme.
- **Practical recommendations** for the programme and options for future evaluation.

Appendices One and Two contain the original Evaluation Plan for this year, and a summary of evaluation methods used.

## **1 Setting the Scene**

### **1.1 Evaluation: aims, scope and approaches**

At a general level, each local programme's evaluation needs to keep in mind the overall targets for Sure Start, intended to promote:

- Personal, social and emotional development of children aged 0 – 4
- Health improvements for mothers (including smoking cessation);
- Improvements in communication, language and literacy among young children;
- A reduction in the proportion of young children living in households where no one is employed.

The four specific project areas which we will discuss in Section Two all fall within one or more of these broad areas, and were chosen for evaluation because they were early priorities for the programme while it was establishing itself.

### **What is evaluation for?**

Chelimsky (1997) suggests some useful distinctions concerning different types of evaluation, for different purposes. He identifies three main models:

- Evaluation for accountability: e.g. measuring results or efficiency in a service.
- Evaluation for development: e.g. providing feedback for staff or service users to think over and use in improving a service, developing a new training input or changing a particular role.
- Evaluation for knowledge-building: e.g. working towards a deeper understanding in some specific area – such how the link between personal food choices and health is influenced (or not) by government policies and programmes.

This report emphasises the second and third points in particular – evaluation for development and for knowledge-building. There is an element of evaluation for accountability here: for example, we summarise broad patterns of take-up for particular activities, drawing on the programme’s monitoring data, so that readers can see how many parents have been able to access a given activity. But our main focus is on analysing evaluation data in more depth than this, in order to provide feedback which staff, the Partnership Board and local parents can talk over. This can help provide a deeper understanding of progress so far, informing plans and choices for the next stages of work.

The current government has attached a high priority to evaluation, in a range of programmes including Sure Start. The national evaluations undertaken so far have cost over £20 million. Coote, Allen and Woodhead (2004) considered to what extent these new social programmes are really ‘evidence-based’, what is being done to find out whether they ‘work’, and how far their evaluations are helping to build knowledge to inform policy and practice. They found:

There is a gap between the rhetoric of evidence based policy and what happens on the ground, which is a great deal more complicated. Interviews with those in central government make it clear that they have been designed, by and large, on the basis of informed guesswork and expert hunches, enriched by some evidence and driven by political and other imperatives. This is not surprising and will not, necessarily, lead to less effective interventions. (2004:3)

They also found that practitioners and community residents had few opportunities to reflect on this gap, and to have their own experiences taken on board by government in a situation where ‘what works’ is not always known or clear to experts in the field. There was no consensus about how to evaluate complex, community-based initiatives:

Practical difficulties for evaluators include collecting and analysing reliable local data, and dealing with huge volumes of information. In many cases, national and local evaluations are running alongside each other, but do not always have integrated or even compatible aims or methods. (2004: 3)

The report suggests a broad-based approach to evaluation with a range of methods and that practitioners and residents all need support to acquire skills and techniques of evaluation, to judge the results and to integrate them into mainstream practice. With this in mind, the evaluation team at Bolton and Goldthorpe Sure Start have opted for a broad range of evaluation methods (summarised in Appendix One); this year, evaluation activities have also included both joint initial training for staff and parents, and regular informal discussion via a small evaluation working group.

## **1.2 Bolton and Goldthorpe Sure Start: the context**

### **1.2.1 The User Satisfaction Survey: baseline findings**

The User Satisfaction Survey carried out for the programme in early 2004 emphasised a number of points which provide a context and starting-point for this report. Below, the main findings from the report are summarised for reference, as they have a direct bearing on plans and priorities for the future.

Firstly, the survey showed that local awareness of the programme, among those interviewed, was high: 79% of parents of under 4's were aware of Sure Start and 26% of all parents of under 4's had used or taken part in some form of Sure Start services or activity. Around half of the parents surveyed had older children as well as those aged under four. A quarter were new parents with a child under one. Of the parents in touch with Sure Start, most had made contact via a health visitor or midwife. Survey findings indicated that overall, in Spring 2004, 34% of the respondents were personally in touch with the programme.

Secondly, the survey highlighted some particular aspects of local family circumstances and needs. One in five of the parents surveyed were relatively new to the community, having lived locally for two years or less. The report also emphasised the importance of income and employment issues, as just under half of the children aged under 4 (47%) in the families surveyed were living in a household where there was no adult in paid employment; a third were living with a single parent.

Thirdly, the survey showed a good level of access and take-up of early years and education services, including nursery/playgroup facilities, parent and toddler groups and Bookstart bags and activities. Overall, two thirds of parents surveyed expressed satisfaction with local services for young children. The two areas in which respondents expressed concern or dissatisfaction were local outdoor play provision and perceived levels of crime and antisocial behaviour (including drug use).

Finally, the report indicated that new parents and those not in paid employment were likely to need specific initiatives, in order to ensure that they could access appropriate services and sources of support. The survey indicated that both groups of parents were less likely to be taking up services already, and that they were also less satisfied with provision and with the local environment in terms of opportunities for young children. Encouragingly, however, the survey also showed that early staff efforts to include these two groups of parents have worked well, and that both indicate a higher level of access and awareness, regarding Sure Start, than the average among local parents.

The User Satisfaction Survey concluded by emphasising the sound progress already made, in terms of Sure Start's local profile and contact with parents, and by summarising some priority issues for future consideration. These were:

- Local concerns and perceptions regarding crime and antisocial behaviour;
- The high levels of young children in the area are living in households where there is no adult in paid employment;
- The need to assess the overall consistency and accessibility of nursery, playgroup and parent and toddler provision within the area;
- The need to explore whether or not speech and language support services are adequate;
- Local concerns about the need to improve outdoor play facilities.

At the time of writing, the programme's own monitoring data indicate that 332 children and 385 parents/carers are now registered with Bolton and Goldthorpe Sure Start. Of these, the overwhelming majority are White British. Only one registered child is listed as having special needs or a disability; this may reflect the age breakdown of children attending, in relation to the timing of formal assessments. On average, just over half the children accessing services regularly are aged under one; just under a quarter are aged between one and two, and almost another quarter between two and three. A very small number of 3 – 4 year olds are listed as regular attenders.

In terms of home visits to parents, between August 2004 and February 2005 there were 121 initial visits (post-birth) to mothers in the Bolton and Goldthorpe area. Initial visits at the antenatal stage began in January 2005, and 8 were completed during the first month. Regular family support home visits have been made to 38 families during the period from August 2004 to February 2005.

Data collection for monitoring has developed incrementally during 2004, and it is important to regard these figures as approximate: they are likely to underestimate take-up to some degree. We return to this issue in Sections 2.2 and 3 below.

Programme staff are collating routine data available from local agencies, including health and education. Analysis of this will continue during 2005, with reflections to be built into the second programme report (January 2006).

### **1.2.2 Programme resources and staffing**

Programme posts have been filled in stages over the year, and a small number of part-time appointments and/or secondments will be completed early in 2005. An up to date staffing diagram is attached in Appendix 3.

## **2 Synthesis of findings**

This section presents findings in relation to four particular areas of work which have been developed by staff during 2004. In the evaluation plan for this year, our objectives included both tracking general progress in relation to Sure Start objectives, through observing and gathering feedback on various aspects of work with families, and focusing on some projects as in-depth examples (see Appendix One and Appendix Two for original plans).

Below, we present findings in three areas of work in which we have tracked developments at a general level:

- Drop-in sessions for parents
- The 'Time for Me' sessions
- Outreach work with fathers.

Our aim here is to provide an overview of developments and of feedback from parents, underpinning some recommendations.

In addition, we present an in-depth picture of one project:

- The 'Cook 'n' Eat' sessions and allied work on diet and health.

Our aim here is both to provide specific feedback and recommendations about the project itself, and also to provide a model of an evaluation approach which might be used again in connection with new areas of work. Therefore this sub-section contains more detailed material than the three earlier ones.

Finally, in section 2.2 we move on to organisational and capacity-building issues, based on interviews and meetings with staff, and on initial joint evaluation training.

