



Monitoring Outcomes (Full Report)

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Submitted by

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Introduction

Central to the success and impact of the Sure Start Newcastle East and Fossway programme is the delivery of key outcomes across the local community. The programme is working towards the achievement of a number of key strategic outcomes and related targets but there is a general recognition that such outcomes can be difficult to measure. It has therefore been difficult for the programme to monitor the extent to which outcome targets are being achieved. In addition, it is recognised that other agencies working across the area are also working towards the same outcome targets. This has implications for the future mainstreaming of Sure Start Newcastle East and Fossway in addition to more immediate opportunities for the sharing of information and good practice.

Background information

Key project themes

The East and Fossway programme is organised around the following objectives and themes/outcomes:

Objective 1 – Improving social and emotional development

- All families with newborn babies to be visited in the first 2 months of the baby's life and given information about the services and support available to them
- An increase in the proportion of babies and young children aged 0-5 with normal levels of personal, social and emotional development for their age

Objective 2 – Improving children's health

- 6% point reduction in the proportion of mothers who continue to smoke during pregnancy
- Info and guidance on breast-feeding nutrition, hygiene and safety available to all families with young children
- Reduce by 10% the number of children aged 0-4 admitted to hospital as an emergency with gastroenteritis, lower respiratory infection or a severe injury
- Antenatal advice and support available to all pregnant women and their families

Objective 3 – Improving learning

- An increase in the proportion of children having normal levels of communication, language and literacy at the end of the Foundation stage
- To increase the use of libraries by families with young children

Objective 4 – Strengthening families and communities

- A 12% reduction in the proportion of young children living in households where no-one is working
- An increase in the proportion of families with young children reporting personal evidence of an improvement in the quality of family support services
- To have effective links with Jobcentre plus, local training providers and FE/HEI's

The Community Health Team (CHT) and the Family Support and Outreach teams (FS&O) have been selected for detailed analysis within this chapter of the evaluation.

Whilst, in general, all teams across the programme contribute to all objectives and outcomes, the CHT and FS&O teams primarily contribute to the outcomes within Objectives 1 and 2. For this reason, the analysis in this chapter of the evaluation will focus on those listed underneath Objectives 1 and 2.

Linkages

Sure Start produce annual plans which clearly demonstrate the activities that will be used to achieve the outcomes and objectives. These plans are developed in consultation with stakeholders and partners at an annual workshop event and include:

- Activities
- Timescales and implementation milestones
- Operational targets
- Identification of who will be responsible for delivering the activity and who will be the lead

This approach ensures that there are clear linkages between activities, outcomes and strategic objectives. The analysis in this chapter of the evaluation will look at whether, in practice, these activities are producing, or are likely to produce, the desired outcomes. Where insufficient data exists to enable this to be assessed, suggestions for future monitoring are made.

Staff awareness

The East and Fossway programme has adopted the principles of performance management, particularly in relation to the implementation of its annual plans. Quarterly reports are prepared showing progress against each individual activity, including updates on the operational targets. These are compiled using information routinely gathered by all staff and held either in paper based records or on the Live Link computer system. Monthly staff supervision meetings are also used to monitor progress within teams and an annual cycle of internal reviews also reinforces this process. Furthermore, staff are able to access quarterly performance reports via the Live Link system encouraging openness and accountability.

This approach means that there is a good general awareness amongst staff about how their areas of responsibility fit into the overall plans for the programme as a whole.

Case Study: Community Health, Family Support and Outreach

Service background

This evaluation, looking at the extent to which outcomes are being achieved, focuses on the work of two teams within the East and Fossway project – the Community Health Team (CHT) and the Family Support and Outreach (FS&O) teams. Whilst some aspects of the work carried out by these teams are clearly distinct, there are some areas of overlap. Further, both teams are working towards the same outcomes. Primarily, these are:

1. All families with newborn babies to be visited in the first 2 months of the baby's life and given information about the services and support available to them
2. Ante-natal advice and support available to all pregnant women and their families
3. Reduce by 10% the number of children aged 0-4 admitted to hospital as an emergency with gastroenteritis, lower respiratory infection or a severe injury
4. Information and guidance on breast-feeding, nutrition, hygiene and safety available to all families with young children
5. Achieve a 6% point reduction in the proportion of mothers who continue to smoke during pregnancy
6. An increase in the proportion of babies and young children aged 0-5 with normal levels of personal, social and emotional development for their age

For these reasons, the work of these two teams are considered together in this chapter. It is important to note that, in practice, the work of the CHT and FS&O teams is closely integrated with that of other teams within East and Fossway Sure Start, in line with the general philosophy of the wider program. For the purpose of this analysis, these teams are treated as distinct from others within the programme. The evaluation does acknowledge, however, that this is a somewhat artificial compared to the way that they work in practice.

An overview of each of the two teams is provided below. Provision does vary across East and Fossway, due to factors such as the availability of suitable venues and local need. Where provision does vary, this is noted in the analysis later in this report.

Community Health Team

The CHT provides a range of services across the area driven by the wider public health agenda, the Sure Start delivery plan and service objectives. The Team is structured as follows:

- Health Team Coordinator (job-share)
- Health Worker
- Community Development Worker
- Midwife
- Maternity Care Assistant

In general terms, key services provided by the CHT include:

- Groups – weaning parties, infant massage

- Inbetweenies group, Dads group, young mums pregnancy group
- Water-babies, play and learn, twins, ante-natal parentcraft sessions, breastfeeding workshops
- Work with toddler groups in the locality, researching nutrition and implementing healthy eating programmes
- One to one support for smoking cessation, breastfeeding, home visiting, home registrations
- Specific work with vulnerable groups including asylum seekers and families where there is substance misuse

Key elements of the work are focused around the ‘timeline initiative’, which seeks to ensure appropriate interventions and/or activities at various key points during a child’s early years. The timeline work has been developed in close partnership with mainstream health visitors across the area.

Family Support and Outreach

There are essentially two teams within FS&O – the Family Support team and the Outreach team.

The Family Support team provides mainly group based support for parents and children in the community. They provide a range of services across the Sure Start delivery plan and service objectives, making use of appropriate local venues and facilities. Family Support Assistants often conduct registration visits with new families as they are able to provide a vital linkage to a local group that may be of interest.

The Family Support team, which is seconded from Newcastle City Council, is structured as follows:

- Family Support Worker – managed jointly between Sure Start and Walker Social Services
- 2 Family Support Assistants

In general, the Family Support workers provide, or contribute to, the following activities and services

- PEEPS
- Family breakfasts
- Mother and toddler groups
- Baby socials
- Freedom Programme (domestic violence)
- Baby massage
- Family nurturing programme
- Stay and play groups
- Support groups for asylum seeking families
- Sure Start registration visits
- Some home visits and outreach work

The Outreach team mainly provide one to one support to parents in the home, in accordance with their individual needs. Many of their clients are referred, sometimes from Social Services as part of a child protection plan.

The Outreach element of the FS&O team is seconded from NCH and is managed jointly by NHC and Sure Start. There are three Outreach workers and a student Social Worker.

In general, the Outreach workers provide, or contribute to, the following activities and services:

- Home visits, which can incorporate a range of activities on a one to one basis and cover issues such as:
 - Drug related problems
 - Domestic violence
 - Financial difficulties
 - Housekeeping skills
 - Parenting and child development
 - Smoking cessation (brief advice)
- One to one baby massage
- Vulnerable women's group
- Sure Start registration visits
- Some group work

All families with newborn babies to be visited in the first 2 months of the baby's life and given information about the services and support available to them

Service design

This outcome is provided in the same way across East and Fossway, by means of the following key activities:

- Monitoring and liaison with health visitors, leading to members of the team visiting families interested in Sure Start so that they can be registered and signposted to services
- Awareness raising, including specific work with hard to reach families and asylum seeking families
- Working with the teenage pregnancy scheme to coordinate the approach
- Activities aimed at encouraging Dads to participate in Sure Start

Key outputs for these activities are:

- Parents and babies registered with Sure Start
- Identification of children/families who are not registered with Sure Start (so that they can be re-contacted in the future)

Community Health Team

The CHT take the lead in delivering this outcome. They do not conduct all of the new baby registration visits but they take the lead in coordinating them and assigning them to appropriate members of the Sure Start team. To this end, the CHT has worked closely with health visitors and the Primary Care Trust to develop a system that enables them to identify all newborn babies in the area. An information sharing agreement is in place whereby the CHT receive a list of all newborn babies on a monthly basis, although some babies will be over a month old by the time the list is received. In order to obtain earlier notification, the CHT have also developed a system whereby the mainstream Health Visitors, who begin visiting the family when the baby is 12 days old, provide information about Sure Start and ask the parents or carers whether they would like to be contacted by Sure Start or receive further information through the post. This enables families to make an informed choice, which is then recorded on a proforma and returned to Sure Start for appropriate action, usually contacting families to arrange a registration visit or sending information via the post. They also note those families who do not agree to a visit or where no form is present, so that these can be added to a 'target list' and sent information about future events and interventions. A small minority of families may be registered with GP's outside of the area and hence have a health visitor who is not part of the Sure Start 'network'. A procedure is in place to identify those who fall into this category and ensure that they are still given the opportunity of a visit.

The main purpose of this initial visit by Sure Start is to provide the family with information about the services and support that is available to them. In order to further encourage participation, the CHT seeks to ensure that registration visits are conducted by staff members who are also involved in an activity that may be of interest to the family, for example something that takes place close to where they live. This may be followed up by specific support such as actually collecting a family member and accompanying them to an activity. This approach means that someone from a different team within the East and Fossway programme conducts the registration visit. A protocol is in place to ensure consistency.

The registration visit also includes distribution of a new baby 'gift pack' and the completion of a registration form which collects a range of information about the baby, family and the services they may be interested in accessing. This information is then entered onto a database so that the family can be targeted with relevant information at a later date.

The CHT also conducts specific work tailored towards the needs of 'harder to reach' families. The system for notification of new births does not formally identify families that may fall into this category, but some informal arrangements are in place. The CHT uses information such as a baby with low birth weight as an indication that there may be some specific needs within the family. Further, health visitors often also make informal contact with Sure Start to alert them to any issues that they consider relevant prior to Sure Start making contact, for example if a family is likely to be particularly hard to engage. A key area of activity aimed at encouraging difficult to engage families relates to work that is being done at the ante-natal stage. This is discussed in more detail under the ante-natal outcome later in this report.

The CHT are also supporting work with the teenage pregnancy scheme, although the nature of this work has changed as a result of the appointment of a Teenage Pregnancy Midwife within the mainstream service. The CHT work around teenage pregnancy therefore overlaps and compliments the work undertaken by the mainstream agencies. The CHT are continuing to support the Teenage Group in an appropriate way and are will be working alongside the Teenage Pregnancy Midwife as the group develops. Ante-natal registration visits, conducted by the Sure Start midwife to pregnant teenagers, provide an opportunity to signpost pregnant teenagers to this group.

Work is also being carried out with Dads in an effort to ensure their engagement with Sure Start and a member of the CHT has specific responsibility for this area. This is regarded as a slow process, with the majority of registrations for Sure Start being from Mums. Dads are now encouraged to be present at registration visits and a separate section of the registration form has been developed so that data can be collected from Dads during the visit (thus avoiding problems with data protection regulations). The CHT are also looking at providing a Dads registration pack, which would include items such as coasters and keyrings showing key messages. In addition, through the Dads group (see below), posters have been designed and distributed showing key messages and encouraging Dads to participate in Sure Start.

Although not strictly part of this outcome as it goes beyond registration, the CHT also lead on a Dad's group, which works specifically with a small number of Dads. These

Dads have either been referred to the group or have self-referred due to specific problems that they experience such as addictive and/or violent behaviour. This is one of the only services provided by Sure Start that is targeted exclusively towards Dads and due to the intensity of the work carried out, it would not be possible for the group in its existing form to expand its membership. At present, there are no 'standard' Dad's groups operating in the area and whilst Dads are welcome to attend the more general Sure Start activities, these continue to be attended mainly by women. Nonetheless, the wider Sure Start team do actively encourage Dad's to become involved. Some preliminary work has been done by the CHT to identify the types of activities that may attract Dads. This research has identified that rather than following a traditional toddler group model, activity based groups may be more successful.

In addition to the promotional work targeted at Dads and the Dad's group, the CHT also carries out some outreach work with Dads in the home.

Family Support and Outreach

As noted above, the CHT lead on the delivery of this outcome, but other team members are often involved in conducting new birth registration visits. This is particularly relevant for Family Support workers who, through initial contact with the family at a registration visit, can provide a vital link with a local group that they are involved in.

Outcome measure and target

“All families with newborn babies to be visited in the first 2 months of the baby's life and given information about the services and support available to them”

The CHT routinely monitors their performance against this outcome and compares it to the target, although there are some definitional issues. The wording of the outcome gives rise to different interpretations, although the evaluation does acknowledge that this is not particular to the East and Fossway programme.

1. It is possible to consider the initial discussion about Sure Start that takes place between the mainstream Health Visitor and the family as satisfying this outcome.
2. The outcome could also be interpreted as referring more specifically to a visit conducted by a member of the Sure Start team.

The former definition should, in theory, allow for the 100% performance target to be achieved, as Health Visitors would ordinarily visit all newborn babies shortly after birth. It does mean, however, that there must be an assumption that the mainstream Health Visitors are presenting Sure Start in an appropriate and consistent way and, of course, that they are indeed discussing Sure Start with the family. The evaluation did find evidence that not all Health Visitors are proactively discussing Sure Start and completing the Sure Start forms.

The latter definition relies on the families being receptive to being approached by Sure Start, which is unlikely to be 100% regardless of the way in which Health Visitors present Sure Start.

Recent performance data for these two interpretations is as follows:

In the period January – August 2004, in *EAST*

- Health Visitors returned forms for 46% of newborn babies showing whether the family agreed to contact from Sure Start or not
- Of these families, approximately 4 out of 5 families (79%) requested a home visit. A further 15% requested information to be sent via the post.

In the period January – August 2004, in *FOSSWAY*

- Health Visitors returned forms for 58% of newborn babies showing whether the family agreed to contact from Sure Start or not
- Of these families, approximately 3 out of 4 families (73%) requested a home visit. A further 22% requested information to be sent via the post.

During quarter 2 2004/05 across the two areas, 86% of families visited by Sure Start went on to register with the programme.

Other than these definitional issues, the evaluation found the data collection processes for this outcome to be robust. However, the proportion of families being reached by the Health Visitors falls well below 100%. As the CHT also receives a list of new births, then a ‘back up’ system is in place but use of this system does not guarantee that a registration visit can be organised within 2 months of the baby being born, as per the outcome measure/target. The evaluation notes that a meeting is due to take place with mainstream health visitors in order to address concerns over the low return rate.

It is not appropriate to compare performance of this outcome against baselines as the work being undertaken represents a new level of service, although it is acknowledged that midwives and health visitors traditionally visit all newborn babies and part of their role is to provide information about local services and support. The extent to which the Sure Start work represents ‘value added’ is discussed under Mainstreaming below.

It is possible that there are some wider outcomes arising as a result of the work being done by the CHT under this topic. This arises primarily because the work that the team are doing is focused around ensuring the subsequent *engagement* of families in Sure Start services, rather than mere information provision. Potential additional outcomes include:

- The extent to which wider family members register with Sure Start and the impact that this can have on increasing service take-up across the whole family
- Improved future service planning, in terms of the information about families needs and service preferences that is collected during the registration visit

- Increased take-up of Sure Start services across the board arising from greater awareness and, where appropriate, greater confidence

Service analysis

This outcome (“all families with newborn babies to be visited in the first 2 months of the baby’s life and given information about the services and support available to them”) appears to be relatively straightforward to achieve, in that it does not rely on activities having a specific impact. From a service design perspective, therefore, this outcome is being achieved through the operation of effective working practices, subject to the comments above concerning the low return rate from mainstream Health Visitors.