## **2.1 Work with families – three specific areas**

### **2.1.1 Drop-in sessions for parents in Goldthorpe and Bolton**

**Drop-in sessions** for parents, in Bolton and in Goldthorpe, were seen by staff as an initial way to get Sure Start known in the area, and to make contact with families, with a view to improving opportunities for personal, social and emotional development for young children (the first of Sure Start's four major target areas).

Monitoring data indicates that both drop-ins have attracted a steady number of parents and children, proving popular and clearly meeting a local need. The data indicates a small rise in average attendance during 2004: for example, whereas 6 – 8 children (and 6 – 8 carers) were attending sessions before the summer break, autumn sessions built up to 11-14 children (and the same number of carers).

Broadly speaking, both drop-ins have been functioning as mother and toddler groups, though there are some differences between the two locations. An evaluator made initial visits to both drop-ins, carrying out informal observations and talking to parents. Following this, in May, the evaluator conducted 5 in-depth interviews with mothers from the Bolton and Goldthorpe groups. At the beginning of December 2004 the evaluator paid a return visit to the Goldthorpe drop-in and conducted follow up interviews with 4 mothers (2 from Goldthorpe and 2 from Bolton). The main themes emerging from interviews are as follows.

#### **Bolton drop-in:**

Mothers attending this group appeared to operate quite cohesively from the beginning, with attendance varying from around 6 to a maximum, of 12. When the evaluator attended, the conversation was inclusive and supportive. One mother in particular adopted the role of informal spokesperson for the group in welcoming a new member and making her feel at home. All the women said they valued the group both in terms of the social contact it gave them and the play and socialising opportunities for children:

*Um...it got me out of the house...uh...met people, you know, they're all...lovely...they all, you know, treat us same...we're all, it were just [...] made you feel welcome really*

*there's people with children the same age as [child] and you grow up with them, parents, you know ...grow up together*

Parents were very positive about the Sure Start staff, for example:

*they always listen...they listen to you and they try to help you, they try and help me...*

*they're right helpful like [...] they're easy if you've got any problems to talk to em... they're confidential and ... I mean they talk to you about things, you know, they're very supportive*

There was also a clear enthusiasm and demand for activities, events and outings organised by Sure Start staff.

### **Goldthorpe drop-in:**

At Goldthorpe, parents made similar, positive comments during initial visits, for example:

*Before I started coming to Sure Start, I was, it was just me and [partner] [...] not doing anything [...] not knowing anybody, whereas now, we go round to friends' houses, we did a parent class course and, er, on a Friday morning we all go to each other's house and have coffee and a chat*

However, here the group initially appeared less cohesive and some parents had found it less easy to get involved in the early stages. The difficulties mentioned revolved around:

- Finding it difficult to get to know staff
- Some confusion when a well-liked member of staff having had to move on (a management issue)
- Feeling a bit intimidated at first
- Dealing with differences of opinion among parents over the balance between structured and unstructured play activities; for example, Bookstart met with variable feedback - some liked this and some would rather have just been left to do their own thing
- Dealing with parents' differing reactions (including some resistance) to staff requests for a rota to help with washing up and putting equipment away.

In fact, these issues had also been noted by staff, and they were aired when two parents asked for a meeting with the programme manager. Later interviews confirmed that parents had felt 'listened to' here, and that there had been real improvements. Monitoring data confirms that attendance has gradually increased.

### **Follow-up Observations concerning both drop-ins**

Over the year, the drop-ins have helped to generate various other activities. Parents and children have been offered the opportunity to go swimming throughout the summer. 'Messy Pups' sessions have started, there have been 'Cook 'n' Eat' sessions (see 2.1.4 below) and the Goldthorpe group has been split into two in order to accommodate more parents. There have also been various outings such as a Teddy Bears' Picnic in summer 2004.

The most recent interviews and visits have confirmed that the Goldthorpe groups are now getting consistently good feedback from parents. The groups are described as 'friendly' and inclusive, offering parents some flexibility in terms of how they take part. 'Messy Pups', 'Cook and Eat' sessions and other various activities such as the swimming sessions have met with an enthusiastic response from parents .

Overall, it is apparent that drop-ins have served at least 3 important functions over the year. First, they have provided the opportunity for children to play and interact with other children and adults in a safe, supportive and pleasant environment with a great range of toys! Second, they have provided opportunities for parents to socialise with each other. There were a number of examples of people who had recently moved to the area and been able to make friends through coming to the groups. A few parents said they have got to know people through the drop-ins and then discovered that they were close neighbours but had never spoken before. There were also examples of women forming friendship networks in the groups and then going on to meet outside in their own time. Forming friendships and socialising clearly helped women to develop confidence in themselves and in communicating

with others. Third, Sure Start staff have clearly been giving important practical and emotional support on an individual basis through the drop-ins (e.g. help with training, help with confidence building). Interviews, in particular, highlighted a number of painful or difficult life experiences faced by some of the women attending sessions. For reasons of confidentiality, it is not possible to be explicit about examples but the following is a summary of important themes emerging from interviews:- depression, lack of confidence, past history of drug abuse, relationship difficulties/abuse, financial difficulties and serious wider family relationship problems, both past and present. Lack of transport, lack of education and training were also relevant factors. Interviews underlined how parenting young children, in the face of a complex web of economic and social problems, can be a very difficult job. They also demonstrated how resourceful and determined to cope people can be in the face of such difficulties. Nevertheless, the help given on an individual basis was greatly appreciated and clearly making a big difference to the women in question. Some of the women interviewed had clearly developed a strong loyalty to the Sure Start project team.

For the future, Sure Start staff have themselves identified the need to

- (1) try to include more 'hard to reach' parents – those who most lack confidence about attending a group, and who face most hardship
- (2) provide more structure to the sessions as they develop and grow

Evaluators would agree that these are the next important challenges for the team.

Finally, evaluation visits and interviews have also sought parents' feedback on 'Bookstart' sessions and on work at Highgate Base. Bookstart activities can be used flexibly as part of a longer session, as for example with the Goldthorpe drop-in group. As indicated above, feedback from parents has generally been positive although, at Goldthorpe, there were some differences of opinion related to parents' own preferences. Visits to Highgate Base and a parent led mother and toddler group also provided some interesting contextual information on perceptions of Sure Start from the Highgate workers and on play sessions in action.

### **2.1.2 Time for Me**

The 'Time for Me' sessions are designed for mothers who are seen as being at risk of postnatal depression, and who (for a range of reasons) may find accessing group activities such as the Drop-Ins problematic. Sessions originally ran twice a week, but this was reduced to once a week after a review of the project in terms of mothers' preferences and of overall investment. Currently, sessions provide aromatherapy and counselling for individual women, with childcare available. Mothers come through health visitor referrals and through the team's own referral processes. Monitoring data show attendance ranging from 5 – 8 mothers each week, with their children.

Feedback during observation visits and from interviews with a cross-section of mothers shows that the Time for Me sessions are perceived in extremely positive terms. For example, one mother said that the sessions helped her:-

*..loads...because as much as I can find things upsetting – you would if they were your kids – I'll go home today and I'm just feeling chilled out. I weren't be so wound up...and believe me I don't take no winding up. I don't, I'm just about as far to'other end of me patience as I could get.*

It is clearly through Time for Me that particular groups of 'hard to reach' women are most likely to be drawn into Sure Start activities. The model being used is very personalised, with health visitors bringing vulnerable women in and an aromatherapist providing one-to-one therapy and informal counselling. Comments and examples given during interviews provided

evidence that this approach is also providing an important form of professional contact with young children living in potentially dangerous, volatile and turbulent situations (for example, where domestic abuse is an issue). Now that there is a stable crèche facility in place to support Time for Me, mothers also get a chance to meet each other while they are waiting for their individual sessions. For some of these women, accessing more formalised group activities, such as the ‘drop-ins’, would not be possible at the moment, because of their personal and family circumstances.

Sure Start staff and health visitors clearly see ‘Time for Me’ as a successful mechanism for involving ‘hard to reach’ women and working more closely with them and their children. The broad criterion for involvement is an indication of ‘postnatal depression’, based on practitioner assessment. Current arrangements allow for a valuable degree of flexibility, so that for example some of the mothers taking part have children aged over 12 months old. This philosophy has the advantage of enabling staff to reach a broad range of families in need, and to explore individual options which suit particular family circumstances. However, in terms of looking ahead, interviews with staff and with mothers indicate that there are really two distinct agendas here – i.e. responding to PND in particular, and opening up access to Sure Start for ‘hard to reach’ and vulnerable mothers more generally. These could usefully be spelt out more explicitly, as part of a range of future options which could include new, specific forms of screening and/or support concerning PND (see Section 3 below for more details).

### **2.1.3 Outreach Work with Fathers**

There is evidence from other Sure Start projects that most fathers are unlikely to attend standard parent and toddler group type activities, and this is borne out by staff experience in Bolton and Goldthorpe. Therefore, as well as a straightforward dads and kids ‘drop-in’, staff have instigated a series of activity-based events to draw men in. These include:

- a breakfast club with pool and other activities such as pitch and put, swimming, walking and cycling (activities vary week to week);
- a music technology course;
- football for Dads and kids;
- cultivation of a newly-acquired allotment.

Staff prioritise raising the profile of Sure Start to attract men to the project. For example, they have carried out some fundraising to get headstones for a series of unmarked children’s graves in Bolton upon Dearne. An article appeared in the press about this. Staff also gets materials donated to the project (e.g. pallets of floor tiles).

The Fathers Worker is still currently employed one day a week by Rotherham YMCA as a Dad’s worker and also has links with Developing Dads (formerly Dearne Valley Dads). This broad range of contacts and experience has proved very valuation in developing outreach work with fathers in Bolton and Goldthorpe.

### **Observations**

Feedback from fathers (and from some mothers), both from observation visits and from in-depth interviews, is uniformly positive. Jonathan Bower is perceived as being caring, committed, approachable and good fun - able to be ‘one of the lads’ whilst giving sensitive support to individual men with significant problems (as for example when he worked with one of the fathers who attended the Evaluation Training Day described below, enabling him to take part in, and enjoy, some training activities which were entirely new to him). At the breakfast club the atmosphere is friendly, informal and supportive, and an ‘outreach’ model

has clearly been effective in drawing fathers in, for example when Jonathan has found opportunities to introduce himself to a father after a Social Services meeting.

The outreach work with fathers also shows a strong link between one-to-one work and facilitating community-based activity. The breakfast club, for example, provides a lively, activity-based environment for men to enjoy themselves but people also talk to each other about personal issues such as children being taken into care, and they are able to empathise with each other's experiences. So the club is partly developing a 'self help network' role, in this way. It may be that there is specific scope for these developments with fathers, because they meet without their children more often than mothers do. In the coming year, new activities such as the community allotment will provide more opportunities to see how informal self-help patterns develop. Jonathan already evaluates activities with fathers routinely, via verbal feedback and short questionnaires. He has expressed the view that the breakfast club needs more structure and is also keen to keep developing new networking links.

Further observation and interviews are taking place during Spring 2005 in relation to work with fathers, and this will be the subject of a separate update report in May 2005.

#### **2.1.4 Cook 'n Eat**

As indicated above, this project was studied in some depth, partly to model an approach which could be used again in other settings. The methods are described fully in Appendix 1 but briefly included observation visits, interviews and a group 'food choice' activity with nursery-age children. Data includes photos as well as interview transcripts and observation fieldnotes.

#### **Why focus On Food?**

The Bolton and Goldthorpe Sure Start team are passionate about food and wanted to initiate a project around healthy eating consistent with some of the goals of **Objective 2**. They set up a short course about cooking economical and healthy meals. The Parent Involvement worker invited 4 parents to get together once a week to cook and eat while two crèche workers looked after the 3 children all aged below 2 years. An Instructor from the Five-a-Day team advised the parents about nutrition and cooking. The course lasted for 5 weeks but the members of the group extended it by a further week so that they could spend a week shopping together locally with an eye to bargain-hunting for good ingredients for meals. The evaluation involved a semi-structured interview with the group after the first session to get an idea of the interests and concerns of the parents in relation to food; a brief questionnaire which supplied demographic information about the participants; a second semi-structured interview after the fifth week to gauge how the parents had experienced and valued the opportunity to undertake the course; and a short interview with the parent involvement worker alone, to encompass her perspective on the whole process of the project. The parent involvement worker also asked the participants to fill in a Five-a-Day evaluation sheet at the end of the project to find out which menus appealed most, amongst other things.

A further small scale investigation was carried out into the food preferences of 3 and 4 year olds in the area, to test out whether or not some of the assumptions being made about food preferences were true of younger children in the 3-4 age range and to begin to consult children themselves in the process of evaluation.

#### **The evidence we already have about healthy eating and children**

Many parents are unsure about which foods are healthy for their children and about two-thirds have problems getting their children to eat healthily, a recent poll of nearly 800 parents found.

45% of the parents of children aged 15 years and younger said they had trouble deciding which foods were healthy for their children. When parents chose healthy foods, 65% said their children were not keen to eat it. Three-quarters of parents blamed advertising and marketing of unhealthy snacks and drinks.

More than a thousand children aged seven to 16 were questioned about their lifestyles and 70% said they would be more likely to eat healthily and get active if their parents were doing the same. Only 16% said they ate the recommended five portions of fruit and vegetables per day. Dr David Wrigley from the Developing Patient Partnerships (DPP) which initiated the survey said: The power of parents to influence their children's behaviour simply by doing it themselves is clear from these findings.

Another report on the National School Fruit Scheme<sup>1</sup> which was directed at children aged 4 – 6 years found that 26% of parents think that their children and their family eat more fruit at home as a result of the scheme. Just over 13% of parents think the levels of vegetables consumed in their homes has increased as a result of the scheme with people in social class C2DE reporting significantly higher levels of family fruit and vegetable consumption as a consequence.

Children's favourite school fruit was perceived differently by teachers and parents. 47% of parents said their child's favourite school fruit is apples, 25% said it is bananas. 48% of teachers think bananas are the favourite of most children and 29% think apples are. Teachers reported that most of the fruit served in school is eaten, whether it is the favourite amongst the children or not.

Understanding how best to influence eating habits of both children and parents in such a way that real change would be sustained in the local community was a significant motive in undertaking this small scale local evaluation.

### **The Cook 'n' Eat Project**

Cook n' Eat sessions were mentioned to parents, advertised locally and information passed on by word of mouth. These sessions involved the parents being shown how to cook a cheap and healthy 2 course meal while the children played safely, supervised by crèche workers. The parents then sat down and ate the meal they had prepared with the 5-a-day demonstrators and the children. The short course ran for 5 weeks, at the end of which parents went on a shopping expedition to explore strategies for getting the best value options from local food outlets. This project has been piloted and evaluated with a view to rolling out other similar courses.

### **What do local 3-4 year olds really like to eat?**

Another aspect of the evaluation involved finding out about the food preferences of 3 and 4 year olds. Were these as the Goldthorpe and Bolton Sure Start team supposed them to be, ie, not particularly healthy ones? A local nursery school was approached and an investigation set up. The initial plan involved:

- Asking children to select their favourite snacks and drinks.
- Photographing the results.
- Asking children to cut out and stick onto paper pictures of their favourite foods.

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<sup>1</sup> NOP World Consumer (2003) A Study into Parents' and Teachers' Views of the National School Fruit Scheme. The Department of Health.

The school staff were welcoming and agreed to ask parents for permission for their children to take part in a snack food tasting experiment to gauge the food preferences of the children and for them to take part in a cut-and-paste activity so that we could see what their favourite cooked foods might be. On the day, it was clear that the children did not know how to cut out and stick down images from the magazine pages supplied. Furthermore, another activity was taking place in which the teacher was encouraging careful use of paste to create a collage. A decision was made on the spot to abandon this aspect of the planned research which may have said more about the level of cut and paste skills than about food preferences. Instead, each of the 5 children for whom consent had been given, were asked to sit, in turn, at a small table and to choose their favourite foods from a selection laid out earlier. The sessions were audio-taped and photographs of each finished plate taken at the end.