The fact that the service also includes specific activities aimed at ensuring the subsequent *engagement* of families in Sure Start services, particularly those regarded as harder to reach, does suggest that there are wider issues being addressed through this work. It is therefore appropriate to also consider these in the service analysis that follows.

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Monitoring and liaison with health visitors, leading to members of the team visiting families interested in Sure Start so that they can be registered and signposted to services</p>	<p>The information given to families by Heath Visitors is sufficient to enable them to make an informed choice.</p> <p>All families of newborn babies are given the opportunity to request information or a visit from Sure Start.</p> <p>When families request information or a visit, this information is returned promptly to Sure Start and acted on appropriately.</p>	<p>Not all Health Visitors are discussing Sure Start at the visit and returning forms. The list of newborn babies obtained via the PCT is used to cross-check the information provide by the Health Visitors, thus ensuring that families do not 'fall through the net'. A meeting is due to take place to discuss concerns.</p> <p>Families who do not consent to a registration meeting are placed into a 'target group' and sent information about Sure Start at appropriate points during the child's early years</p>	<p>No specific targets have been set for this aspect of the work, although the operational plan refers to an aim that "all Health Vistors working with families who live in Sure Start area return slips"</p>	<p>For the period Jan – Aug 04, slips were returned by Health Visitors for 46% of new babies in East and 58% of new babies in Fossway.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Awareness raising, including specific work with hard to reach families and asylum seeking families.</p>	<p>Sure Start are able to identify families that are 'hard to reach'/likely to be difficult to engage/asylum seekers.</p> <p>Adopting a 'familiar face' approach (e.g. assigning registration visits to members of staff who offer services that may be of particular interest to the family; offering support such as lifts to venues will encourage participation) will encourage the take-up of services.</p> <p>Accessing difficult to engage families at the ante rather than post-natal stage will help to encourage participation</p>	<p>Formal systems are not in place to do this and the team relies on Health Visitors to notify them informally of any potential issues prior to the visit. The team also use other indicators (e.g. low birth weight) to identify potential families.</p> <p>Common Ground refer asylum-seeking families to Sure Start, as do others where appropriate.</p> <p>As responsibility for the initial introduction to Sure Start lies with mainstream Health Visitors, the team are not always involved in persuading hard to reach families to agree to contact with Sure Start unless work has been done during pregnancy.</p> <p>Offering lifts to venues and adopting a 'familiar face' approach builds on practices formerly adopted by community nursery nurses.</p>	<p>5 parents to access support at drop in centre (St Martins, Fossway) in Q2</p> <p>5 families supported and 5 new families reached in Q3 in both East and Fossway</p>	<p>The drop in Centre is now established as a multi-agency activity but figures are not currently available to demonstrate usage.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
Working with the teenage pregnancy scheme to coordinate the approach	Working with the teenage pregnancy scheme will also encourage future take-up of Sure Start services; the first visits conducted by the Sure Start midwife staff can help to signpost. This scheme does not otherwise link directly to the outcome of new birth visits.	There is scope for Sure Start to monitor the extent to which members of the teenage pregnancy scheme subsequently register their babies once they have been born.	Establish a fathers group.	Dads group established.
Activities aimed at encouraging Dads to participate in Sure Start	<p>Dads need specific targeting in order to encourage them to engage with Sure Start.</p> <p>Dads can benefit from Sure Start services.</p> <p>Dads can be encouraged to participate.</p>	<p>As at November 2004, 140 Dads (including lone and expectant fathers) were on the Live Link database. Very few, however, are accessing services.</p> <p>The team have been researching the type of activities that would encourage participation.</p> <p>Engage Dads with services is acknowledged to be difficult. Mainstream workers refer as appropriate.</p>	No specific targets have been set for this aspect of the work.	N/a

Although, as already noted, the team are working on wider issues under the general umbrella of this outcome, there may nonetheless be scope to enhance data collection around the following areas. This would improve monitoring, assist in demonstrating 'value added' and help to identify issues that could be addressed through further service planning.

1. % of registered families (excluding single parent families) where both parents have registered with Sure Start
2. % of families where Dad has registered with Sure Start (this may need to take account of the number of families where there is a Dad or partner involved with the child).
3. % of families who, following introduction by the Health Visitor, (a) request a visit from Sure Start; (b) request information to be sent via the post; (c) decline Sure Start involvement.
4. Of those families who register, the % of (a) children; (b) adults who access Sure Start services within 3 months of registration
5. Of those families who register, the % of (a) children; (b) adults who do not go on to access any services within a specified period
6. % of asylum seeking families who register with Sure Start (although specific responsibilities in relation to monitoring this would need to be established first)

At present, the data collected on Live Link does not allow 1 and 2 above to be identified. As services for Dads develop in the future, monitoring of this nature would contribute to an evaluation of their impact. It would also aid analysis of 'value added' through the Sure Start registration process.

Data on 3 above has been made available to the evaluation and Live Link does allow 4 and 5 above to be monitored, in terms of children who access services (rather than adults).

During the period May 2003 – November 2004

- In *EAST*, 50.5% of children accessed a service within 3 months of registration
- In *FOSSWAY*, 41.4% of children accessed a service within 3 months of registration

These figures could form a benchmark for future monitoring around the longer term *impact* of registration visits.

Data on 6 above is not readily available but would allow the team to consider the extent to which they are reaching the asylum seeking community within the area.

The team may wish to consider monitoring these indicators on a regular basis in order to monitor progress and check that Health Visitors are continuing to encourage new families to make contact with Sure Start. Such information would also enable families who have registered but not accessed services to be re-contacted and/or targeted with appropriate services in order to encourage participation.

Mainstreaming

From a mainstreaming perspective, the key elements of this service would be

- The provision of information to families of new babies about services and support (implicit in which is the mainstreaming of knowledge about what is available and how it can be accessed)
- The provision of support to enable and encourage families that are ‘difficult to engage’ to participate in local services and initiatives
- The collection of information from families about the type of support they may wish to receive and areas that they are interested in, along with the subsequent storage and use of this data
- Specific activities aimed at encouraging Dads to engage with services relating to parents and children

The table overleaf provides a summary of those organisations that are also working towards this or similar outcomes and identifies the issues relevant to mainstreaming these activities.

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>The provision of information to families of new babies about services and support (implicit in which is the mainstreaming of knowledge about what is available and how it can be accessed)</p>	<p>Health visitors (PCT) as part of the wider public health agenda.</p> <p>Standard 2 in the NSF for Children, Young People and Maternity Services requires that parents and carers are given appropriate information, services and support.</p> <p><i>The PCT does not currently have specific local targets or outcomes aimed at this area of work.</i></p>	<p>Part of the Health Visitor role is to provide advice on local services as and when necessary. However, Health Visitors have a wide-ranging role and providing this kind of information may on occasion be a lower priority than dealing with family health issues that may arise and may sometimes therefore be delayed to a subsequent visit. Further, Health Visitors are not always in a position to take steps to encourage participation.</p>	<p>The Sure Start visit is seen as reinforcing and adding to, rather than duplicating, the Health Visitors role.</p> <p>The real advantage is seen in terms of their now being a wider range of local services to which Health Visitors can direct families (rather than the fact that Sure Start are also able to direct families).</p>	<p>The provision of this type of information is the prime purpose of Sure Starts visit rather than secondary. Sure Start is also able to provide this at an early stage.</p> <p>Information and registration with Sure Start provides a gateway to accessing further services. 50.5% of children in East and 41.4% of children in Fossway accessed a service within 3 months of registration.</p> <p>During Jan – Aug 2004, 79% of families in East and 73% of families in Fossway requested a home visit from Sure Start, demonstrating the level of interest in obtaining further information. In quarter 2 04/05, 86% of registration visits resulted in registration.</p> <p>Information and registration with Sure Start is linked to support mechanisms to encourage participation. The recent user satisfaction survey showed 60.5% of respondents mostly/sometimes satisfied with services for new parents.</p>

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>The provision of support to enable and encourage families that are 'difficult to engage' to participate in local services and initiatives</p>	<p>Health Visitors and Nursery Nurses (PCT) as part of the wider public health agenda.</p> <p>Standard 2 in the NSF for Children, Young People and Maternity Services requires that parents with <i>specific needs</i> are identified and given appropriate multi-agency support.</p> <p><i>The PCT does not currently have specific local targets or outcomes aimed at this area of work.</i></p>	<p>In some areas, mainstream nursery nurses/health visitors do not have sufficient insurance cover for them to provide transport to encourage families to participate, although in other areas nursery nurses do/did provide this service. Nursery nurses have used practices such as meeting the families at the venue as a means of encouraging participation.</p> <p>Health Visitors generally refer asylum-seeking families to appropriate support services across the community. In some areas, individual Health Visitors are or have been given specific responsibility for caring for asylum seekers.</p> <p>Mainstream workers rely on the wider network of services in order to meet the needs of difficult to engage families.</p>	<p>This is not generally regarded as a 'new' service, although provision has been enhanced through the additional resources available through Sure Start.</p> <p>Sure Starts role has, to some extent, reduced the need for Nursery Nurses to carry out this type of work. In some (but not all) practices, this has enabled their resources to be redirected.</p> <p>Where Nursery Nurses are unable to provide transport, they can refer to Sure Start for this type of support.</p>	<p>50.5% of children in East and 41.4% of children in Fossway accessed a service within 3 months of registration.</p> <p>Sure Start are able to provide additional resources for this activity.</p> <p>Providing this type of support is shared across the team so that support is available for a range of services.</p> <p>This service is linked to the wider information provision role.</p> <p>Because team members provide a range of activities, often encouraging a family to attend a particular session also serves to encourage them to attend other sessions led by the same team member.</p>

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>The collection of information from families about the type of support they may wish to receive and areas that they are interested in, along with the subsequent storage and use of this data</p>	<p><i>Sure Start is the only agency to routinely collect this sort of information from families.</i></p> <p>Standard 1 in the NSF for Children, Young People and Maternity Services incorporates the need for improved access to <i>targeted</i> services for those sections of the population where service take-up is low. This suggests that a better understanding of need is required across deprived areas.</p>	<p>N/a</p>	<p>N/a</p>	<p>The collection of information about a families particular interests and service needs can aid both targeting and future service planning.</p> <p>Across the two programmes, an initial return rate from health visitors of 46%-58% with 73%-79% of families requesting a home visit and 86% of visits resulting in registration equates to data being collected from 29%-39% of families with new babies in the area.</p>

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>Specific activities aimed at encouraging Dads to engage with services relating to parents and children.</p>	<p>Existing services provided by Health Visitors , Nursery Nurses (PCT) and Midwives do not specifically target Dads, although Dads are not excluded if they are present during a visit.</p> <p>Social Services make referrals to the Dads group but do not deliver similar services themselves as their work is more focused on specific problems.</p>	<p>There are no specific mainstream activities targeted at Dads/no services that exclusively target Dads/male carers.</p> <p>There is scope in the future for Health Visitors to distribute a 'Dads gift pack' on behalf of Sure Start.</p>	<p>Health Visitors and Nursery Nurses are aware of the Dads group and make referrals where appropriate.</p> <p>Health Visitors and Nursery Nurses are aware that the existing Dad's group is small and quite specific.</p> <p>As very few health visitors are male, the benefits of a male worker at Sure Start are recognised.</p> <p>The Dads group is not regarded as being appropriate or suitable for all Dads</p>	<p>4 Dads are currently being worked with on an outreach basis. The Dads group has 4-6 members. Referrals are received from within and outside of the programme.</p> <p>Sure Start are now collecting information about Dads as part of the registration process, if Dads are present at the time. 21 Dads in East and 2 Dads in Fossway expressed an interesting a support group, representing 15% and 6% of male registrations. This demonstrates a level of demand that is currently only being addressed by Sure Start.</p> <p>Sure Start are looking at ways of better involving expectant Dads which may increase the number of Dads accessing services after baby is born. Sure Start also provides specific activities and marketing targeted at Dads. Sure Start workers encourage Dad's to participate.</p> <p>Some work has been carried out to look at making the Dad's group more self sufficient.</p> <p>57.3% of respondents to the recent user satisfaction survey were from households of a couple with children.</p>

As discussed earlier, there is scope to enhance statistical monitoring around Dads. In addition, the registration form currently only collects information about interests and needs in relation to the main parent/carer, which is generally Mum. The form could be enhanced to collect similar information from Dads (or a male partner) to allow their specific needs to be identified. This could assist in future service planning and targeting.

Enhanced data collection processes will help Sure Start to demonstrate the benefits of proactively providing specialised advice and support. Key measures would include those suggested under the Service Analysis section above. It is also useful to note the way that this work impacts on the wider agendas shared by other organisations. Engagement in local services is generally a prerequisite to accessing and hence benefiting from services that support a wide range of strategic objectives. It is therefore important to be able to stress the effectiveness of Sure Start's approach and, where appropriate, success in encouraging participation in services, over and above basic information provision.

Ante-natal advice and support available to all pregnant women and their families

Service design

This outcome is delivered by means of the same general approach across East and Fossway:

- Accessing ante-natal women to provide them with information about Sure Start and encourage registration
- Supporting ante-natal women
- Supporting vulnerable ante-natal women
- Encouraging early speech and language development through the provision of information

In Newcastle East, local facilities enable Sure Start to offer free aquanatal classes to a number of ante-natal women at the East End Pool.

Key outputs for these services are:

- Ante-natal women registered with Sure Start
- Ante-natal women provided with support (e.g. given support/advice on parentcraft, breastfeeding etc)
- Vulnerable ante-natal women identified and offered appropriate support

Community Health Team

The majority of work carried out in connection with this outcome is done via the CHT, through the Sure Start midwife and the Midwifery Care Assistant. Providing information to ante-natal women and encouraging them to register with Sure Start fulfils a dual purpose – firstly, it aims to enable ante-natal women to have access to Sure Start services throughout their pregnancy should they need it. Secondly, it also forms part of the wider approach to supporting vulnerable women and families that may be ‘difficult to engage’. By accessing these women during the ante-natal period, opportunities for engagement are increased, hopefully leading to increased take-up of relevant services in the longer term. This is considered in more detail under ‘Service Analysis’ below.

In terms of ante-natal information and support, key areas of activity focus on parentcraft, the provision of local alternatives to classes that are otherwise only available on a citywide or group basis (e.g. breastfeeding workshops), particularly one to one support, a maternity social group which covers a range of issues and specialist services such as smoking cessation. This means that the CHT are supplementing the services provided by mainstream midwives, providing additional information and support to those who need it or reaching those who may otherwise decide not to participate. The ante-natal registration visit also includes distribution of the ante-natal ‘gift pack’ which represents the first stage of the timeline initiative. This pack

includes a face cloth, bath thermometer, soft book and leaflets about child safety and shaken baby.

The CHT have been piloting different ways of reaching ante-natal women. Data protection restrictions mean that the details of pregnant women can be shared amongst those members of the CHT who work for the Newcastle Hospitals Trust, providing women give their midwives consent to share information in this way. Proactive contact with ante-natal women (i.e. prior to their registration) can therefore only be made by those members of the Sure Start team who are employed by this Trust.

Over recent months, changes have been made to the way that pregnant women are approached by Sure Start. In the past, the community midwives asked all pregnant women during the booking process if they consented to their details being passed on to Sure Start. This means that Sure Start would be alerted to all pregnant women in the area providing they consent and providing the community midwives ensure that the details are passed over.