The children were, on the whole very interested and happy to take part. A little food table, with one small chair was set up at 1:15 in the afternoon as the children were listening to a story. The evaluator was introduced to the class by name and was described as going to find out about what foods they liked. She told them she was trying to find out what little girls and boys liked best to eat and asked if they would like to help. They all wanted to help apart from one child (child 5) who was identified as a child who did not speak. He would not come to the table when asked and seemed anxious. He was asked if he would like me to be left to play on his own and he nodded agreement. Later, the nursery nurse asked him if he would sit at the table and choose food if she sat with him and he agreed.

The busy staff helped identify the children and kept some of the other very intrigued children from getting too involved. There were 16 children in the classroom, 3 adults and the evaluator. A sample of 5 children had been selected and consents sought. They were all white: 4 boys and 1 girl, aged 3-4. None were overweight or noticeably thin. They varied in height, child 4 being much bigger than the others and proud that he could write his own name.

The initial plan was to have half the class while the other half got on with a project but instead of half the class 5 I were allocated. Why these 5 were chosen was not made clear. As the evaluator worked with each child, there developed a great deal of interest in some of the other children, all but one or two of whom later insisted on helping by choosing food and showing it. One little girl was already at the table waiting to participate as soon as the announcement about the project was made and kept asking to take part. Unfortunately, she did not have consent from her parents though the nursery school teacher suggested that all the parents would have given consent. Indeed, it seemed as if the most curious children were the ones observing and when the 5 participants had finished, they were quite determined to have their turn. Of course, the food was attractive and they wanted some of it, but and they also wanted to be involved in whatever new activity it was that the chosen 5 took part in. The evaluator decided, after the research, to let all the children who asked to go through the same procedure as the 5 participants but their views are not included except as background to the 5 main participants' views. It may also be the case that after watching and hearing the evaluator for 45 minutes, the children had got used to her and were much more forthcoming than the 5 participants had been. On the other hand, the 5 were very serious and less playful as if they understood what research was and wanted to be quite businesslike about it.

The foods were introduced in turn in the random order they happened to be placed around the table, starting with grapes and ending with chocolate wafers: all within a child's reach. The choice of foods was determined partly from suggestions by the team (white and coloured cheese, and cucumber); from discussions that had taken place repeatedly with Sure Start staff who felt local children were often offered sausage rolls to eat rather than more nutritious options; and from a range of easily available supermarket snack foods, including fruit and vegetables. Three different drinks were included - fruit juice, water and a fizzy orange fruit





drink but on the day it was thought this might overload the children and the fruit juice was left out.

### **Findings**

A chart outlining the specific results for each child is given in the appendices. The most striking finding was that no child from the sample chose portions of apple, celery, white cheese, cucumber, or raw vegetables to eat, or chose water to drink. When all the children played some of them did choose vegetables and, in fact, all of the food items were tasted, with some children preferring to drink water. Another striking feature was all the children liked chocolate wafers, bananas and crisps. Most liked grapes and sausage rolls and most preferred the fizzy orange drink. Child 5 who was hesitant in choosing his foods was quite energetic in grabbing the chocolate wafer! Doubts about whether the children would eat the food so soon after lunch were unfounded as the participants and the rest of the class tucked in heartily. A few extra things were put out after the experiment and the last photograph shows what the table was left looking like at the end - food was quite sparse. The children seemed to have an appetite for the snacks.

### **Discussion**

It seems to be the case that 3-4 year olds can be consulted effectively about issues which matter to them provided that there is a manageable evaluation method. It might have been good idea to ask the nursery staff to help more but it is possible they would have wanted to 'teach' the children what they should do rather than wait and see what they did. It may be that teachers believe they are being evaluated via the children's choice and wish to encourage the children to demonstrate that they do sometimes eat fruit and vegetables. The children themselves were thoughtful and serious about their task and did it in a considered way. Looking at the photographs it seems that four out of five of the children had assembled a visually attractive collection of food on their plates - they all had some red in it from grapes, tomatoes or strawberries.

The difficulty some of the children demonstrated in being able to cut and paste also suggested that some of these children may not be as advanced developmentally as 3 and 4 year olds may be in other areas. This would be consistent with the rationale for choosing areas such as Bolton on which to focus Sure Start interventions.

The assumptions in the Sure Start team that children will tend to choose food such as sausage rolls, crisps and chocolate wafers are correct. However, some fruit seems to be popular too. The 3-4 year old age group may be amenable to changing their food tastes and seem happy to try things out in a less formal atmosphere as the non- sample did when they had got used to the evaluator and the foods.

### **First group interview of Cook 'n' Eat parents**

The first interview at the community centre took place in an atmosphere of friendly, co-operative but noisy bustle. 3 parents who had cooked were interviewed and a 4<sup>th</sup> parent who had not cooked but had been present throughout added his comments from time to time.

### **Expectations and concerns**

Parents had been unsure about what to expect and had felt a bit nervous. However, the consensus was that the first session was better than expected (one said it had been brilliant) so there may have been some qualms about it. These may have been related to the areas of concern, which prompted the parents to take part.

When asked about the main problems nowadays in feeding families there emerged some uncertainty about:

- what constituted healthy eating
- concern about 'fussy eating'<sup>2</sup> in their children
- not knowing what they should cook for the family
- having the necessary cookery skills
- confusion about what were 'bad foods' to avoid after media scares.

This last theme re-emerged in the conversation later in response to a question about how cooking and eating habits might have changed since the group were children themselves. As one young mother put it:

*There's more signs and that! Well there's more people saying eat healthier and that!*

and another mother:

*Yeah, when we were younger, there weren't all this 'eat fruit!' and 'no junk food!' advertising on the telly*

and another:

*Always, things is good for you and then it's they've found that that's not good for you and you know!*

One mother said:

*They say eat this, then eat that and eat this, don't eat that!  
... Everything's good in moderation 'int it?*

She and the others had been confused by advice when they were pregnant:

*Yeah not to eat liver! I like liver and they told you not to eat it when I were pregnant!*

A mother who had an older child retorted:

*... and ten years ago when I had my last one, you ate liver! ... Eat lots of liver!*

The effect of the mixed messages was compounded for one woman who felt that what you give your family to eat and how it is received can affect self-esteem and confidence if it is not good enough, and the family needed to enjoy it for it to be good enough in her opinion:

*If I cook for anybody, if they come to the house, I'll be there and I'll say 'Is it alright? And I panic! Most majority of them say yes. But him... Sometimes he puts me off when he goes 'Eugh! Eugh! Do you know what I mean? It puts me off a bit 'cause I'm thinking 'I'm trying me hardest! Do you know what I mean? Its like I do try me hardest.*

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<sup>2</sup> Fussy eating seemed to include not liking certain foods, eating very slowly or little, and playing around with food. All the mothers had discovered their child ate better if he or she could eat with the family but for a variety of reasons this was always not possible. They also felt that letting a child handle their food seemed to lead to the child eating it more willingly.

The father who, in this first session, sat outside the group though following the whole conversation, would occasionally interject humorous comments like *McDonald's are best!* and listing his favourite take-away foods in a jesting way that injected some reality into our discussions about what people really like to eat. The mothers varied in what they gave their children to eat:

- *I would cook chips*
- *I'm not a cooky person*
- *I would cook ready made meals*
- *I would cook a range of things.*

What the aim was in 'healthy eating' was not clear:

- one mother linked it to weight gain or weight loss
- another linked it to concentration and sound development of the body and mentioned Omega 3 oils and the need for nutrition to help bones grow properly.
- Some participants did not perceive the nutritional impact on the well being and later development of the young child and were keen to find out more.

One mother suggested a governmental strategy to improve diet:

*One time at school though, there used to be free milk and now you have to pay for everything and a lot of people probably can't afford to do that and to me, if government wants to be healthy - fruit and milk - they should start fetching it back! Fruit and milk for the little 'uns!*

The goals the mothers set for themselves to achieve by the end of the five weeks were:

- *Learn new things.*
- *Start cooking individual meals rather than buying them in packets.*
- *Healthier food for kids as well, so I know how to cook healthier for him, which I don't really know.*
- *I hope to achieve just a bit more knowledge, I mean I know a lot of things about healthy eating but ...*
- *Individual foods*
- *Summat I can say I do!*

The group considered the main obstacles to change in the following order:

- Kids
- Work
- Time
- Money

It also became apparent that getting to shop for the right ingredients was an issue in terms of choice of outlets, travel and partners or others who were relied upon to shop and who may not have healthy eating in mind.

Group morale was high and the participants said they had enjoyed their experience. They liked the food they had made and were proud of their efforts. They felt relieved that the fourth woman who was meant to join them had not appeared as the kitchen was small and liked the intimate size of the group. They expressed approval of the child care arrangements, happy that the children were 'safe' and felt they had made friends.

## **Second interview 5 weeks later**

The scene on arrival this time was different. There was more quiet and a contented atmosphere as all the parents, workers and children sat and ate together at the table. The father who had been present at the first interview was eating too but away from the main group and a place was made for me at the table when dessert came. He took part in the interview fully this time with the other 3 mothers, myself and the parent involvement worker.

## **Outcomes**

The group thought the session they had just had was brilliant! They all expressed regret that the course was coming to an end and wished it could continue. They had enjoyed it: It's been lovely!

Specific outcomes were:

- It had increased their knowledge about food and cooking.
- It had given them a chance to sample foods they did not normally buy or cook. Vegetables and mushrooms in particular were singled out as well as apricots and grapes.
- They felt more confident and tried foods out on their children that they had not tried before.
- It had been fun.
- They now knew how to cook a variety of meals.
- They could provide these cheaply, and they were healthy meals.
- They felt they had understood how important food is for children.
- They had liked working together and socialising together.
- They now regularly bought grapes.
- One mother had started to give her daughter apricots without their stones in to suck because she had observed another mother doing this and her child liked them.
- The father present had developed his interest in play work.

The group considered how another similar course could be presented to other parents and the sorts of things that might attract them. They were asked to come up with a slogan for a flyer to bring other parents in and the outcome was: Cooking can be fun! They wanted photographs to go on a flyer so that parents could see what sort of people did **Cook n' Eat** and what they had cooked - people should be shown that home-made pizza and beefburgers could be healthy options.

## **What will the long term effect be?**

The parents all appreciated the social and personal side:

*You get a good feeling, thinking I've achieved summat!*

The same mother was surprised at how interesting and enjoyable cooking could be. They especially extolled the personal, persistent touch of their Parent involvement worker who had encouraged them to attend and to get involved. Without her they felt they might not have been able to sustain a commitment to it.

However, there was a note of realism struck by one mother who said:

*If it wasn't for this, then I'd say I'd just be doing things I've always eaten.... I haven't got time..., but when I've got time, when I go shopping, once a fortnight, I'll experiment ... Sometimes though you feel like cheating. ...*

### **Interview with parent involvement worker**

Several questions were asked:

Is it possible at this early stage to judge the effectiveness of the project?

The parental Involvement worker thought:

- it had achieved its aims in that the mothers made meals which included fruit and vegetables in them
- one mother had been seen at the supermarket shopping for such ingredients
- one mother who had never cooked before could now cook some meals
- she was optimistic that parents would continue to give fruit and vegetables to the children: some 'evidence' to support this optimism was that she had seen one of the children eating lettuce for the first time
- the parents had routinely started to buy grapes

How might the work done in the small group flow out into the area?

- she identified the power of word of mouth in getting new people involved in similar Sure Start projects - people heard in one group and it got fed into another group
- there was less certainty about people who have no involvement in Sure Start

What recommendations can be made to the person who would now roll out the cook and eat courses?

- keep the groups small
- new members of the group
- mix people up so they didn't all know each other
- mix people up so they come from both Bolton and Goldthorpe
- She felt the mothers and father had got used to her and need to adapt to new people

Have there been any noticeable changes in the children?

- Children were more confident and settled: *First they came and played on their own and now they were playing together ...It's a lot more settled. Starting to gel ...V, he cries a lot, but just this morning when he came in he were all smiley and he went into cupboard with D, crèche worker and like he's never been, no he'd never do that.*
- The parent involvement worker felt the children had got used to attending and had begun to take an interest in what was going on in the kitchen and came to the table to sit and wait to eat there with the grown-ups.

### Developments which might come out of the course?

- The parent involvement worker thought the male worker whose job it is to work with men might be encouraged to provide something appropriate along these lines for men
- routes to training and work opportunities could be developed
- there had been enormous progress in terms of mothers in the group becoming more outgoing and socially skilled.
- options for these parents to continue to develop included **cook n' eat** courses which carry a qualification so that parents could later go on to help other parents.
- transport to further courses could be made easier by the purchase of a mini-bus as no-one in this group could drive

### Relationship of the **Cook 'n' Eat** course to the rest of the aims of Objective 2?

Breast-feeding had not come up as an issue in the group and its importance had not been stressed. Mothers-to-be may have a need for access to similar courses before their baby is born and in the months after. Despite this drawback it was felt by the parental involvement worker to be:

*...lovely group. Full of surprises ... Yeah, A, were it. last week? Or week before? She'd got a massage, they'd booked her a massage and she said I got up this morning and felt really down. She said I thought, it's Friday, I've got cook and eat today and then I've got my massage and she wrote it in her diary and she said that were nice, how she got up feeling like not too good and then realised that she had something to do.*

### **Discussion**

The belief that under 4s may prefer foods that are high in fat and sugar is correct for this small sample. However, they all seem to have selected some fruit which suggests that they are amenable to eating foods that are generally considered 'more healthy'. The parents who took part in the **Cook n' Eat** project enjoyed learning about new meals to cook and changed their shopping and cooking habits to some degree over the short period of the course and had fun into the bargain. The evaluation of both sides of this attempt to understand and change eating habits was carried out in a way that can be duplicated very easily and which participants seemed to enjoy.

From the three interviews it is apparent that all the participants interviewed whether staff or parents enjoyed this project and felt it was worthwhile. The element of emotional support and ensuing self-confidence and self-esteem was felt to be significant. Anxieties about what to give children to eat and fears about 'bad' foods which were expressed in the first interview are not mentioned in the second interview. There has clearly been skill development of a personal and culinary nature and a clearer understanding of healthy eating is evident. Furthermore, there is a loyalty and belief in the value of Sure Start. The group and the parent involvement worker have all been interested in the evaluation process and have taken an active part in reflecting upon the aims of the project and assessing how they are being achieved. The parent involvement worker decided to give out 5-a-day evaluation sheets herself to find out more about what had worked well. The long term effect of the project is difficult to gauge. However, in the short term it has helped parents of toddlers to take an interest in the food they are eating and giving to their families to eat at a time when young mothers often feel very tired and harassed as they adapt to the stresses and strains of caring for babies and toddlers (see McAuley et al., 2004). The process of involving parents and workers in evaluating projects has been started and has gone well in a very small scale and well-defined example.

## **Concluding comments**

Overall, both monitoring data and in-depth parent feedback suggest that the four clusters of activity described in this section have developed strongly over the past year. Contact has been established with a wide range of families; in-depth work has also been initiated in activities ranging from general parent and toddler initiatives to individual support for some very vulnerable parents.

## **2.2 Capacity-building in the programme: team, organisational and partnership relationships**

### **2.2.1 Models of working within the team**

As would be expected, with the consolidation of programme projects and activities during 2004, distinct expectations and models of work have become clearer than they were at the outset. This report provides a natural opportunity to reflect on these developments, and to think over the options they offer. The evidence for the observations made below comes from the full range of interviews and observation visits with staff and parents over the year.