Recently, however, a new system has been introduced which allows for a different approach depending on whether the woman is having her *first* baby or not:

Women having their first baby

Women having their first baby are identified as above and the Sure Start midwife makes telephone contact with each of them to offer a home visit. Home visits will include general advice and information, distribution of the ante-natal 'gift pack' and an opportunity for the women to register with Sure Start. The visit always covers advice on smoking, nutrition/5 a day and feeding. Inviting the person to register with Sure Start is always left to last, so that there is opportunity for advice/discussion regardless of whether the family wishes to join. The visit may lead to subsequent visits by the Sure Start midwife or midwife assistant for the purposes of one to one antenatal education. Where the woman is identified by the community midwife as having a specific need for services, Sure Start will make sure this contact takes place at an early stage so that the woman can be introduced to relevant services and support, which may involve services provided by the FS&O team (see below). Otherwise, this contact takes place in the latter stages of pregnancy.

It is believed that the majority of first time pregnant women are reached through this system. Good working relationships are in place with the community midwives who generally cover the Sure Start area. Some surgeries only have a small proportion of women living in the Sure Start area which means that the procedures are less routine for those midwives. In any event, the Sure Start midwife has access to hospital birth records which allow her to cross check her own list of ante-natal women against those who have subsequently delivered babies. This would allow for any shortcomings in the system to be identified and addressed, although in individual cases this may not occur until after the baby is born (i.e. post-natal).

Women having a second or subsequent baby

Details of women having a second or subsequent baby are not routinely shared with Sure Start. Instead, as part of the booking process, community midwives leave a leaflet outlining Sure Start, which the woman can use to request information or a

home visit. To date, few antenatal women have contacted Sure Start using this ‘self referral’ option.

Regardless of ante-natal contact, registration visits to the family following the birth of their baby are still necessary so that the child can be registered. These are therefore carried out using the procedures outlined earlier in respect of the target for new birth visits.

Support to *vulnerable* ante-natal women takes a number of forms:

- One to one support in the home on maternity issues (or wider issues, as covered by FS&O below)
- Vulnerable women’s group
- Support with substance misuse
- Attendance at ante-natal clinics to raise awareness of Sure Start
- Referrals for specialist support where appropriate

The work under this objective relating to speech and early language development concerns the provision of ‘Before Words’ information packs. At the time of the evaluation, this task had not been implemented due to problems with the material being used. Work is in progress to obtain/develop suitable material for distribution.

Family Support and Outreach

The FS&O team also contribute to the ante-natal outcome. Where appropriate, women and families are referred to FS&O for one to one support during the ante-natal period, depending on the nature of support that they may require. FS&O can also promote smoking cessation and breastfeeding and offer general advice and support during the ante-natal period at an appropriate level. Further, for pregnant women with specific problems such as substance misuse or domestic violence, the vulnerable women’s group and the Freedom Programme are available. Both of these have significant input from the FS&O team.

Outcome measure and target

“Ante-natal advice and support available to all pregnant women and their families”

There is some debate over the interpretation of this outcome, which impacts on the extent to which monitoring can take place. This outcome could be interpreted in a number of ways:

- a) Advice and support available via *any* health provider (i.e. not specifically Sure Start)
- b) Sure Start to make advice and support *available* to all pregnant women and their families (i.e. Sure Start to be in a position to respond to requests from *any* family should they be made)
- c) Sure Start to make advice and support *available* to all pregnant women and their families in a format which is suitable to their needs (which implicitly includes efforts to identify their needs in the first place)

These questions over the interpretation of this outcome do have an effect on the extent to which it can be measured. If (a) is applied, then it is possible to say that the outcome is being achieved completely, as mainstream midwives routinely provide a degree of advice and support without the need for any additional Sure Start services. The second interpretation, (b), would seem to be appropriate if applied to women having their second or subsequent baby on the assumption that their needs are lesser. Nonetheless, it could still be regarded as a 'soft target' in that it does not require any pro-active work, nor any concern over the actual impact of such advice and support.

It is proposed that interpretation (c) is applied for the purposes of this evaluation, particularly in relation to first time mums, as it does include an element of proactive work and also more closely reflects the nature of the services that have been designed in order to deliver this outcome. Direct monitoring at this level does not take place within Sure Start but it is possible to extract some relevant statistics on the basis of records kept within the team. This includes the number of pregnant women worked with during a specific time period:

In September 2004, in *EAST*

- Sure Start worked with 18 ante-natal women
- Based on the birth rate, it is estimated that approximately 209 women in East are pregnant at any point in time, of which just over 100 would be in the second half of their pregnancies. This includes women having their second or subsequent babies.
- It is estimated that around 23 women give birth each month across the area

In September 2004, in *FOSSWAY*

- Sure Start worked with 5 ante-natal women
- Based on the birth rate, it is estimated that approximately 91 women in East are pregnant at any point in time, of which around 45 would be in the second half of their pregnancies. This includes women having their second or subsequent babies.
- It is estimated that around 8 women give birth each month across the area

Clearly, some of the support provided by Sure Start will be on a one-off basis rather than ongoing (e.g. attendance at a local parentcraft/breastfeeding workshop) and as such, it is difficult to use the data available to identify the proportion of ante-natal women in East and Fossway who have some engagement with Sure Start during their pregnancies.

Breastfeeding rates may provide an opportunity to monitor some of the work carried out under this outcome, although figure are collected across all registrations during new birth visits which means that the data includes women who had no contact with Sure Start during the ante-natal period.

There is scope for improved monitoring of this outcome, which would enable Sure Start to demonstrate the extent to which they are providing advice and support to pregnant women across the area and thus achieving this outcome. Over and above uptake levels at local classes and for one to one support, central to demonstrating success is the ability of Sure Start to show that it is reaching women and families who

would not otherwise access the full range of ante-natal services (notably ante-natal education).

Ways in which better monitoring of this outcome could be achieved would include:

- Using the list of all pregnant women and existing records to calculate and monitor the percentage who (a) received home visits from the Sure Start midwife; (b) who received ante-natal education on an individual basis in the home; (c) who were provided with other support via Sure Start. Given that women are accessed at different stages of their pregnancies, it would be appropriate for these figures to be calculated on a monthly/quarterly basis showing the results for all pregnant women delivering their babies during that period. To reflect existing practices, this data should be calculated separately for women having their first baby and women having a second or subsequent baby.
- Further research to demonstrate the levels of demand for parentcraft on a one to one basis. This would enable the programme to demonstrate the extent to which it is meeting locally defined needs.

In addition to monitoring the outcome at this level, there is an argument to say that this outcome should also be concerned with the subsequent impact of the advice and support that is offered to ante-natal women and their families, in particular whether this ensures their subsequent engagement with Sure Start services after the baby is born. Monitoring at this level does not currently take place but there is scope to use this information to demonstrate the real value of the procedures that have been put in place for reaching ante-natal women and their families. Suggested indicators are included in the Service Analysis section below.

Service analysis

As discussed above, this outcome is being achieved through the implementation of procedures by which ante-natal women and their families come into contact with Sure Start. In order to analyse the wider value of this work, the table that follows also looks at how effective these services are in ensuring the subsequent *engagement* of these families in Sure Start.

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Accessing ante-natal women to provide them with information about Sure Start and encourage registration</p>	<p>Sure Start are provided with details of all women in the area pregnant with their first babies, with community midwives seeking consent to enable information to be shared and ensuring details are passed on. Women pregnant with subsequent babies receive information about Sure Start via their midwives and can self refer.</p> <p>Second time Mums need a different level of advice/support than first time Mums and will be more proactive in seeking help.</p> <p>Giving women the opportunity to register during pregnancy will raise awareness of Sure Start services and enable those who would like additional support to make contact.</p> <p>Through the pregnant women, their wider families will also be aware of Sure Start and come forward for advice and support where needed.</p>	<p>Cross checking with hospital records takes place to ensure that the system for identifying first time mums-to-be is effective. In the user satisfaction survey, 59.8% of respondents said they found services for pregnant women ‘mostly’ easy to find out about.</p> <p>Few women pregnant with a second or subsequent baby self-refer via the leaflet. This could be due to several factors, e.g. woman already registered due to another child, woman not looking for support, form not the best way of enabling the woman to access support.</p> <p>The extent to which 2nd time mums need different levels of advice/support is not fully quantified.</p> <p>Data is not available to examine whether women who register during the ante-natal period are more likely to access Sure Start services after birth.</p> <p>Accessing the <i>families</i> of ante-natal women can only realistically be achieved through the women. Work is in progress to look at offering more for Dads during the ante-natal period.</p>	<p>35 ante-natal women in Newcastle East visited and registered with Sure Start each quarter</p>	<p>47 women in East were visited and registered with Sure Start during Q1 04/05. 24 were registered during Q2.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
Supporting ante-natal women	<p>Some ante-natal women need specific support, over and above that which can be routinely obtained from mainstream midwives and ante-natal services.</p> <p>Sure Start are able to provide appropriate services for ante-natal women who require additional support.</p> <p>Not all ante-natal women need the additional support being provided by Sure Start (this assumption is reflected in the targets that have been set).</p> <p>Women who are provided with one to one ante-natal education would not otherwise have accessed this information (e.g. in a group setting in the community or at the RVI).</p>	<p>The need for additional support can be evidenced by referrals from the smoking cessation midwife, attendance at the vulnerable women's group, take-up rates for locally based and one to one ante-natal education and requests for other types of support during pregnancy. 62% of respondents in the user satisfaction survey said that the support available was 'mostly' relevant.</p> <p>The extent to which Sure Starts services for ante-natal women meet identified needs could be evidenced through further research – e.g. a quantitative survey of women with young children to explore their views on, and experiences of, parentcraft provision. Anecdotally, it is thought that fewer than half of pregnant women in the area access mainstream parentcraft.</p> <p>Demand for mainstream parentcraft classes is believed to outstrip supply. Further research would be needed to identify whether women who attend local classes or have one to one support would not otherwise access ante-natal education.</p>	<p>10 ante-natal women in Newcastle East to be supported by Sure Start each month.</p> <p>5 new women from Newcastle East each quarter to be given free aqua-natal classes (subject to funding)</p> <p>2-4 women to attend baby shower/other ante-natal contact at Fossway each quarter.</p>	<p>In Q1 04/05, 20 women from East were given antenatal education at home requiring 38 sessions overall. 15 women were supported in Q2. Outreach supported 4 families in Q1.</p> <p>This area of work has been discontinued due to low uptake.</p> <p>Ante-natal contact took place with 18 women from Fossway during Q1 04/05 with 2 attending the social group.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Supporting vulnerable ante-natal women and to vulnerable men</p>	<p>Vulnerable ante-natal women (including those suffering domestic violence, those dealing with substance abuse and asylum seeking women) need additional support over and above that which can be provided by mainstream midwives.</p> <p>Sure Start are in a position to identify, access and support vulnerable pregnant women.</p> <p>The nature of the support provided by Sure Start is appropriate to the needs of vulnerable women.</p>	<p>The support provided to vulnerable women by mainstream community midwives (incl. referrals to specialist midwives) is limited by resource constraints, although these may be the first professionals to identify that there are problems of some nature.</p> <p>Mainstream community midwives are able to alert Sure Start as to women who may need additional support. Services include individual ante-natal support, onwards referrals to specialists and more general support via Outreach workers.</p> <p>The vulnerable women's group is a multi-agency initiative.</p> <p>Support to women suffering domestic violence is provided by workers trained in the "Freedom Programme".</p> <p>Services for asylum seeking women include one to one support with Sure Start staff and referrals to other agencies where appropriate.</p>	<p>2 asylum seeking women and 2 vulnerable women to be supported each month in Newcastle East</p> <p>2 vulnerable women to be supported each month in Fossway</p> <p>2 weekly attendance at ante-natal clinic in East</p> <p>2 new contacts offered support with substance misuse each quarter in East</p>	<p>In East, over 20 people in this group were offered support during Q1 04/05. During Q2, 4 asylum-seeking women and 14 teenagers were given support.</p> <p>5 vulnerable women in Fossway were supported during Q1; 6 during Q2</p> <p>Data is not reported for this target in the quarterly reports.</p> <p>The strategy for this work continues to be developed.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
Encouraging early speech and language development through the provision of information	<i>This activity has not been implemented as planned during the evaluation period due to problems with the material.</i>			

Through effective working practices, Sure Start are able to offer advice and support to all pregnant women in the area. For first time Mums, a proactive approach is taken and systems are in place to ensure that the CHT are notified and can make contact to offer support. For second time Mums (and beyond), a self referral system is in place via the community midwives.

At this simple level, therefore, advice and support is available to all pregnant women in accordance with the outcome. Making advice and support available in a format that is suited to local need is difficult to fully evidence without further research. However, take-up rates are a good indicator of demand and hence local need. Using the targets in the quarterly reports and an average birth rate of 23 per month in Newcastle East:

- Registering 35 pregnant women in *EAST* during quarter 1 equates to 51% of women at a similar stage in their pregnancies (i.e. assuming that women are contacted at approximately the same stage in their pregnancy)
- Assuming support is generally offered at the same stage of pregnancy, 29% of those pregnant women at this stage in their pregnancies were supported in *EAST* during quarter 2 04/05.

The assumptions that underpin the work that has been carried out and hence link the activities to the outcomes are generally sound, although not fully quantified. Further research would enable the need for local or one to one parentcraft education to be fully evidenced but take up rates support the argument that there is a demand for this type of support. Specific support is also available for vulnerable women and for asylum seeking women, with good working relationships in place to link Sure Start to the community midwives and specialist service providers.

Whilst the targets monitored in the quarterly reports are useful in order to oversee outputs and activity levels, there are a number of additional measures that would be useful in order to demonstrate the impact that these activities have on the outcome and the wider goal of increasing engagement with Sure Start services. These are:

- % of ante-natal women reached who go on to register with Sure Start (a) during their pregnancy; (b) after their baby is born
- % of women who register with Sure Start during their pregnancy who go on to register their child after it is born
- Of those women who register with Sure Start during their pregnancy, the % who go on to access (a) ante-natal services through Sure Start; (b) any services through Sure Start within 12 months of registration
- % of women *pregnant with their first baby* who (a) received home visits from the Sure Start midwife; (b) who received ante-natal education on an individual basis in the home; (c) who were provided with other support via Sure Start.
- % of women *pregnant with their second (or subsequent) baby* who (a) received home visits from the Sure Start midwife; (b) who received ante-natal education on an individual basis in the home; (c) who were provided with other support via Sure Start.

Data collection around these indicators would need to be carefully done in order to appropriately distinguish between women who may already be registered due to

another child. At present, the Live Link system does not fully distinguish between these circumstances, which limits its capacity to produce accurate data.

Mainstreaming

From a mainstreaming perspective, key elements of this service would be:

- Providing advice and information to ante-natal women and their families, and encouraging their future engagement with services
- Providing additional parentcraft support in order to meet local needs, including locally based group sessions and one-to-one support in the home
- Providing specific support to vulnerable ante-natal women and to vulnerable men

The table overleaf provides a summary of those organisations that are also working towards this or similar outcomes and identifies the issues relevant to mainstreaming these activities.