Firstly, feedback from interviews and visits suggests that individual staff within the team tend to occupy differing positions on a spectrum, in terms of their preferred style of work. At one end of the spectrum is a **'community development' approach**: this is characterised by an emphasis on 'starting where people are', on offering some flexibility about boundaries (e.g. re the age of children) and on developing a wide range of informal activities as a basis for involving parents. One central aim here is to offer 'ways in' for people in the neighbourhood to get to know Sure Start and to get involved; another is to create a relaxed atmosphere in which parents can start to get to know each other and the staff, and to develop patterns of mutual support. Examples of this approach are the current work with fathers, plans for a 'music technology' course for parents and the current approach to the Goldthorpe drop-ins. At the other end of the spectrum is a **'one-to-one' approach**: by comparison, the emphasis here is on a more formally-structured pattern of work, often revolving around one-one-one contact with mothers, and on a formalised practitioner assessment of individual circumstances (for example, in relation to PND). The focus is more on individual needs, as for example in Family Support visits and in the Time for Me sessions.

As would be expected, staff tend to choose their emphasis within this spectrum to fit with the specific needs of a given parent, family or group. In themselves, the differences are not a problem; in fact, they represent the broad range of skills and styles which the programme needs. However, we do think that there is scope for more explicit discussion of these different approaches, and of the ways in which they can best be combined within the programme. Some visits and interviews have suggested a degree of friction or uncertainty about different working styles. This is not surprising in a newly-assembled team, and may best be resolved with some open-ended discussion combined with maintaining an emphasis on spelling out explicit aims and objectives for particular areas of work (see Recommendations below). This could be part of a natural next step in terms of team and organisational development (see Section 3).

### **2.2.2 Team development and cohesion**

A number of new staff members came into post in stages during 2004, with the most recent appointments and secondments still due to take up their posts at the time of writing. This means that the most substantial part of the team has only been in place for a relatively short time. Differing routines and working hours also present some challenges in terms of staff having an opportunity to meet as a whole group. For example, although the aim for the Evaluation Training Day in October 2004 was to involve the whole staff team, in practice this did not take place.

With a large and diverse team in place, there are practical difficulties involved in bringing people together for discussion or for development. Nevertheless, the prospects for further local change, as the plans for Children's Centres move forward, add to the internal reasons for investing in processes of team development. This could help to make the most of skills within the team, as well as minimising the unavoidable uncertainties linked to the Children's Centre developments and to planned national changes in the funding and management of Sure Start. In section 3 below, we put forward some options in this area.

### **2.2.3 Infrastructure and support systems**

Here, an important development has been the establishment of internal monitoring systems during 2004, so that routine data on activity is now entered via palmtops and downloaded to the E Start database. Staff have had full training to use E Start. The need for specific skills in internal monitoring has also been addressed, with the part-time appointment of a monitoring officer (in post from February 2005). This will allow the current Finance Officer to focus entirely on finance, rather than covering the monitoring role in addition. The new monitoring officer will have both the time and the experience needed to review data collection processes and support staff regarding these, and to make the most of the report and analysis options offered by E Start. As it will be necessary to address cost-effectiveness issues in depth in the coming year, this is an important development. This should also enable links and cross-references to be developed between routine monitoring and the internal evaluations and feedback questionnaires which staff currently collect, and with data available from local health and education sources.

### **2.2.4 Partnership with parents**

With Karen's appointment as community development and training officer in July, there has been an opportunity to extend initiatives to involve parents directly in Sure Start structures and planning processes (including evaluation). A new 'Parents' Forum' is now in place, having had two meetings to date. This has received very positive comments from participating parents, and plans are under way for the Forum to put forward parent representatives to the Partnership Board (and its sub-groups) and to support parent involvement in future phases of evaluation.

### **2.2.5 The Partnership Board (role and development)**

The Partnership Board has continued to meet regularly throughout the year, with a membership including children's services, a local councillor, education, health and social services. Plans are under way to draw in parent representatives, via the Forum mentioned above.

Staff provide regular reports to the Board, and board members also took part in an 'awayday' in November 2004. Following this, plans have been put in to establish working sub-groups in specific areas. There will also be a small Executive group. Ensuring strong participation via this new structure is seen as a key aim for the coming year, in which both the new capital programme (for the proposed Children's Centre) and the transition towards eventual local authority management will be taking place. The new structure is intended to provide improved support for the programme and its staff, and a more consistent level of member involvement and discussion.

## **2.3 Evaluation and capacity development issues**

One of the original objectives for this year was to establish a small evaluation working group, involving external evaluators, staff and parents. This has been achieved at a preliminary level: evaluators have met regularly with a group of 4 – 5 staff, and there has been intermittent involvement from one local parent. As indicated above, the recently-established Parents' Forum will offer a new avenue for parents to contribute to evaluation plans and processes.

**Staff involvement** in evaluation has been consistent this year, and has included reviewing overall plans, making arrangements for evaluation visits and interviews and working closely with the external evaluators (for example, in planning the Evaluation Training Day held in October 2004). The aims, programme and attendance for this training day are attached in Appendix 5. Four parents took part in the day: two fathers and two mothers (although the two mothers were only able to attend the final part of the session – both work part-time, and one outcome of their attendance was to raise the issue of meeting the needs of parents who have jobs). The day evaluated very well, and there are outline plans for follow-up events.

### **3 Recommendations**

#### **3.1 Organisation:**

- We recommend that with the arrival of the new Monitoring Officer, an opportunity to consolidate baseline monitoring systems should be taken. For example, the range of reports which can be accessed routinely needs to be explored and options chosen for regular feedback. Routine monitoring reports these could be referred to the evaluation working group, to help identify trends or changes in relation to the programme's objectives, and to maintain strong links between monitoring processes and evaluation processes.
- We recommend some time for team-building during 2005, to give staff who have arrived at different times an opportunity to share views and experiences. The pros and cons of using an experienced external facilitator should also be discussed, if this recommendation is followed up.
- We recommend some time for underlying models of working with families to be aired between staff: this could be done within the overall team-building initiative recommended above. Looking back on the programme's achievements this year could help to make explicit the various models of, for example, parent involvement and community development which influence staff in planning, setting objectives, initiating new projects and assessing progress. In particular, following discussions at the January 05 Evaluation Group meeting, we recommend a full exploration of views and strategies for parent involvement empowerment in the run-up to 'mainstreaming' – bearing in mind that some anxieties have already been aired at national and regional levels, about whether neighbourhood and community involvement will be sustained once programmes move into local authority management.
- We recommend an explicit comparison of approaches to project planning, objective-setting and review, to ensure that there are common frameworks and routines across different aspects of the programme's work. This is compatible with the moves towards 'outcome-focused planning' which the programme staff already have in mind.
- We recommend that regular parent representatives are invited to join the evaluation working group as soon as possible (while recognising the need for time for the new Parents' Forum to get established, and the need to avoid overloading individual parents).

### 3.2 Specific projects and areas of work

- **Time for Me:** we recommend that these sessions continue, as they offer important forms of contact and support to very vulnerable families. However, we also suggest that there is a need to distinguish between this important support role and very specific responses to postnatal depression. We recommend some further, in-depth discussion of the PND issue in its own right, between staff already involved in Time for Me and others within the programme team (and in other organisations including the PCT). This could usefully include an overview of approaches to PND across the Barnsley area as a whole, in order to assess current patterns of screening and support, and to inform choices in Bolton and Goldthorpe. The evaluators will also assemble and pass on relevant research summaries and reports available via a research team in the University of Sheffield which is currently undertaking a trial of differing interventions with mothers experiencing PND.
- **Cook n' Eat:** we recommend that this could successfully continue to be rolled out to many more parents, and could include fathers as well as mothers (via links with the Fathers worker). Scope could also be explored for further courses for interested parents, including Open College (or other) accreditation where possible. However, we are aware that there have been some difficulties in maintaining coordination, for example when lead staff outside the Sure Start programme have launched courses without liaising over appropriate creche provision. This suggests that Sure Start input here remains important, and that jointly-planned efforts are likely to be the most effective.
- **Work with Fathers:** drawing on the substantial progress already made, this will be the theme of further, specific evaluation during February and March 2005 (to be reflected in the next annual evaluation report).

### 3.3 Evaluation

- We recommend that the methods piloted this year, for consulting with children aged 3 and 4 about food preferences, should continue to be included in evaluation activities. Sure Start may wish to consider a larger scale evaluation of children starting nursery school over the next year or two years, to see how food preferences are developing in the area. Similar visual and group-based methods could also be developed by Sure Start staff, for consulting with children in other project areas.
- We recommend that informal training on evaluation should continue in 2005, with consultation with staff and parent representatives about their preferred topics and approaches.
- Some options for evaluation in 2005 were outlined in the 2004 Plan, in the second table (included in Appendix 2). They emphasise a shift towards increased staff and parent involvement, and towards a more advisory or arms-length role for the external evaluators. We recommend that this original emphasis be preserved, and be resourced through further training and discussion during Spring 2005. Detailed options need to be identified and appraised by the Evaluation working group, and discussed with the wider staff group, the parents' forum and the Partnership Board. An initial meeting is planned for early May 2005, in order to take forward this discussion.

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## **Appendices**

## Appendix One

### 2004: Evaluation plans Phase one: capacity-building and first evaluation report

Objectives	Evaluation roles	Proposed Design and Methods	Outcomes and/or Outputs
Consolidate evaluation working group(s) – evaluators, staff and parents	<p><b>Evaluators:</b> facilitation, advice and training on monitoring and data collection (including ethical approval); qualitative data collection; analysis and drafting of reports;</p> <p><b>Staff:</b> advice on themes and focus; advice on parent involvement; joint work on data collection;</p> <p><b>Parents:</b> advice on themes and focus; participation in planning and training; participation in qualitative studies.</p> <p><b>Board:</b> overview, advice on focus and responses to emerging findings.</p>	Regular evaluation meetings Informal workshop on methods options (by July 2004) Planning for further accredited training (Northern College or alternative) in autumn 2004 or spring 2005	Established framework, process and resources for evaluation
Consolidate routine data collection systems for regular monitoring (for regular returns and for annual report)	<p><b>Evaluators:</b> provide advice as appropriate, based on national guidelines;</p> <p><b>Staff:</b> establish and update database.</p>	To be confirmed (with Brian)	Regular, accurate returns on activity; quantitative data for analysis for the annual report (levels and forms of participation in Sure Start activities; demographic patterns).
Track progress against Sure Start targets and objectives	<p><b>Evaluators:</b> identify sample of staff, Board members, local families and local practitioners to follow up at intervals; draft themes for this;</p> <p><b>Staff and parent members of evaluation group:</b> advise on sample and themes.</p>	One-to-one interviews (at least twice per year); Observation of key events (including meetings, other activities); Analysis of monitoring data and of relevant documents.	Analysis of qualitative data for annual report, focusing in particular on partnership working; service development; parent involvement; decision-making processes.
Produce in-depth studies of sample Sure Start activities	<p><b>Evaluators:</b> produce study designs for consultation; collect data in collaboration with staff and parents; data analysis;</p> <p><b>Staff and parents:</b> advise and take part in data collection; respond to findings.</p>	<p>‘Families and Food’: oral history and photo/picture exhibition (tbc) linked to ‘Cook and Eat’/5 a day initiative;</p> <p>(a) Outreach work with fathers, (b) service developments on postnatal depression and (c) speech and language support: individual and group interviews; observations.</p>	<p>In-depth study (appropriate for regional dissemination) by spring 2005; input to annual report</p> <p>Analysis of qualitative data concerning 3 key development areas, for annual report</p>

## **Appendix Two: overview of provisional evaluation plans up to 2006**

### **2004: capacity-building, tracking progress and producing the first evaluation report (see Appendix One):**

- evaluation workshop(s) for staff and parents;
- routine data collection and monitoring;
- tracking progress with parents, staff and Board members;
- specific studies in key areas of activity;
- producing the first annual report.

### **2005: tracking progress and analysing cost-effectiveness (see Phase Two table below)**

- in-depth work on cost-effectiveness, service development and take-up (with parents and staff as active partners in evaluation data collection and analysis);
- tracking progress with sample groups, as in 2004;
- accredited training in evaluation for staff and/or parents (as appropriate);
- production of annual report.

### **2006: final review and reflection (see Phase Three table below)**

- repeated user satisfaction survey (with parent participation if possible);
- tracking progress with sample groups, as in 2004;
- overall review in relation to initial plans and objectives;
- final analysis of monitoring data and additional qualitative data;
- production of final report.

## 2005: Phase two: tracking progress and analysing cost-effectiveness

Objectives	Evaluation roles	Proposed Design and Methods	Outcomes and/or Outputs
Increase parent participation in evaluation working group(s).	<p><b>Evaluators:</b> facilitation, advice and training on monitoring and data collection; qualitative data collection; analysis and drafting of reports;</p> <p><b>Staff:</b> advice on themes and focus; advice on parent involvement; joint work on data collection;</p> <p><b>Parents:</b> advice on themes and focus; participation in planning and training; participation in qualitative studies.</p> <p><b>Board:</b> overview, advice on focus and responses to emerging findings.</p>	<p>Regular evaluation meetings</p> <p>Informal workshop on methods options (for parents new to group)</p> <p>Further accredited training (Northern College or alternative) in autumn 2005 or spring 2006</p>	Stronger evaluation framework, with parent and community involvement
Continue routine data collection for regular monitoring (for regular returns and for annual report)	<p><b>Evaluators:</b> provide advice as appropriate, based on national guidelines;</p> <p><b>Staff:</b> establish and update database.</p>	To be confirmed (with Brian)	Regular, accurate returns on activity; quantitative data for analysis for the annual report (levels and forms of participation in Sure Start activities; demographic patterns).
Complete cost-effectiveness analysis in line with national requirements	<p><b>Evaluators:</b> provide initial workshop sessions for preparation;</p> <p><b>Staff:</b> take part in defining framework and providing data;</p> <p><b>Parents:</b> take part in defining framework;</p> <p><b>Board:</b> take part in defining framework.</p>	<p>Initial workshop to establish framework and way of working.</p> <p>Analysis of budget and routine monitoring data.</p>	Cost-effectiveness analysis for annual report and for broader discussion (staff, Board, parents).
Track progress against Sure Start targets and objectives	<p><b>Evaluators:</b> continue to follow sample of staff, Board members, local families and local practitioners (as established in 20040);</p> <p><b>Staff and parent members of evaluation group:</b> advise on themes, in relation to developing Programme priorities.</p>	<p>One-to-one interviews (at least twice per year);</p> <p>Observation of key events (including meetings, other activities);</p> <p>Analysis of monitoring data and of relevant documents.</p>	Analysis of qualitative data for annual report, focusing in particular on partnership working; service development; parent involvement; decision-making processes.
Produce in-depth studies of sample Sure Start activities	<p><b>Evaluators:</b> produce study designs for consultation; collect data in collaboration with <b>staff and parents</b>; data analysis.</p>	Specific focus and themes to be confirmed at end of 2004.	Inputs to annual report, and to regional workshops.