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>Providing advice and information to ante-natal women and encouraging their future engagement with services</p>	<p>Community midwives (Newcastle Hospitals Trust).</p> <p>The NSF for Children, Young People and Maternity Services states:</p> <ul style="list-style-type: none"> • PCT's and NHS maternity care providers must improve the access and effectiveness of maternity services for disadvantaged groups by taking account of reasons for poor take-up and designing appropriate services (page 12, part 3) • Mainstream providers are to ensure that maternity services seek to engage fathers (p.8, part 3) <p>Addressing ante-natal care forms part of the PCT strategic outcome on health inequalities.</p>	<p>Providing advice and information to pregnant women is a key element of the mainstream community midwives role. Resource constraints limit the extent to which mainstream midwives can provide individual support to those who need it and the range of additional services that can be accessed through Sure Start.</p>	<p>Sure Start services for ante-natal women are seen as providing value added across the area. A good indication of this can be found in surgeries where midwifery teams span Sure Start and non-Sure Start areas. Qualitative feedback indicates that women living in Sure Start areas are able to access a better overall service due to the resources and range of services available to them. Anecdotal evidence also suggests that the difference is also felt by women who live in non-Sure Start areas who are aware that they cannot access the same level of service.</p>	<p>Additional resources to conduct home visits and provide individual support.</p> <p>Along with community midwives, raising awareness of services that are available after baby is born, which has the potential to influence future service take-up rate.</p> <p>Providing support to vulnerable women, over and above that which could be provided through mainstream services.</p> <p>The approach adopted means that advice can be offered on health issues such as smoking, feeding and nutrition even if the woman does not wish to register with Sure Start.</p>

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>Providing additional ante-natal education in order to meet local needs, particularly one-to-one support in the home</p>	<p>Newcastle Hospitals Trust (Community midwives and centralised ante-natal education at the RVI)</p> <p>The NSF for Children, Young People and Maternity Services identifies that poor outcomes in disadvantaged areas reflect low take-up of ante-natal (and post-natal) support (p.11, part 3)</p>	<p>The mainstream service provided by Newcastle Hospitals Trust includes structured parentcraft education at the RVI, East End Pool and local surgeries. Individual support is given where NHS resources permit.</p> <p>There is a general (but unquantified) view that many local women are reluctant to access ante-natal education when it is provided in a group setting. Data collected centrally on take-up levels for ante-natal education includes double-counting (where women access more than one session) and is therefore unreliable as an indicator of the extent to which existing services reach ante-natal women. There are insufficient hospital resources to offer locally based mainstream classes.</p>	<p>Feedback indicates that the Sure Start service is well regarded by community midwives, particularly the provision of one to one support and that barriers are being broken down. Whilst one to one support is part of the community midwives role, Sure Start are able to provide this on a more widespread basis and thus reach more women.</p> <p>Community midwives suggest that many women in their areas do not traditionally access ante-natal education when it is provided in a group setting.</p>	<p>Sure Start are able to provide resources for additional support where needed, aimed at better preparing families for labour and parenting.</p> <p>Take up rates demonstrate demand.</p> <p>Individual support on parentcraft issues appears to be meeting an identified need, although this has not been formally quantified.</p> <p>Assuming support is generally offered at the same stage of pregnancy, 29% of those pregnant women at this stage in their pregnancies were supported in East during Q2 04/05. It is possible that these women's needs would not otherwise have been met.</p>

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>Providing specific support to vulnerable ante-natal women</p>	<p>Newcastle Hospitals Trust</p> <p>The NSF for Children, Young People and Maternity Services notes that services for disadvantaged pregnant women are under-developed and need addressing (p.10, part 3)</p>	<p>Community midwives may be the first professionals during the ante-natal period to come into contact with pregnant women and therefore often make referrals to agencies for appropriate support, whilst continuing to provide ante-natal care in accordance within their own capacity. Referrals may include Sure Start.</p>	<p>Referrals to the Sure Start outreach workers are regarded as valuable.</p> <p>Vulnerable women, especially pregnant asylum seeking women, would have a lower level of service without the Sure Start resources.</p>	<p>Providing resources for specific one to one support around issues of relevance to the pregnant women, whether these relate to her pregnancy or her wider circumstances.</p> <p>Reducing the potential vulnerability of pregnant women through education about the choices facing them during pregnancy and labour.</p> <p>Sure Start can provide early intervention in complex cases.</p>

Ante-natal advice and support is an important aspect to Sure Start's work, particularly with women expecting their first babies. This work spans a number of areas including ante-natal education provision (particularly in the home) and more general support during pregnancy via the outreach team.

Being able to demonstrate that this sort of provision, particularly ante-natal education in the home, meets local need is a central argument to support the mainstreaming agenda. It is therefore important that the simple outcome attached to this work ("*Ante-natal advice and support available to all pregnant women and their families*") is interpreted in a meaningful way. Making such advice and support 'available' therefore must include ensuring services are both appropriate to needs and accessible.

Regular monitoring against this outcome does not take place in terms of calculating percentage take-up rates and the extent to which Sure Start are reaching its target population. Information held by the team, however, should enable these figures to be calculated and trends monitored over time. As with other areas of Sure Start's work, the targets that are monitored via the quarterly reports are focused on the quantity of work undertaken (i.e. outputs) but do not relate these to levels of actual or potential demand, or to any outcomes. Statistics that demonstrate that the services are meeting demand and ensuring a greater local provision across the area of key support and advice services would be beneficial in terms of persuading mainstream providers as to the value of this work.

Reduce by 10% the number of children aged 0-4 admitted to hospital as an emergency with gastroenteritis, lower respiratory infection or a severe injury

Service design

There is some variation in the way that this outcome is delivered across East and Fossway, largely due to difficulties over venues in Fossway although this situation has improved.

The following activities take place across both areas:

- Work with Newcastle Child Accident Prevention Forum
- Timeline interventions
- First aid awareness sessions and leaflet information
- Weaning parties
- Dads group, in particular their work around smoking cessation
- Healthy food programme with toddler groups

Additional work takes place in Newcastle East as follows:

- Volunteers trained for ‘whoops’
- Breastfeeding workshops
- Food hygiene course

Additional work takes place in Fossway as follows:

- Drop in session at St Martins

These activities are delivered using resources from a number of teams within the East and Fossway programme. Whilst the CHT lead on specific issues such as the timeline initiative (see below), FS&O are involved in much of the group-based work often alongside colleagues in the CHT. To avoid duplication in the following analysis, the work of the two teams are considered jointly.

Timeline interventions are an important aspect of the work delivered in furtherance of this outcome. These interventions have been developed, and are delivered, in partnership with mainstream colleagues, e.g. health visitors, and include the provision of information and ‘gift packs’ at key stages during the child’s early years which link to important developmental events. These include:

Ante-natal	Registration visits to include distribution of bath thermometer and safety information leaflets (see previous Outcome)
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Initial contact (4-6 weeks)	Registration visits to include distribution of the 'welcome baby pack', which includes (amongst other things) a hooded towel that parents can use if they attend baby massage sessions
8 week immunisation	Head thermometers and fridge magnets distributed by practice nurses during the 8 week immunisation visit
3-6 months	Health visitors and nursery nurses to distribute weaning packs and the 'bottle to cup' intervention. These packs include a training cup, toothbrush and toothpaste, a safety pack and information leaflets
9 months	Distribution of safety reigns

The CHT are also currently working with others to develop a book that could be distributed to toddlers aged 2½-3 years old.

The provision of actual equipment to parents is aimed at supporting mainstream Health Visitors as they talk to parents about issues such as weaning and safety, for example by allowing them to give practical demonstrations to parents. As these are distributed via the mainstream Health Visitors, important steps have already been made towards mainstreaming this service. At present, Sure Start store the packs which are collected by Health Visitors as and when they need them. The packs themselves were also paid for by Sure Start using budget underspend. Funding sources would need to be identified when further packs are needed.

Several of the other activities delivered in support of this outcome are also delivered in partnership with mainstream:

- Weaning interventions/parties – these are delivered by mainstream nursery nurses and incorporate information around utensil sterilisation.
- Drop-in session at St Martins – Sure Start are seeking to involve mainstream staff, although resourcing has been an issue
- First aid awareness sessions – these sessions are delivered by a mainstream Health Visitor, whose training was funded by Sure Start. These sessions are often arranged so that they follow baby massage sessions, making use of the fact that the groups are already established.
- Healthy food programme – this is delivered jointly with other agencies via a multi-agency steering group. The work builds upon research carried out with 20 toddler groups, which identified issues around healthy eating and barriers. An activity pack and resource box has been prepared which addresses the barriers that were identified (e.g. recipes, chopping board etc) and has been successfully launched and distributed to 19 toddler groups across both East and Fossway. Contributions from "5-a-Day" partners has also resulted in these toddler groups being given £40 to spend in local shops. There is scope for the steering group to build on this work and look at projects around other relevant issues such as weaning.

- Food hygiene courses – these are delivered jointly with other training providers (currently North Tyneside College) and are targeted at established groups who are involved in food handling (e.g. toddler groups).

It should also be recognised that increased coverage of ante-natal education (discussed in more detail above) also has a potential impact on this outcome in terms of healthy eating, breastfeeding and smoking cessation.

Key outputs for all of these activities are:

- Parents attending Newcastle Child Accident Prevention Forum events
- Parents trained in first aid
- First aid and safety leaflets distributed
- Dads tackling smoking cessation
- Toddler groups running a healthy food programme
- Whoops volunteers trained
- Ante-natal women trained in breastfeeding techniques and other parentcraft issues
- Timeline gift packs distributed
- Parents attending weaning interventions/parties
- Parents trained in healthy eating

Outcome measures and targets

Reduce by 10% the number of children aged 0-4 admitted to hospital as an emergency with gastroenteritis, lower respiratory infection or a severe injury

Data is not yet available on this outcome. In any event, given the long term nature of the work that this outcome covers, it seems unreasonable to expect short term gains in terms of statistical improvement. It may be several years before the impact of the work can be fully assessed in terms of the long term impact that improving nutritional habits, hygiene and air quality (smoke-free) has on children's health.

Because of these timescales, it is particularly important that Sure Start identifies and monitors shorter-term outcomes. Measures of this nature would enable the initial impact of this work to be identified. Achieving the initial impact, be it attitudinal change or alternations in habits, is an essential pre-requisite to achieving the longer-term outcome target and hence reducing hospital admissions.

Suggested areas of monitoring at the outcome level would include:

- Smoking cessation rates (discussed in more detail in relation to the smoking outcome later in this report)
- Breastfeeding rates (discussed in more detail in relation to the breast-feeding, nutrition, hygiene and safety outcome later in this report)
- Attendance rates at interventions such as weaning parties and family breakfasts, to give an indication of the extent to which families are being reached
- Usage levels for items such as safety reigns, safety packs, weaning packs, thermometers and other items distributed by the project

- Research to assess whether eating habits have changed as a result of nutritional interventions
- Research to assess whether the advice provided at weaning stage is put into practice in the home

The potential for the work being carried out under this outcome to deliver other outcomes should also be noted. These include an impact on dental health and longer term health outcomes around diabetes and heart disease.

Service analysis

Linked to improved monitoring of shorter-term outcomes, a further way of examining whether this outcome is likely to be achieved in the longer term is to examine the assumptions that link the activities to this long term objective so that appropriate short term success measures can be found. This is considered in the table overleaf.

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
Work with Newcastle Child Accident Prevention Forum (e.g. supporting parents to attend events)	<p>Parental knowledge and awareness will minimise the occurrence of accidents</p> <p>Parents will put the knowledge and awareness into practice</p> <p>The parents involved are those whose children are at risk of accidents</p>	<p>Parental knowledge is an important aspect of accident prevention. The extent to which such knowledge is absorbed and applied in practice is not known.</p> <p>Specific targeting does not take place. All children in the area are regarded as being at risk.</p>	10 parents from Fossway and 30 parents from Newcastle East to be encouraged and supported to attend the Child Safety Week event.	29 parents/carers and 29 children from East supported to attend 'safety toddle' during Q1 04/05.

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
First aid awareness	<p>Parents will put the knowledge and awareness into practice</p> <p>The parents involved are those whose children are at risk of accidents</p> <p>Effective 'first aid' practices by parents will reduce the need for later emergency hospital admissions</p>	<p>Further research would be needed to determine whether parents put the skills into practice. Specific targeting does not take place, with courses being offered to established groups, but research has demonstrated that there is a high level of interest in baby first aid.</p> <p>The link between first aid and hospital admissions is relatively weak, to the extent that first aid is needed after an incident has already occurred. Nonetheless, the benefits of appropriate first aid are acknowledged in their own right.</p>	<p>6 parents to attend First Aid awareness session each quarter in Fossway.</p> <p>2 First Aid awareness sessions for 8 parents to take place each quarter in Newcastle East</p>	<p>2 first aid sessions took place in Fossway during Q1 04/05 attended by 9 parents and 9 babies. In Q2, 2 sessions took place reaching 10 parents overall.</p> <p>2 first aid sessions took place in East during Q1 04/05 attended by 17 parents. In Q2, 3 sessions took place reaching 18 parents and 6 teenagers overall.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
Smoking cessation work with Dads	Smoky environments can lead to the development of lower respiratory infection	Wider smoking cessation activities (with subsequent impact on respiratory health) are discussed under the smoking cessation outcome later in this report. The links between smoking and lower respiratory infection are clearly evidenced in the relevant literature.	1 Dad recruited each quarter in Fossway	<p>5 Dads were worked with across East and Fossway during Q1 04/05. In Q2, 2 Dads from Fossway and 7 Dads in East were given one to one smoking cessation support.</p> <p>1 Dad in Fossway and 2 Dads in East quit smoking in Q1 04/05 at the 4 week mark. In Q2, 4 Dads from East quit smoking at the 4 week mark.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Healthy food work (e.g. courses, toddler group initiatives)</p>	<p>Parents learn about healthy eating and the healthy eating practices will be adopted in the home</p> <p>Children are vulnerable to poor eating and hygiene practices outside of the home (e.g. toddler groups) as well as within it.</p> <p>Healthy eating practices can prevent the development of gastroenteritis.</p>	<p>Further research would be needed to identify the extent to which healthy eating practices are adopted in the home.</p> <p>Work with toddler groups builds upon research, which identified specific barriers to healthy eating and is focused on addressing these barriers (e.g. lack of knowledge and equipment).</p> <p>Food hygiene courses are targeted at established groups, e.g. toddler groups where there is regular food handling.</p> <p>The links between poor eating habits and gastroenteritis are clearly evidenced in the relevant literature.</p>	<p>Food hygiene course offered to 4 parents in Newcastle East in quarter 2</p> <p>6 parents to attend weekly sessions to obtain information about nutrition and balanced diets at St Martins (drop in sessions)</p>	<p>Problems with the training provider meant that the course did not run. Parents have been identified and future courses are planned with another provider.</p> <p>Sessions are taking place; 16 parents attended in Q1 04/05. Attendance numbers were not reported in Q2.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Provision of local breastfeeding workshops and one to one training</p>	<p>Breastfeeding can prevent the later development of gastroenteritis.</p> <p>The provision of local workshops and one to one breastfeeding support will increase the number of women who breastfeed their babies (a) at birth; (b) for a sustained period of time.</p>	<p>The links between breastfeeding and gastroenteritis are clearly evidenced in the relevant literature, along with other potential positive health outcomes.</p> <p>Insufficient data is available to examine whether the provision of additional support will increase the number of women who breastfeed their babies (both at birth and for a sustained period of time). Breastfeeding support on a one to one basis is targeted at those who would not otherwise access this information (i.e. attend group sessions).</p>	<p>2 breastfeeding workshops for 1-5 mothers each quarter in Newcastle East</p>	<p>3 workshops took place in Q1 04/05 attended by 19 women in East. 1 woman from Fossway also attended.</p> <p>In Q2, 2 workshops took place attended by 6 mothers. 2 sessions were also delivered on a one to one basis in the home.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Weaning interventions/parties/gift packs</p>	<p>Appropriate weaning can help prevent gastroenteritis</p> <p>Parents will use the equipment (e.g. cups, toothbrushes etc) and follow the advice given.</p> <p>Social/group events are an appropriate way of encouraging parents to learn about weaning</p> <p>The work carried out by health visitors is enhanced through the provision of free equipment to parents</p>	<p>The links between weaning and gastroenteritis are clearly evidenced in the appropriate literature.</p> <p>Further research would be needed to determine whether parents are using the equipment in the gift packs and following the advice provided at weaning parties.</p> <p>Some health visitors report that the equipment in the gift packs assist them to explain about weaning. Others are uncomfortable with the concept.</p>	<p>5-10 parents to attend weaning interventions in quarters 1 and 3 in Fossway</p> <p>2 weaning sessions to run in Newcastle East in each of quarters 2, 3 and 4</p> <p>Bottle to cup intervention provided in Fossway to 25-37 parents and in Newcastle East to 45-60 parents</p> <p>Weaning packs given to 45-60 parents in Newcastle East</p>	<p>16 parents attended a weaning party in Fossway in Q1 04/05 with a further 10 in Q2.</p> <p>13 parents from East attended weaning parties in Q2 04/05.</p> <p>Bottle to cup intervention provided to 25 parents in Fossway in Q2 04/05 and 50 in East.</p> <p>11 Weaning packs were distributed in East in Q1 04/05 and 4 in Fossway. 44 were distributed in East in Q2 and 15 in Fossway.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Safety interventions/gift packs (e.g. bath thermometers, safety reigns)</p>	<p>Parents will use the equipment (e.g. bath thermometers, safety reigns)</p> <p>Children are at risk of suffering injuries that can be prevented by these measures.</p> <p>Parents would not otherwise obtain/use this equipment.</p>	<p>Further research would be needed to determine whether parents are using the equipment in the gift packs.</p> <p>Data is unavailable to demonstrate whether emergency hospital admissions for accidents relate to the injuries that can be prevented by these means. Nonetheless, the use of these basic safety aids is recommended.</p> <p>Further research would be needed to evidence whether or not parents would otherwise obtain and use safety equipment. Anecdotal evidence suggests that this would not be a priority.</p>	<p>10-15 parents in Fossway and 35 parents in Newcastle East to receive bath thermometers each quarter</p>	<p>47 bath thermometers were given out in East in Q1 04/05 and 8 in Fossway. In Q2, 24 bath thermometers were distributed in East and 11 in Fossway.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
Health interventions (e.g. head thermometers)	<p>Parental awareness of temperatures can lead to the early identification and treatment of illness</p> <p>Parents know how to use the thermometers</p> <p>Parents respond appropriately to thermometer readings</p> <p>Parents would not otherwise obtain/use this equipment.</p>	<p>Further research would be needed to determine whether parents are using the equipment in the gift packs.</p> <p>Data is unavailable to demonstrate whether parents are responding appropriately to the thermometer readings and whether this is preventing the development of illness. Nonetheless, the use of this type of equipment is recommended.</p> <p>Further research would be needed to evidence whether or not parents would otherwise obtain and use this type of equipment. Anecdotal evidence suggests that this would not be a priority.</p>	<p>In Fossway, 10 parents to receive head thermometers and fridge magnets in quarter 1 and 15 in each of quarters 2, 3 and 4</p> <p>In Newcastle East, 40 parents to receive head thermometers and fridge magnets in quarter 1, 50 in quarter 2 and 60 in each of quarters 3 and 4</p>	<p>Monitoring systems in place from Q2 04/05 onwards. 30 packs were given out in Fossway in Q2 and 59 in East.</p>

The performance data in the tables above demonstrate that the programme is, in general, exceeding its targets in terms of reaching pregnant women and families with relevant information, equipment and advice.

The underlying assumptions that link this type of intervention with the overall outcome of reducing hospital admissions are largely unproven as they would require additional research in order to examine usage and longer-term impact (e.g. using the bath thermometers, adopting healthy eating practices in the home). It is clear, however, that the type of support being implemented by the programme must be the first step along this route.

In terms of providing support where it is most needed, the evaluation notes that health and safety interventions are not formally or routinely targeted at specific children who have been identified as being of specific risk of illness or injury. All children in the area are deemed to be at risk. Given that this widespread approach has been adopted, it is appropriate to consider the extent to which the target population of all children (at specific stages of their development) are being reached.

Based on the average birth rates of 23 per month in East and 8 per month in Fossway, during any given quarter there will be 69 children in East and 24 children in Fossway passing through the ages of 0, 8 weeks, 3 months, 6 months and 9 months. On this basis, the following statistics can be considered:

In *EAST*, based on a target group of approximately 69 babies/ante-natal women each quarter:

- 19 attended a (local) breastfeeding workshop in Q1 and 8 in Q2
- 47 received bath thermometers in Q1 and 24 in Q2
- 59 received head thermometers in Q2
- 13 attended a weaning party in Q2
- 50 received the bottle to cup intervention in Q2

In *FOSSWAY*, based on a target group of approximately 24 babies/ante-natal women each quarter:

- 8 received bath thermometers in Q1 and 11 in Q2
- 30 received head thermometers in Q2
- 6 attended a weaning party in Q1 and 10 in Q2
- 25 received the bottle to cup intervention in Q2

These figures show that head thermometers and the bottle to cup interventions are both very successful in terms of reaching the majority of the target group. A smaller proportion of the target group is being reached through the weaning parties but this is backed up by the weaning intervention gift pack and supplementary information provided routinely by the mainstream health visitors.

The recent user satisfaction survey obtained the following results in relation to the overall theme of 'health promotion services', much of which overlaps with the work described in this section of the report:

- 43.8% thought the services were ‘mostly’ easy to find out about
- 37.3% thought the services were ‘mostly’ easy to get to
- 39.0% thought the services were ‘mostly’ available when needed
- 43.9% thought the services offered ‘mostly’ relevant support
- 43.8% were ‘mostly’ satisfied with the services provided

It is difficult to identify further measures that would assist in monitoring this outcome, other than expressing the number of children reached with the various interventions as a percentage of the overall target group. This may better illustrate the extent of the potential impact of this work.

Mainstreaming

From a mainstreaming perspective, key elements of this service would be:

- Coordinating accident awareness and first aid training
- Healthy food courses, hygiene courses and toddler group initiatives
- Providing information, training and interventions relating to weaning
- Providing interventions focused on health (e.g. head thermometers) and safety (e.g. bath thermometers; safety reigns)

The table overleaf provides a summary of those organisations who are also contributing to this or similar outcomes and identifies issues relevant to mainstreaming these activities.

Issues relating to the mainstreaming of smoking cessation support and breastfeeding information and support are discussed under the relevant outcomes elsewhere in this report.

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>Coordinating accident awareness and first aid training</p> <p>(Work with Newcastle Child Accident Prevention Forum – this is a partnership organisation and independent of Sure Start, which means that the Sure Start input may not necessarily need to be mainstreamed. The role that Sure Start play in promoting access to their events is nonetheless important.</p>	<p>Health Visitors and Nursery Nurses (PCT) carry out work concerning health and safety as part of their general public health agenda. In some areas, this has included running safety equipment schemes although this has since been mainstreamed into the local Council. Health Visitors and Nursery Nurses have also lead on local safety initiatives which involve activities such as safety talks, workshops and work in nursery schools.</p> <p><i>The PCT does not currently have specific local targets or outcomes aimed at this area of work.</i></p>	<p>In addition to health and safety initiatives led by Health Visitors and Nursery Nurses, with the support of Sure Start, a mainstream health visitor has been trained as a first aid trainer. This person now delivers baby first aid sessions to groups across the Sure Start area and the work is regarded as being successful. There is now a need for increased capacity in order to meet demand (recent PA work by SS has shown an overwhelming demand for more baby first aid).</p>	<p>To the extent that there is now a nominated Health Visitor trained to delivery first aid sessions, a large aspect of the Sure Start service has been successfully mainstreamed.</p> <p>Sure Start continues to provide forums and groups to which the training can be targeted.</p>	<p>Providing funding to enable mainstream providers to be trained.</p> <p>Enabling access to established groups for the purposes of training</p> <p>Promoting access to Newcastle Child Accident Prevention Forum events, thus enabling parents to attend.</p>

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
Food hygiene courses (coordination and promotion; not delivery)		<i>There is no identified organisation with responsibility for coordinating this type of training for the benefit of local childcare providers (e.g. toddler groups that handle food).</i>		<p>There is clear demand for hygiene courses with waiting lists for courses and difficulties in finding training providers who can meet parents needs.</p> <p>There are linkages between food hygiene courses and employability outcomes.</p>

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
Healthy food courses and toddler group initiatives	<p><i>The toddler group initiative has been delivered by a multi-agency steering group.</i></p> <p>Standard 1 of the National Framework for Children, Young People and Maternity Services requires that the health and well being of all children and young people is promoted and delivered through a coordinated programme of action, including prevention and early intervention wherever possible, to ensure long term gain, led by the NHS in partnership with local authorities.</p> <p>Healthy eating forms part of the PCT strategic objective relating to health inequalities.</p>			Healthy food work can be provided to established Sure Start groups, building on earlier work carried out with families concerning issues such as weaning.

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>Providing information, training and interventions relating to weaning</p>	<p>Health Visitors and Nursery Nurses (PCT) have a clear role in providing weaning advice. This work is carried out as part of their public health remit.</p> <p><i>The PCT does not currently have specific local targets or outcomes aimed at this area of work.</i></p>	<p>Health Visitors and/or Nursery Nurses generally address weaning at the 3 month visit to parents. Nursery Nurses are also involved in delivering weaning parties.</p> <p>Health Visitors and/or Nursery Nurses now distribute the weaning gift packs to parents and some are involved in the delivery of weaning parties.</p>	<p>The practical demonstrations that weaning parties enable are regarded as excellent. There is general support for the weaning packs, although some workers are not convinced that they are necessary.</p> <p>Storage of weaning packs at the Sure Start office is said to be useful. There have been storage problems in the past when surgeries have been used.</p> <p>Awareness of weaning parties is said to be relatively widespread, although attendance levels suggest they do not appeal to all. It remains important that this is not the only way that parents can find out about weaning.</p>	<p>Resources (weaning packs).</p> <p>Weaning parties provide an additional opportunity for those interested in attending to gain further information and see practical demonstrations.</p> <p>The storage facilities provided by Sure Start for the weaning packs is useful.</p>

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>Providing interventions focused on health (e.g. head thermometers) and safety (e.g. bath thermometers; safety reigns)</p>	<p>Health Visitors and Nursery Nurses (PCT) carry out proactive health interventions as appropriate to their role.</p> <p><i>The PCT does not currently have specific local targets or outcomes aimed at this area of work.</i></p>	<p>In addition to providing advice to parents as and when appropriate, Health Visitors and Nursery Nurses are involved in the distribution of the timeline gift packs which includes items such as the thermometers and safety reigns.</p>	<p>To the extent that the gift packs are distributed by Health Visitors and Nursery Nurses, this service is mainstreamed. Sure Start have provided the packs and the storage facilities which has enabled the work to be done.</p>	<p>Storage and provision of equipment for distribution</p>

Significant progress has been made in mainstreaming aspects of the work carried out by Sure Start in this area. Baby first aid sessions are delivered by a mainstream worker, following initial support by Sure Start to access training. Timeline interventions such as the weaning packs and the safety packs have been developed in cooperation with mainstream health visitors who are now responsible for their distribution. In some areas, the main input from Sure Start is around storage, which has been a proven difficulty in the past for mainstream workers looking to provide relevant items of equipment to families. At the present time, storing gift packs in the Sure Start office also enables the programme is able to monitor distribution to health visitors and hence collect statistics.

The main areas for Sure Start to consider in terms of building arguments for further mainstreaming of the activities being carried out under this outcome relate to assessing usage and impact over time. Initial evaluations and follow up research with families who have experienced timeline interventions would enable the project to assess whether the work has had an impact and hence whether the risk of subsequent hospital admissions has been reduced.

Information and guidance on breast-feeding, nutrition, hygiene and safety available to all families with young children

Service design

There is some variation in the way that services aimed at achieving this outcome are delivered across East and Fossway.

The following activities take place across both areas:

- Breastfeeding workshops
- Play and learn sessions to incorporate health topics
- Ongoing implementation of the ante-natal strategy to provide information about breastfeeding and utensil sterilisation
- Support services for asylum seeking families

Additional work in Newcastle East is as follows:

- Development of a comfortable feeding area in local family centres
- Provision of health information to vulnerable parents
- Development of a network of parents and workers to provide health and education themes
- Family breakfasts

Additional work in Fossway is as follows:

- Implementation of a healthy food programme at local toddler groups

These activities are delivered using resources from a number of teams within the East and Fossway programme. Whilst the CHT lead on specific issues such as breastfeeding, FS&O are involved in much of the group-based work often alongside colleagues in the CHT. They are also often best placed to link families to local groups or, through Outreach, to provide equivalent support on a one to one basis. To avoid duplication in the following analysis, the work of the two teams are considered jointly.

The important focus in terms of the outcome being considered in this section (*Information and guidance on breast feeding, nutrition, hygiene and safety available to all families with young children*) is the use of these activities to impart relevant information and the extent to which they are available to all families with young children. The subsequent and longer term impact of this work is largely addressed through the outcome that aims to *reduce by 10% the number of children aged 0-4 admitted to hospital as an emergency with gastroenteritis, lower respiratory infection or a severe injury*. Indeed, there is a strong overlap between the activities, including the timeline work and support around safety/accident prevention. These activities are all discussed in detail elsewhere in this report and hence are not duplicated here.

Key outputs for this outcome are as follows:

- Parents participating in Play and Learn sessions at East End Library
- Women offered a place at a breastfeeding workshop (if they wish to breastfeed)
- Feeding areas available at family centres in the area
- New families introduced to family breakfasts
- Parentcraft sessions
- Pregnant women given information about feeding
- Black/African sessions at ACANE
- Toddler groups running a healthy food programme

Clearly the timeline interventions are also important; these are considered in the relevant section above.

Outcome measures and targets

Information and guidance on breast-feeding, nutrition, hygiene and safety available to all families with young children

As outlined above, this outcome is concerned with two specific issues:

- The use of the identified activities as vehicles for imparting information and guidance about breastfeeding, nutrition, hygiene and safety
- The extent to which all families with young children can access these activities

In terms of the measure itself, whereby 100% of families with young children must have access to information and guidance on breastfeeding, nutrition, hygiene and safety, specific data is not available. However, all families in the area are given an initial opportunity to engage in Sure Start services via registration visits (discussed earlier) and those not reached by this approach continued to be targeted with relevant information through the post. Further, Sure Start have an open door approach which ensures that these services and information sources are available to all families in the area. Work which is carried out to secure the engagement of 'hard to reach' families (discussed earlier in the context of registration visits) will have an impact on the extent to which information is available through an appropriate medium. Once a family becomes part of Sure Start, they are able to find out about future activities through a number of sources including the mail, Family Support workers, Outreach workers and other group leaders. This is in addition to the general 'marketing' that Sure Start carries out across the area, advertising in community venues and local shops.

To the extent that Sure Start provides relevant services for all families living in the designated area, it can therefore be said that all families with young children have access to information and guidance on breastfeeding, nutrition, hygiene and safety, in which case the outcome is easily achieved. In these terms, monitoring performance against baseline figure is unnecessary.

On a more sophisticated level, the following questions could be asked:

- a) Is in the information in an accessible format?
- b) How do families find out about services on an ongoing basis (e.g. beyond the registration visit)?
- c) To what extent is Sure Start striving to *engage all families* such that they do in fact receive information and guidance (should all families be engaged)?

In asking these questions, the evaluation does note that Sure Start are not the only agency providing information and guidance to local families. There are clear overlaps with the roles of mainstream health visitors and midwives. Indeed, there will be families in the area who receive sufficient information appropriate to their needs through existing mainstream services. However, this outcome is about providing families with the opportunity of *further* information and guidance should they feel that they need it.

In relation to (a), information is provided using a range of approaches including workshops, social activities, group sessions and demonstrations. Individual evaluations of these activities coupled with participatory appraisal work that underpins service design should ensure that the activities are appropriate vehicles for imparting the relevant information and guidance.