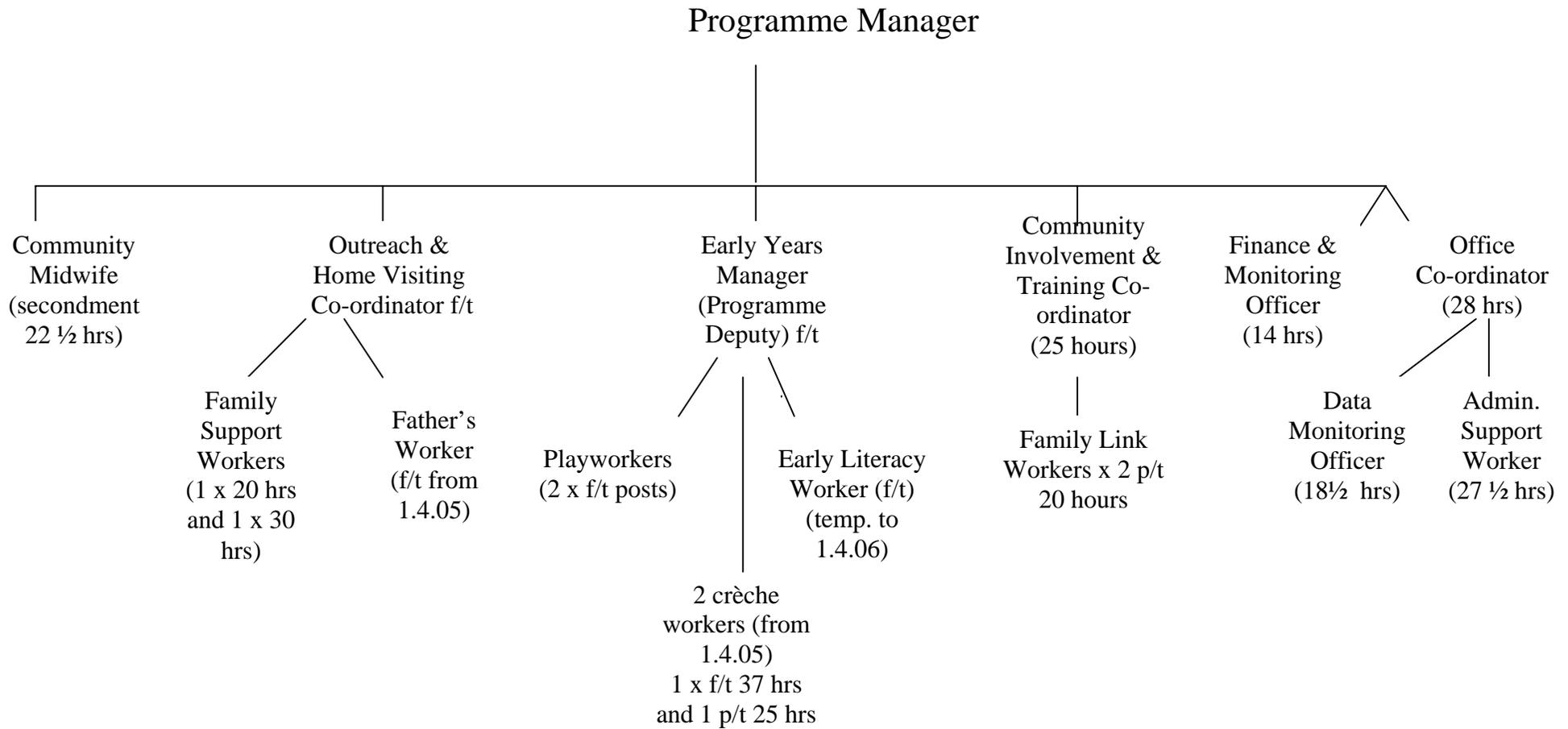
### 2006: Phase Three – final review and reflection

Objectives	Evaluation roles	Proposed Design and Methods	Outcomes and/or Outputs
Complete final analyses and report	<p><b>Evaluators:</b> facilitation, advice and training on monitoring and data collection; qualitative data collection; analysis and drafting of reports;</p> <p><b>Staff:</b> advice on themes and focus; advice on parent involvement; joint work on data collection;</p> <p><b>Parents:</b> advice on themes and focus; participation in planning and training; participation in qualitative studies.</p> <p><b>Board:</b> overview, advice on focus and responses to emerging findings.</p>	<p>Regular evaluation meetings</p> <p>Informal workshop on methods options (for parents new to group)</p> <p>Further accredited training (Northern College or alternative) in autumn 2005 or spring 2006</p>	Stronger evaluation framework, with parent and community involvement
Continue routine data collection for regular monitoring (for regular returns and for annual report)	<p><b>Evaluators:</b> provide advice as appropriate, based on national guidelines;</p> <p><b>Staff:</b> establish and update database.</p>	To be confirmed (with Brian)	Regular, accurate returns on activity; quantitative data for analysis for the annual report (levels and forms of participation in Sure Start activities; demographic patterns).
Repeat User Satisfaction Survey			
Track progress against Sure Start targets and objectives	<p><b>Evaluators:</b> continue to follow sample of staff, Board members, local families and local practitioners (as established in 20040);</p> <p><b>Staff and parent members of evaluation group:</b> advise on themes, in relation to developing Programme priorities.</p>	<p>One-to-one interviews (at least twice per year);</p> <p>Observation of key events (including meetings, other activities);</p> <p>Analysis of monitoring data and of relevant documents.</p>	Analysis of qualitative data for annual report, focusing in particular on partnership working; service development; parent involvement; decision-making processes.
Produce in-depth studies of sample Sure Start activities	<p><b>Evaluators:</b> produce study designs for consultation; collect data in collaboration with <b>staff and parents</b>; data analysis.</p>	Specific focus and themes to be confirmed at end of 2004.	Inputs to annual report, and to regional workshops.

Appendix Three

Staffing structure

# Staffing Structure





## Appendix Four

### 5 children's food choices at Nursery School.

Food	Child 1	Child 2	Child 3	Child 4	Child 5
<b>Bananas</b>	√	√	√	√	√
<b>Cheese (coloured)</b>	x	x	x	√	x
<b>Chocolate wafers</b>	√	√	√	√	√
<b>Crisps</b>	√	√	√	√	√
<b>Grapes</b>	√	√	√	√	x
<b>Melon</b>	x	x	x	√	x
<b>Orange fizzy drink</b>	√	√	√	√	x
<b>Pineapple</b>	√	√	√	x	x
<b>Sausage Rolls</b>	√	√	√	√	x
<b>Scotch eggs</b>	x	x	x	√	x
<b>Strawbs</b>	√	√	√	x	x
<b>Tomatoes</b>	x	x	√	x	x
<b>TOTAL</b>	<b>8</b>	<b>8</b>	<b>9</b>	<b>9</b>	<b>3</b>
<b>Apples</b>	x	x	x	x	x
<b>Celery</b>	x	x	x	x	x
<b>Cheese (white)</b>	x	x	x	x	x
<b>Cucumber</b>	x	x	x	x	x
<b>Vegetables</b>	x	x	x	x	x
<b>Water</b>	x	x	x	x	x
<b>18 ITEMS</b>					

## Appendix Five

### ***Bolton and Goldthorpe Sure Start***

Evaluation: what's it all about?

Day workshop: Tuesday 12<sup>th</sup> October 2004

Tea/coffee available from 9.30

- 9.45 Background information: Sure Start aims and starting-points for local and national evaluation (Jenny)
- 10.00 What is evaluation...? In general, for the Sure Start programme, for parents, for staff?  
Short brainstorm and discussion (Caroline)
- 10.30 Quality St' activity (Lisa/Karen) followed by tea/coffee
- 11.00 Practical skills in evaluation: using interviews.  
Short overview, followed by trying out your skills in questioning and listening (Caroline/Jenny)
- 12.15 Lunch break
- 1.15 Practical skills in evaluation: using questionnaires.  
Short overview, using examples from the user satisfaction survey, followed by some time to design a short questionnaire. (Geraldine/Jenny)
- 2.15 Looking ahead: what are the main areas we want to find out about through future evaluation next year and the year after? (Caroline?)  
Do we want a follow-up workshop?
- 2.45 Tea/coffee and Close by 3 p.m.

## Evaluation workshop: planning notes

### Overall aims:

- to provide a good introduction to 'evaluation', including the Sure Start programme requirements as well as a 'taster' concerning commonly used methods
- to give the whole group (staff, parents and evaluators) a chance to compare ideas about what evaluation can offer

### Attendance and organisation:

- aim to include the whole staff group, as well as 5 parents if possible (including one Dad)
- Jenny, Caroline and Geraldine to finalise detailed plans with Karen and Lisa

### General approach:

- Offer plenty of activities to join in with – keep formal inputs short – develop plenty of discussion

### Location and resources

- Enterprise Centre, either training room downstairs (if ready) or upstairs meeting room plus central space or alternative local venue
- Catering: tea/coffees as on timetable, plus lunch to be booked (Lisa and Karen)
- Crèche facilities available
- Equipment needed: overhead projector or laptop/powerpoint; flip chart stand/paper/pens (Lisa/Karen)  
Short handouts for reference (Jenny/Caroline to prepare and copy).