In relation to (b), certain timeline activities, e.g. distribution of safety signs, are targeted at all families with children of a certain age (not just those who have registered with Sure Start). In addition, for those families who do register with Sure Start, information is gathered via their registration forms which enables Sure Start to target them with relevant information on an ongoing basis.

In relation to (c), on occasion there are some practical limitations to the number of families that can access information and guidance when it is provided in a group setting. This relates to the targets that have been set for the various activities (considered under Service Analysis below), which means that activities are targeted at a relatively small percentage of families in the area. The evaluation is not proposing that, in order to achieve the outcome in a meaningful sense, all families would need to access the range of workshops and activities offered under this service area. The key point here is the extent to which supply matches demand and also whether these activities are backed up by other sources of information and guidance.

Service analysis

The table overleaf looks at the issues highlighted above in more detail. Given that most of the specific activities are analysed in more detail in other sections of this chapter, the analysis here will look at using the following types of activity as vehicles for imparting information and guidance on breastfeeding, nutrition, health and safety:

- Group activities and workshops (e.g. breastfeeding workshops, parentcraft)
- Demonstrations and leading by example (e.g. Play and Learn sessions, healthy food programmes at toddler groups)
- Targeted information and support to vulnerable families, including asylum seeking families

Development of networks of parents and workers who can provide information and guidance in line with national campaigns is not considered further in this evaluation. This activity has been extended to the 05/06 programme plan.

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Group activities and workshops (e.g. breastfeeding workshops, parentcraft)</p>	<p>Group activities and workshops are more effective than merely providing written information</p> <p>There will be sufficient places for all interested families to be able to attend</p> <p>Group activities and workshops are promoted such that all families with young children in the area are aware (a) that they are taking place; (b) about how to reserve a place (if reservation is necessary)</p> <p>Group activities and workshops are held at times/places that are convenient to families</p>	<p>Unlike written information, group and one to one sessions take account of attendees needs, low literacy levels and provide opportunities to ask questions/discuss issues</p> <p>Dads/male partners are not able to attend breastfeeding workshops, which limits the extent to which they can receive relevant information in their own right. Work is underway to test the feasibility of combining breastfeeding workshops with baby massage sessions so that Dads/male partners can be present during relevant parts of the breastfeeding training.</p> <p>The Outreach team provides one to one support where needed.</p> <p>Local venues are used and sessions are generally demand-led, with no real limit on places. A range of mediums are used to promote events including targeted mail outs. The user satisfaction survey found 58.8% of respondents thought services for new parents were ‘mostly’ easy to find out about, at a convenient time (42.0%) and available when needed (46.4%).</p>	<p>100% of parents who wish to breastfeed are offered a place on the breastfeeding workshop. (Note that mainstream provision can help here)</p> <p>12 parentcraft sessions to run each quarter (from quarter 2 onwards) in Newcastle East; similarly 6 each quarter in Fossway.</p>	<p>Feeding information offered to 47 pregnant women in East during Q1 04/05 and 24 in Q2, with 19 and 6 attending a breastfeeding workshop. The workshop was available to all antenatal women in Fossway; 1 attended in Q1.</p> <p>Extra local sessions are now being offered by the East mainstream midwives (without Sure Start input) in order to meet demand. In Fossway, 11 women accessed parentcraft information in Q2.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Demonstrations and leading by example (e.g. Play and Learn sessions, healthy food programmes at toddler groups)</p>	<p>Demonstrations and leading by example are more effective than merely providing written information.</p> <p>Leading by example will encourage parents to put the information into practice and will encourage them to seek further information and guidance where necessary.</p> <p>There will be sufficient places for all interested families to be able to attend</p> <p>Activities are promoted such that all families with young children in the area are aware (a) that they are taking place; (b) about how to reserve a place</p> <p>Activities are held at times/places that are convenient to families</p>	<p>Unlike written information, group and one to one sessions take account of attendees needs, low literacy levels and provide opportunities to ask questions/discuss issues</p> <p>The Outreach team provides one to one support where needed</p> <p>The extent to which the information is put into practice is not known</p> <p>Local venues are used</p> <p>Sessions are generally demand-led, with no real limit on places</p> <p>A range of mediums are used to promote events including targeted mail outs.</p>	<p>5 new parents to participate in East End library Play and Learn in quarters 1 and 2, with attendance rising to 12 by quarter 3 and maintained for quarter 4. 5 additional parents from Fossway to be included in quarters 1 and 2.</p> <p>3 new families from Newcastle East introduced to family breakfasts each quarter.</p>	<p>53 parents from East and 60 from Fossway attended play and learn in East in Q1. 24 adults and 31 children from Fossway and 40 adults with 45 children from East attended in Q2. In East, there were 12 new parents and 15 new children in Q2.</p> <p>3 new families were introduced in Q1. Problems with the venue prevented activity in Q2.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Targeted information and support to vulnerable families, including asylum seeking families and the maternity social group.</p>	<p>Sure Start are able to identify and access vulnerable families (alongside mainstream providers).</p> <p>Information and support is provided in a way that meets individual needs.</p>	<p>The outreach workers support vulnerable families on a one to one basis, often through referrals from other agencies including Social Services and Common Ground.</p> <p>Outreach work is carried out on a one to one basis and is led by individual needs. Work is regularly reviewed to ensure that it continues to be appropriate.</p> <p>Parentcraft is offered on a one to one basis for those who are unable to attend group sessions for whatever reason. A maternity social group has been established for women not accessing parentcraft sessions.</p> <p>Support is provided to the Young Parents group at Byker Sands with a view to providing health information to vulnerable parents.</p> <p>Sessions are provided at ACANE for asylum seeking families.</p> <p>Sure Start registration process/ongoing work seeks to identify vulnerable families and take steps to ensure their engagement with services.</p>	<p>2 Black/African sessions at ACANE each quarter across both East and Fossway</p>	<p>ACANE sessions not running due to internal problems. Meetings have been taking place to discuss a food cooperative.</p> <p>10 young mums took part in the Young Parents group in East in Q1; 17 in Q2 (plus 10 children).</p> <p>The 3 new families introduced to the family breakfasts in Q1 included one asylum seeking family.</p> <p>2 parents from East attended the maternity social group in Q1.</p>

The involvement of Family Support and Outreach clearly enhances the programmes ability to reach its target community with information and advice about a range of activities. Through referrals from other agencies, Outreach workers can provide support to vulnerable families in accordance with their individual needs.

A range of mediums is used to impart information, linking this to social activities where appropriate (e.g. family breakfasts), avoiding reliance on written information and emphasising the development of practical skills.

If this outcome is regarded as ensuring appropriate activities are used and accessible (with the longer term impact of this work more relevant to the outcome concerning hospital admissions) then the monitoring that takes place is adequate to demonstrate this. Indicators are used to monitor take-up rates, which are the most useful measure of whether these sessions are appropriate. Given the wide target group for much of this work (e.g. all families with children aged 0-4), compared to timeline initiatives, monitoring take up as a percentage of the target group would be an unrealistic measure. An alternative way of demonstrating the value of these activities would be by using the information gathered on the Sure Start registration forms (i.e. levels of interest/demand). Attendance levels could be monitored by reference to these figures.

Mainstreaming

The mainstreaming of specific activities such as breastfeeding workshops and healthy food programmes are discussed elsewhere in this report under the appropriate outcomes. The table overleaf is therefore restricted to looking at use of activities such as those listed below as vehicles for imparting information and guidance on breastfeeding, nutrition, health and safety (and the extent to which they add value to existing mainstream services):

- Group activities and workshops (e.g. breastfeeding workshops), demonstrations and leading by example (e.g. Play and Learn sessions, healthy food programmes at toddler groups)
- Targeted information and support to vulnerable families, including asylum seeking families

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>Group activities and workshops (e.g. breastfeeding workshops, parentcraft), demonstrations and leading by example (e.g. Play and Learn sessions, healthy food programmes at toddler groups)</p>	<p>Newcastle Hospitals Trust (Community midwives and centralised ante-natal education at the RVI). Breastfeeding falls within the PCT strategic objective on health inequalities and there is a national NHS target to increase the breastfeeding initiation rate by 2% each year. Local providers do not have local targets.</p> <p>Mainstream health visitors and nursery nurses (PCT) are involved in delivering group activities relevant to their role and the wider public health agenda.</p> <p>Reducing health inequalities is central to the NSF for Children, Young People and Maternity Services. The NSF identifies that poor outcomes in disadvantaged areas reflect low take-up of ante-natal (and post- natal) support (p.11, part 3). Standard 1 requires improvements in access to targeted services in areas of low take-up and information/services to be available around issues such as healthy eating.. Standard 3 requires services to be offered in a sensitive way, appropriate to need.</p>	<p>The mainstream service provided by Newcastle Hospitals Trust includes structured parentcraft education at the RVI, East End Pool and local surgeries, delivered by hospital based and locality midwives.</p> <p>It is acknowledged that these activities do not reach the entire target group due to them being inappropriate for the needs of some parents and insufficient places being available.</p> <p>Health Visitor and Nursery Nurse resources are limited.</p>	<p>The Sure Start service is well regarded by community midwives. Whilst one to one support is part of the community midwives role, Sure Start are able to provide this on a more widespread basis and thus reach more women. The availability of Sure Start services provided on a one to one basis through the programme midwife or the Outreach workers is seen as a valuable resource.</p>	<p>Sure Start are able to provide additional support where needed, which is aimed at better preparing families for labour and parenting. The additional resource that they provide therefore adds value.</p> <p>Individual support on parentcraft issues appears to be meeting an identified need, although this has not been formally quantified.</p> <p>Group activities can be offered to established groups (e.g. young parents group), which potentially increases take up levels.</p>

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>Targeted information and support to vulnerable families, including asylum seeking families</p>	<p>Newcastle Hospitals Trust (Community midwives and centralised ante-natal education at the RVI)</p> <p>Mainstream health visitors and nursery nurses (PCT) are involved in delivering group activities relevant to their role and the wider public health agenda.</p> <p>Reducing health inequalities is central to the NSF for Children, Young People and Maternity Services. The NSF identifies that poor outcomes in disadvantaged areas reflect low take-up of ante-natal (and post- natal) support (p.11, part 3). Standard 1 requires improvements in access to targeted services in areas of low take-up and information/services to be available around issues such as healthy eating.. Standard 3 requires services to be offered in a sensitive way, appropriate to need.</p>	<p>Mainstream midwives have (limited) resource to deliver one to one support. Mainstream professionals are also involved, as appropriate, in multi-agency groups.</p> <p>In general, however, the approach across mainstream midwives, health visitors and nursery nurses is to make referrals to the appropriate agencies.</p>	<p>Some of the work is carried out in partnership, e.g. the vulnerable women's group.</p> <p>The Outreach service is valued, whereby referrals can be made for women or families requiring specific support. Some have suggested that support over a longer period may be useful on occasions.</p>	<p>Providing a point of referral for mainstream services and other organisations.</p> <p>Having the resources to provide specialist, one to one support.</p>

Given that the work under this outcome is concerned with providing a vehicle for information (rather than the impact of the information itself, as this falls under outcomes elsewhere in this report), mainstreaming is a difficult issue. Sure Start are able to provide a package of resources and offer information and advice using a range of mediums suited to individual needs.

Demonstrating the value of this work essentially becomes a question of demand levels and take-up rates. In other words, evidence that people are accessing the information through the various channels available.

Achieve a 6% point reduction in the proportion of mothers who continue to smoke during pregnancy

Service design

Smoking cessation work is provided by means of the following services across both East and Fossway:

- Provision of information and support to parents on smoking cessation in a one to one, 'home setting'
- Promotion of smoking cessation and provision of brief advice during Sure Start registration visits (ante-natal and post-natal)
- Contact and information to postnatal women/parents
- Implementation of the ante-natal strategy with associated information and support
- Contribute to the development of a citywide strategy

Key outputs for these activities are:

- Smoking cessation information provided to parents (ante-natal and post-natal)
- Parents supported to give up smoking
- Strategic development work

Community Health Team

The CHT work very closely with the mainstream Smoking Cessation Specialist Midwife (SCSM), who works with ante-natal women across the City who have decided to try and stop smoking. This service includes the families, partners and other close companions of the pregnant women with a view to ensuring a smoke-free environment for the baby. 3 members of the CHT have been trained to give intermediate advice (i.e. provide support during the quitting process) and the SCSM is able to refer those women living in the East and Fossway area to these workers for a programme of one to one, in-home support. Only those women (and families) who have expressed an interest in quitting are referred. Informal and regular contact between the team and the SCSM aims to ensure that there is no duplication of effort and that the services provided by the CHT are complementary, making use of the same smoking cessation model.

The smoking cessation support provided by the CHT is available by a number of routes, not just through the SCSM. Overall, women and families living in the Sure Start area can access specialist smoking cessation support through:

- Registration visits (ante-natal/post-natal)
- Via the Sure Start midwife
- Via the SCSM
- Dad's group
- Specific support to Dad's who are giving up
- Vulnerable women's group
- Through pro-active contact and information provision in the post-natal period

- Through wider contact with any member of the Sure Start team or in response to Sure Start literature and materials (e.g. ‘cycle of change’ coasters)

The CHT have coordinated staff training on smoking cessation throughout the wider Sure Start team. All Sure Start staff who conduct home visits are trained so that they can give ‘brief advice’, which involves initial discussions around quitting but does not include actual support during the quitting process.

The CHT use established literature (e.g. Department of Health leaflets) and models in order to implement smoking cessation activity. This ensures consistency with the messages and approaches used by other health professionals, in particular that adopted by the SCSM. Following an unsuccessful pilot of smoking cessation in a group setting, the CHT focuses their support activities on one-to-one work. This normally takes place over an 8 week period with around 6 visits in total. Visits focus on building up a relationship with the person trying to quit, giving support/advice, monitoring and motivating progress and facilitating access to prescriptions for relevant nicotine replacement therapies.

Family Support and Outreach

In Fossway, smoking cessation is also one of a range of issues that can be addressed in the newly established vulnerable women’s group, which has been established at the St Martins Centre. This group, led by the Family Support and Outreach team will provide services for women who are identified as vulnerable due to issues such as domestic violence or substance misuse and will be supported by a range of professionals from different service areas. Women are referred to the group and attend on a ‘drop in’ basis, which means that the format is relatively unstructured with staff able to respond to whatever issues arise.

FS&O workers are also able to give brief advice to parents who are smokers and, where required, refer these on to members of the CHT qualified to give intermediate support.

Outcome measures and targets

Achieve a 6% point reduction in the proportion of mothers who continue to smoke during pregnancy

Whilst the specific Sure Start target in this area refers to reducing the proportion of women who continue to smoke during pregnancy, monitoring is not carried out at this level. The Department of Health require statistics that demonstrate the proportion of women who, having set a quit date, have succeeded in quitting for 4 weeks. As such, all existing monitoring is based around this measure, which is distinctly different to this outcome in a number of ways:

- Data refers to all people worked with, not just pregnant women
- People who resume smoking after 4 weeks are not identified and hence counted as successful quitters

- Only those women who have expressed an interest in quitting and have gone on to set a quit date are included in the ‘base’ figure (instead of all pregnant women).

In addition to the smoking cessation data collated by the workers, Sure Start also collect smoking data during their registration visit. At this stage, they ask

- Did you smoke before pregnancy?
- Did you smoke during pregnancy?
- Did you smoke after pregnancy?

These provide a useful overview of the extent to which smoking is prevalent amongst pregnant women in the area. These figures, however, do not allow Sure Start to monitor the impact of its own specific activities. Trends over time may indicate a degree of success (or otherwise) but it would be difficult to disentangle the effects of the many factors and support options available to these women. Further, when parents are registering a new child (i.e. parents who have already registered with Sure Start and have since had another baby) the Live Link system is not always updated with the new parent information (which would, in any event, overwrite the previous record). This means that smoking behaviour during *each* pregnancy is not collated.

The Sure Start Unit are still clarifying the overall definition and applicability of this outcome and are therefore unable to provide further guidance as to how smoking cessation should be monitored.

Clearly, Sure Start are not the only organisation offering support to pregnant women, with the SCSM working with some women in the area (there is a limit of 4 referrals from the SCSM to Sure Start per quarter) along with GP surgeries and other informal support mechanisms. Whilst there are difficulties in identifying the smoking habits of *all* pregnant women in the area, there are some developments on the horizon that could offer improved monitoring in the future. The RVI are in process of introducing new computer systems that will collect the following from every pregnant woman at the time that they initially book their pregnancies:

- Do you smoke? If No,
 - Have you ever smoked?
 - Have you stopped smoking within the last year?
 - Did you stop more than one year ago?
- Does your partner smoke?

Since July 2004, the RVI have also been routinely collecting and inputting data about whether a woman is smoker at the time she delivers her baby.

The new data should become available in the near future, starting with data for the period July – September 2004. It is not clear, however, whether the ‘smoking on delivery’ data will be matched up to the ‘smoking on booking’ data. If the two data sets are matched up, then it should be possible to query for the number of women who continued to smoke during pregnancy and the proportion who quit during this period. The ‘smoking on delivery’ data on its own would enable the proportion of women who have smoked during pregnancy to be monitored in line with this outcome.

Negotiation would be needed with the RVI to ensure that the data is available at an appropriate geographic level (i.e. to match with Sure Start boundaries).

In any event, however, there is scope for Sure Start to improve its own monitoring systems around those ante-natal women that it works with. This would be particularly useful given that Sure Start are not the only agency who have the potential to impact on the number of pregnant women smoking. Improved in-house monitoring would enable Sure Start to identify its own contribution to this outcome. Ways in which monitoring could be improved include:

- Recording and monitoring, as a distinct subset of the general smoking data held by the smoking cessation workers, the number of people helped to quit who were pregnant at the time
- Following up on women who have achieved a '4 week quit' success to see whether they had maintained this for the remainder of their pregnancy and are hence a 'success' in terms of the specific Sure Start outcome
- Linking the above data to the number of ante-natal women living in the Sure Start area

Monitoring beyond the 4 week marker would be particularly relevant for Sure Start, not only because it matches the desired outcome but also because the wider issue of smoke-free environments cuts across a number of the programme objectives. Sustainability is therefore a key issue.

In April – June 2004, 29% of pregnant women across Newcastle were smoking at the time of booking and this figure is thought to be fairly constant. Smoking levels in the East and Fossway area are, however, distinctly higher. Using data obtained from women who have registered with the East and Fossway Sure Start programme during the period January – August 2004, 57% of women in East were smoking at pregnancy, whilst in Fossway the figure is much higher still, at around 76%.

These percentages can be used to estimate the number of women that Sure Start would need to help quit in order to produce a 6 percentage point reduction.

In January – August 2004 in *EAST*

- Based on the birth rate, it is estimated that there were 184 women booking a pregnancy during this period
- A 57% smoking rate would equate to 105 women
- To reduce the smoking rate to 51% (i.e. by 6 percentage points), 11 women would need to quit and sustain this until delivery of their baby
- This equates to around 4 per quarter

In January – August 2004 in *FOSSWAY*

- Based on the birth rate, it is estimated that there were 79 women booking during this period
- A 76% smoking rate would equate to 60 women

- To reduce the smoking rate to 70% (i.e. by 6 percentage points), 5 women would need to quit and sustain this until delivery of their baby
- This equates to around 2 per quarter

Across East and Fossway, therefore, approximately 6 pregnant women would need to quit each quarter and sustain this for the remainder of their pregnancies in order to achieve a 6 percentage point reduction overall.

The team as a whole are currently dealing with around 4-5 referrals per month (or 12-15 per quarter) across East and Fossway (including those from the SCSM) although not all of these are pregnant women. With a success rate at 4 weeks of around one third, this equates to 4-5 people quitting each quarter for a minimum of 4 weeks. Given that this includes families of pregnant women and that some women may resume smoking during their pregnancy (i.e. after 4 weeks) it is likely that the work of Sure Start alone will not achieve a 6 percentage point reduction in the number of women who continue to smoke during pregnancy. It is important to note, however, that achievement of this target will reflect the combined efforts of a number of agencies. It should also be noted that these statistics do not include women in the area who stop smoking during pregnancy without the direct support of Sure Start (but who nonetheless may be initially motivated by Sure Start advice or material).

Service analysis

In order to analyse the extent to which Sure Start's work is contributing to this outcome, which is shared with other mainstream services operating across the area, it is necessary to look more closely at the range of activities being provided by the team. Of particular relevance to this are the assumptions that underpin the activities that the team have chosen to implement and the success rates that they have experienced through this work. The table overleaf looks more closely at this.

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Provision of smoking cessation information (“brief advice”) at the ante-natal stage</p>	<p>Pregnant women may be open to the suggestion that they should quit</p> <p>The information provided will, in some way, be ‘new’</p> <p>The information provided will be accessible and persuasive</p> <p>The information provided will act as a signpost to support for those who subsequently decide to quit</p>	<p>It is thought that pregnancy can act as an instigator for positive lifestyle changes</p> <p>‘New’ elements may include (1) learning about the impact of smoking on the developing baby, (2) learning about the availability of support via Sure Start, (3) having the information explained in a ‘face to face’ setting</p> <p>Established information sources are used. Sure Start have produced additional material focusing on the ‘cycle of change’ model, which de-stigmatises the position of relapsed smokers</p> <p>Information provided by Sure Start workers will include details of the support available</p> <p>Sure Start material (e.g. coasters) contain contact details for support</p>	<p>Awareness raising to take place at all first contacts between Sure Start and families (East and Fossway)</p> <p>5 pregnant women to attend drop-in for vulnerable women in Fossway each quarter.</p>	<p>All pregnant women given smoking cessation information. 8 pregnant smokers in East and 8 in Fossway offered brief advice in East during Q1 04/05.</p> <p>4 attended drop-in for vulnerable women in Fossway in Q2.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Provision of smoking cessation support on a one-to-one basis, in the home</p>	<p>Support is necessary in order to help smokers quit</p> <p>One to one support is effective</p> <p>The nature of the support provided is effective</p>	<p>It is generally agreed that there is a correlation between the intensity of support and smoking cessation success.</p> <p>Sure Start tried a group approach but this was discontinued as it was not found to be effective. One of the reasons for this was the need to have sufficient numbers of people at the same stages of pregnancy, which proved to be logistically unlikely.</p> <p>An established model is used to guide women and families through smoking cessation, which is flexible enough to take account of individual needs. All staff delivering the support are appropriately trained.</p> <p>Direct support is provided for as long as the person needs it. This is supplemented by the indirect support that is available through the wider Sure Start network, where workers may have contact with their clients through their participation in other Sure Start services</p>	<p>2 new women in Fossway provided support in a home setting each quarter</p> <p>Provide smoking cessation at a family centre in East to 2 pregnant women and 2 others in Q1.</p>	<p>In Q1, 2 postnatal Mums and 1 Dad in Fossway took smoking cessation interventions. In Q2; 3 pregnant women and 2 expectant Dads had home based support.</p> <p>1 pregnant women and 3 other parents attended smoking cessation course in East in Q1; 1 quit at 4 weeks.</p> <p>In Q1, 6 parents in East (including one asylum seeking Mum) took smoking cessation interventions; 4 quit at 4 weeks. Outreach supported a further 4 people. In Q2, 4 out of 7 quit at 4 weeks during antenatal period. A further 9 postnatal parents were supported (6 Mums; 3 Dads). 5 quit at 4 weeks.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
Provision of smoking cessation information at the post-natal stage	Women and families who have not quit prior to the baby's arrival (or who have relapsed) may be open to the suggestion of quitting at this stage	<p>There are additional motivational factors at the post-natal stage relating to the impact of smoking on the child's health.</p> <p>Proactive support at this stage also caters for the needs of 'relapsed smokers' and recognises that quitting is not a conclusive, one-off event.</p> <p>Note that this activity is not directly linked to the outcome, which is concerned with reducing the proportion of mothers who smoke during pregnancy. Nonetheless, smoking cessation for families of young children does, of course, fit with the wider public health agenda and contribute to other Sure Start outcomes (e.g. reducing incidence of lower respiratory infection)</p>	Contact postnatal smokers who have registered with Sure Start and requested advice/information.	<p>3 identified in East and Fossway in Q1 04/05 and targeted with information.</p> <p>6 identified in East and 5 in Fossway Q2 04/05 and targeted with information.</p>
Smoking cessation for Dads via the Dad's group	<i>Discussed under the outcome relating to a reducing in lower respiratory infection</i>			

There is perhaps scope to increase the use of targets within this outcome, linked to the outcome measures suggested earlier. This would enable targets to be considered in the context of this outcome. Additional output targets could be set around the number of people taking the smoking cessation intervention.

The table above shows that the activities being implemented by the team are appropriate and balance the need to provide information and motivation with the provision of effective and ongoing support. The key issue therefore relates to whether the quantity of people reached by these services is sufficient to achieve the 6 percentage point reduction required in the target, which runs over a 3 year period.

In addition to the direct ways of measuring the overall outcome suggested earlier, the following measures should assist Sure Start to demonstrate that they ‘add value’ in this area:

- The number of clients that were (a) referred by the SCSM (b) identified from some other source (*this would help demonstrate that Sure Start are adding value by identifying clients who, for whatever reason, have not been picked up via mainstream services*)
- The average waiting time between referral and first contact with a Sure Start advisor (*this would compare to an average GP waiting time of 6-8 weeks*)
- The percentage of people given brief advice who go on to set a quit date (*i.e. the ‘conversion rate’*)

Although not directly related to this outcome, providing advice and support to postnatal women and Dads clearly links to many of the Sure Start objectives. The evaluation notes that there are no targets in respect of this, nor are postnatal smokers routinely provided with information unless they specifically request this on their registration form.

Mainstreaming

Wider issues, including providing support to post-natal women, families and partners are also included in the following analysis. From a mainstreaming perspective, key elements of this service would be:

- Providing initial advice and smoking cessation information to ante-natal women, post-natal women, Dads and families
- Providing intensive, one to one support to those who have set a quit date

The following table examines the extent to which Sure Start are adding value to existing services.

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>Provision of smoking cessation information at the ante-natal stage</p>	<p>Mainstream community midwives (Newcastle Hospitals Trust) monitor smoking and can provide initial advice. The RVI are also developing computer records of this data.</p> <p>The SCSM is also able to provide advice to women who have expressed an interest in quitting during pregnancy.</p> <p>All pregnant women and partners who smoke must be provided with information about the risks and support available.</p>	<p>The community midwives are trained to give initial advice to pregnant women who are smoking and to ask relevant questions. Their role stops short, however, of seeking to ‘persuade’ a pregnant women to quit smoking if it is clear that they are not interested in doing so.</p> <p>Women interested in quitting are referred to the SCSM for further advice but there is a degree of attrition at this stage. During Sept 03 – March 04, approximately 1/3 declined further advice and only 40% went on to set a quit date.</p>	<p>Via the ante-natal visits carried out by the CHT, Sure Start provide a ‘back up’ to the information given by the community midwives. CHT and FS&O team members also meet women at a different stage in their pregnancies, and hence offer a further opportunity for them to obtain support.</p> <p>The SCSM relies on Sure Start to make contact with pregnant women who she refers. Without this, insufficient resources would exist for all demand to be met. Being able to refer women to Sure Start ensures a faster response and thus reduces the risk that the women will have changed her mind by the time she has been contacted.</p>	<p>The SCSM can make up to 4 referrals to Sure Start per quarter, thus enabling a faster response and easing the resource burden. In cases that eventually lead to a successful outcome, earlier intervention through these enhanced resources ultimately reduces the period of time that the unborn baby is exposed to smoke and hence limits any damage caused.</p> <p>Sure Start ante-natal visits provide a further opportunity for advice to be given to pregnant women who are still smoking.</p>

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>Provision of smoking cessation support to post-natal women, families and partners, primarily on a one-to-one basis, in the home</p>	<p>Health Visitors and Practice Nurses currently do this to a limited extent within their wider public health role and visits to post natal women (PCT)</p> <p>The Smoking Cessation Specialist Midwife (SCSM; NHS Stop Smoking Service,) has a citywide remit, giving this type of support to pregnant women and those in their close proximity who have decided to quit.</p> <p>The NHS Stop Smoking Service has targets for the number of 4 week quitters across each SHA area; achievement of targets forms part of the PCT star rating and falls within the health inequalities objective. Local targets have not been set.</p>	<p>Smoking cessation advice is available via GP's surgeries. Success rates are unavailable but likely to be lower due to:</p> <ul style="list-style-type: none"> • Waiting times for appointments (typically 6-8 weeks) and less flexibility over appointment times • All support is surgery based (no home visits) • Shorter appointment times (typically 20 minutes initially then 10 minutes for follow-ups) <p>The SCSM cannot personally support all those who need it. She has refers clients to established contacts including the workers at East and Fossway Sure Start.</p> <p>The SCSM has a 4 week quit rate of around 50% for her own clients in the Walker area (based on 9/03 – 4/04)</p>	<p>GP's surgeries are paid £20 for each person that sets a quit date, regardless of whether they go on to succeed.</p> <p>The Stop Smoking Service see Sure Start as a valuable resource.</p> <p>A good partnership has been developed.</p>	<p>Sure Start implement support quickly, building upon a persons motivation to quit without delay and increasing the likelihood of success <i>during</i> pregnancy.</p> <p>It is generally understood that intensive support correlates to a greater likelihood of success.</p> <p>Flexibility over appointment times, meeting local need, and longer appointments (typically 1 hour initially then 30 minutes for follow-ups) enabling a fuller discussion/greater motivation.</p> <p>Sure Start also picks up clients from a number of other sources, thus increasing the number of women and families supported. Clients who are identified at a later stage by a Sure Start worker are generally people who have not responded to mainstream smoking cessation services (e.g. midwives or health visitors).</p>

Mainstreaming the specialist smoking cessation support provided by the Sure Start workers is largely a resource issue, although it is important to also recognise the capacity that Sure Start has to identify clients in the first place. The Stop Smoking service would be unable to meet levels of demand and thus rely on Sure Start in order to maintain a responsive service. Alternatives would be a greater use of services available at GP's surgeries but these are generally regarded as less effective at meeting local needs. In terms of the specific outcome of helping pregnant women to stop smoking during their pregnancy, it is likely that waiting times at GP's surgeries would be too long.

Whilst systems are in place to monitor smoking cessation work carried out within Sure Start, these do not currently address the specific outcome that this work is intended to achieve. Because statistics are not collated from clients after the end of 4 weeks following their quit date, Sure Start do not know whether women are still smoking at the end of their pregnancies which is the definition inferred from the outcome. However, in terms of demonstrating an impact on the wider PCT target of increasing the number of 4 week quitters, Sure Start is in a position to demonstrate its contribution.

An increase in the proportion of babies and young children aged 0-5 with normal levels of personal, social and emotional development for their age

Service design

This outcome is delivered by the same general approach across East and Fossway, although there are some variations due to the availability of venues and local need.

Across both East and Fossway, this outcome is addressed through:

- Weekly parents group
- Befriending scheme
- Developmental work with asylum seeking families
- One to one baby massage
- Baby massage groups
- Baby Social
- Supporting families to develop routines
- Linking families to local groups to help them establish routines etc
- Waterbabies
- Together we're special play session
- Freedom programme
- Raise parental awareness of normal levels of development

Additional activities in East are:

- Before words
- Family nurturing parenting group
- Young Mums Group

The CHT or FS&O workers, or a combination of both provides most of the above activities. Some activities, however, have little or no substantial participation from these teams (e.g. the befriending scheme) and hence are not considered further in this part of the evaluation.

Key outputs for these activities are:

- Parents attending the weekly group
- Parents using baby massage
- Parents and babies attending the baby social and baby/toddler play groups
- Families establishing effective daily routines
- Parents and babies attending Waterbabies
- Improved parenting skills through attendance at relevant courses and groups
- Increased parental awareness of normal levels of development
- Domestic violence support

Family Support and Outreach

The FS&O team has a significant input into many of the above activities. Outreach workers provide practical support to individual families through home visits and much of this work is around developing daily routines and parenting skills. This may be extended to include techniques such as baby massage, depending on the needs and interests of the specific family. Support is also provided around wider issues that may be having an indirect impact on the family such as debt or housing issues. Outreach work is provided in accordance with the NCH “Families First” model which has been adopted by the programme. The duration of support varies according to individual need and is subject to review at appropriate intervals.

Referrals to the outreach service come from a range of sources including:

- Health visitors
- Social services
- Midwives
- New birth visits or other Sure Start mediums
- Schools
- Family centres
- Self referrals

Referrals from Social Services are often incorporated into a child protection plan. Whilst involvement with the Outreach workers is always a voluntary arrangement on the part of the families, referrals via Social Services tend to carry more weight with the family concerned.

On occasions, families refer themselves for support. This sometimes happens with families who have been supported in the past who may come back at a later point in time to ask for help. This is thought to be an indicator of success insofar as families feel confident to come back for further advice.

Whilst Outreach work is based in the home, outreach workers may, when appropriate, look towards introducing clients to some of the group based services such as weaning parties, baby first aid or the Dads group. Part of the outreach role involves helping parents to feel confident enough to access these group based activities. Individual work may continue alongside group involvement, depending on the families needs and wishes. In general, however, the target group for outreach work includes the more complex families who are difficult to engage in group work due to specific problems, e.g. mental health, learning difficulties or substance misuse.

Family Support workers tend to have more involvement in the group based services, although there are some overlaps between the roles. In addition to supporting general parenting and play sessions, trained workers are involved in delivering the Freedom Programme. This is an intensive support programme for victims and survivors of domestic violence which is delivered with input from multi-agency partners. The Freedom Programme runs over 10-12 weeks and has been very well received.

Other courses provided by the FS&O team include the Family Nurturing programme which runs over 10 weeks and is aimed at developing parenting skills that help to bring the best out of children.

Community Health Team

The CHT are involved in a range of activities that support this outcome, primarily covering the health aspects of the work. They have taken the lead in developing baby massage skills across the wider Sure Start team (and partners) through coordinating and supporting training opportunities.

The CHT also participate to varying degrees in group activities such as the baby social, where they can attend and advise on a range of health issues that may be of concern or interest to attendees. They have also been coordinating the Waterbabies session at the East End Pool, linking this to the timeline initiative at the 9 month stage and using it as an opportunity to distribute safety packs.

Outcome measures and targets

An increase in the proportion of babies and young children aged 0-5 with normal levels of personal, social and emotional development for their age

This is a difficult outcome to measure. The Sure Start Unit advise that the measure is to be calculated on the basis of the Foundation Stage Profile exercise, which is carried out annually by DfES. Unfortunately, DfES do not produce data specific to Sure Start areas and data at LEA level would reflect a number of factors and thus it would be difficult to discern the impact of an individual Sure Start programme on the overall level of performance. Furthermore, to date, data has only been produced in 'experimental' format by DfES (the 2003 results published in mid 2004) and as such, there is no settled methodology for the calculation.

As such, it would be beneficial for the East and Fossway programme to find other ways of demonstrating its own impact on this outcome. Clearly, any direct measurement would be difficult to achieve so it is therefore important to think through the potential indicators that would indicate progress towards this ultimate goal.

On the assumption that the types of interventions undertaken by Sure Start are appropriate to improving levels of personal, social and emotional development (see Service Analysis below) then the following measures may be useful in demonstrating that the work is likely to result in a contribution to the outcome:

- The proportion of families registered with Sure Start who are actively engaging in services
- The proportion of babies and toddlers registered with Sure Start who are regularly attending relevant activities
- The number of parents helped to develop parenting skills
- Proportion of outreach interventions concluding with a positive result (whereby 'positive result' would need to be defined and agreed)

Family level outcomes, which may include qualitative case studies, would also be a useful supplement to these measures. The evaluation notes that a questionnaire is also being developed to gather regular feedback from client families.

It has been suggested that registrations on the child protection register would also be an indicator of success, although it would be difficult to disentangle the impact of Sure Start workers from other factors. There is a suggestion that the culture within Social Services is moving towards a more cautious approach in the wake of recent public inquiries, which may result in an increase in child protection registrations.

Service analysis

Given that the outcome is so difficult to monitor directly, it is particularly important to examine the underlying ‘theory’ of the programme of activities put together to deliver it. Strong logical linkages need to be in place between the activities and their intended results. The service analysis table overleaf looks at these issues. For the purposes of the evaluation, the activities carried out in furtherance of this outcome are grouped as follows:

- Social groups for parents and children, e.g. baby social, play and stay, waterbabies, “together we’re special”
- Parental support groups and parenting skills courses
- Baby massage
- Focused, individual support to families
- Specialist support around wider issues such as domestic violence and substance misuse

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Social groups for parents and children, e.g. baby social, stay and play, waterbabies, “together we’re special”</p>	<p>Organised social groups for families provide a ready forum for other interventions or advice. Groups provide an opportunity for parents to seek advice</p> <p>Parents and children can participate in play and other activities together, thus helping attachment and parenting skills</p> <p>Social networks can be formed that can be helpful for parents</p> <p>Attendees involve some children who are at risk of below normal levels of development</p>	<p>Established groups are often used as a medium for providing further advice/services. Trained workers are able to pick up on potential needs. Specialist support can be accessed via the group/referrals. Groups and activities are often linked, e.g. moving from baby massage to baby social; first aid courses offered to existing groups.</p> <p>Stay and play sessions are designed to encourage parental involvement.</p> <p>Some suggest that groups can become cliquey; workers are helping new parents feel comfortable in taking part.</p> <p>The user satisfaction survey found 41.7% of respondents found services for parents/carers ‘mostly’ easy to find out about; 47.3% found them ‘mostly’ offering relevant support.</p> <p>Sessions are not targeted at specific children. It is not known if children attending are at risk of poor development.</p>	<p>4-6 parents to attend baby massage groups in Q1 and Q2 in East and in Fossway. 6 parents attending an infant massage course in Fossway each quarter.</p> <p>15 parents from East and Fossway to regularly attend waterbabies sessions during Q2.</p> <p>4 families from East and 5 from Fossway attending “together we’re special” in Q2.</p> <p>6 families from Fossway attending baby social at Walkergate Early Years in Q1; increase to 8-10 in Q2.</p> <p>6 families from Fossway attending baby social at St Martins in Q2.</p> <p>4-6 parents from Fossway to attend baby/toddler group in St Martins in Q1; 8 in Q2.</p>	<p>20 attendances at baby massage in Fossway in Q1; 4 from East. 16 parents from East, 25 from Fossway attended sessions in Q2.</p> <p>6 adults (7 ch) from Fossway, 18 adults (15 ch) from East attended waterbabies in Q1. 27 families from East, 20 from Fossway in Q2.</p> <p>1 family from East and 1 from Fossway registered in Q2 for “together we’re special”.</p> <p>6-8 parents attending West Walker baby social each week. 8 from Fossway attended W’gate EY group in Q2 and 6 attended St Martins.</p> <p>10 families registered for St Martins toddler group by Q2.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Parental support groups and parenting skills courses</p>	<p>Courses are targeted at parents who, through their parenting style, are exposing their children to the risk of below normal levels of development</p> <p>Social networks can be formed that can be helpful for parents</p> <p>Raising awareness of normal levels of development will have a positive influence on parenting and help ensure parents seek advice and guidance when needed.</p>	<p>Courses are not specifically targeted but workers can use their knowledge of, and relationship with, families to promote courses that may be suited to their needs. Furthermore, partners (e.g. Social Services) are used to identify attendees.</p> <p>Courses may be individually evaluated but further research would be needed after a suitable period of time in order to examine impact and any longer term outcomes.</p> <p>The impact of raising awareness of normal levels of development is unquantified. Work is due to be evaluated in quarter 4.</p>	<p>5 parents from Fossway and 5 from East to attend weekly parents group.</p> <p>Identify 10 parents from Fossway in Q2 to attend mellow parenting course.</p> <p>7 parents from East to take family nurturing course in Q1.</p> <p>8 referrals from Fossway to be received in Q1 with 4 supported individually and 3 linked to centre. Increase to 20 referrals in Q2.</p> <p>15 referrals from East to be received in Q1 and Q2 with 4 supported individually and 3 linked to centre.</p>	<p>5 parents from East and Fossway attended in Q2.</p> <p>Social Services are responsible for identifying attendees for the mellow parenting course.</p> <p>4 families from East took the family nurturing course in Q1.</p> <p>Target “achieved” in Fossway in Q1. 12 referrals in Q2.</p> <p>Target “achieved” in East in Q1 with 8 families linked to services.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
Baby massage	<p>Baby massage can improve infant attachment and hence impact on levels of social and emotional development.</p> <p>Participants involve some children who are at risk of below normal levels of development</p>	<p>Baby massage is generally recognised as helping to develop attachment and bonding, with subsequent linkages to personal, social and emotional development.</p> <p>Outreach workers, who are often in contact with complex families, can offer one to one baby massage and hence help to ensure that it is targeted at children at risk of below normal levels of development.</p>	<p>4-6 parents to attend baby massage groups in Q1 and Q2 in East and in Fossway. 6 parents attending an infant massage course in Fossway each quarter.</p> <p>2 families from Fossway and 2 from East to have one to one baby massage sessions each quarter.</p>	<p>20 attendances at baby massage in Fossway in Q1; 4 from East. 16 parents from East, 25 from Fossway attended sessions in Q2.</p> <p>In Q1, Sure Start provided individual massage to 2 families in East with a further 3 families supported via PCT staff. Target “achieved” in Fossway in Q1.</p> <p>1 family from East and 1 from Fossway had individual baby massage in Q2.</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
<p>Focused, individual support to families</p>	<p>Individual support can be targeted at families where the children are at risk of below normal levels of development.</p> <p>Support can be provided in areas which will have a positive impact on the child's development</p>	<p>Referrals are often made to the Sure Start service via other professionals who have identified grounds for concern, e.g. health visitors, midwives, social workers, schools. Social Services may refer families as part of a child protection plan.</p> <p>Support to establish daily routines can be used to facilitate child development.</p> <p>Support is flexible and tailored to the individual needs of the family and can cover a range of issues. This includes issues that may have a direct impact on the child's development (e.g. play, parenting skills) or an indirect impact (e.g. wider problems in the family such as debt or housing issues).</p> <p>The January 2004 evaluation was very positive about the outreach service.</p>	<p>Work with 10 families in East and 10 in Fossway on a one to one basis in Q1. Signpost 3 families in East and 3 in Fossway to local services in Q2.</p> <p>4 additional families in East and 4 in Fossway supported to establish daily routines each quarter.</p> <p>Accept 8 referrals from Health Visitors and Social Workers each quarter in East. No numerical target set in Fossway, but referrals to be accepted each quarter.</p>	<p>In Fossway in Q1, numbers not specifically reported but 20 ante-natal women given information about development and daily routines. In Q1, outreach supported 20 families with development and daily routines.</p> <p>Target "achieved" in East in Q1 and Q2. 4 families supported in Q2 in Fossway.</p> <p>6 new referrals and 4 re-referrals in East in Q2. Referrals accepted in Fossway (numbers not reported).</p>

Brief description of activity area	Underlying assumptions that enable the activity to be linked to the outcome	Evidence base and issues	Target(s)	Performance
Specialist support around wider issues such as domestic violence and substance misuse	<p>Social issues in the home environment can have an impact on a child's development.</p> <p>A child's own experiences of parenthood may impact on their own future parenting style.</p> <p>Sure Start can identify and attract participants.</p>	<p>These principles are generally well recognised.</p> <p>Referrals are received from a range of partners including the police, social services and family centres. Relationships built up between Sure Start workers and women during home visits can also lead to issues such as domestic violence being discussed in confidence.</p> <p>Participants are not strictly linked to the Sure Start target group. For example, women with older children may take part.</p>	Freedom Programme to be offered in Q2 for 6 parents from Fossway and 6 from East.	First course ran in Q2.

A range of activities is therefore being implemented in order to impact on levels of personal, social and emotional development in children across the area. The assumptions that underpin the work being carried out are generally well understood. Local venues are used to aid access and participation.

The outreach service is particularly well regarded and provides an important service to those who would not otherwise access group based services. As these tend to be the families with the most complex needs, whose children are perhaps at greater risk of poor development, the one to one work carried out by FS&O is particularly important to the achievement of this outcome.

Baby massage has been particularly successful and is now being delivered by some mainstream workers who have been trained with the assistance of Sure Start. The number of families being reached by these workers is over and above those reported via the programmes quarterly monitoring reports. Performance is generally on track and in line with the targets set in the annual plan.

Mainstreaming

From a mainstreaming perspective, key elements of this service would be:

- Social groups for parents and children (e.g. baby social, play and stay, waterbabies, “together we’re special”), parental support groups, parenting skills courses and baby massage
- Focused, individual support to families
- Specialist support around wider issues such as domestic violence and substance misuse

The following table examines the extent to which Sure Start are adding value to existing services.

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>Social groups for parents and children (e.g. baby social, play and stay, waterbabies, “together we’re special”), parental support groups, parenting skills courses and baby massage</p>	<p>Health Visitors and Nursery Nurses (PCT). The NSF for Children, Young People and Maternity Services: Identifies that poor outcomes in disadvantaged areas reflect low take-up of ante-natal and post-natal support (p.11, part 3)</p> <p>Health Visitors and Nursery Nurses (PCT) are becoming involved in baby massage work. The wider outcome of infant attachment cuts across the public health agenda and is also relevant to preventative work that has the potential to reduce demand for Social Services interventions.</p>	<p>Mainstream workers, in particular Nursery Nurses, are involved in establishing and running relevant local groups.</p> <p>Many of the groups and services are provided by, or in conjunction with, mainstream workers, e.g. baby socials and baby massage.</p>	<p>Many of the groups and services are provided by, or in conjunction with, mainstream workers, e.g. baby socials and baby massage.</p> <p>Baby massage training has been well received amongst mainstream workers, many of whom now incorporate this into their practices.</p> <p>Social Services find baby massage a useful resource for families where there is no goal of reunification, particularly as an activity that can be used during contact time.</p>	<p>Baby socials and toddler groups are the two most popular services, based on the data gathered on the registration forms.</p> <p>Sure Start are in a position to link services together and attract parents via new birth visits, support via Family Support workers, targeted mail outs and relationship building with workers.</p> <p>The user satisfaction survey found:</p> <ul style="list-style-type: none"> • 47.3% of respondents were ‘mostly’ satisfied with services for parents and carers • 67.5% were ‘mostly’ satisfied with play and learn services • 59.0% thought that the services offered ‘mostly’ relevant support • 56.3% were ‘mostly’/‘sometimes’ satisfied with family support <p>The January 2004 evaluation found high levels of satisfaction amongst users of the baby social and parent/toddler groups.</p>

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
<p>Focused, individual support to families</p>	<p>Social Work Assistants (Social Services) and, where appropriate, Nursery Nurses (PCT) are able to provide support to families on an individual basis.</p> <p>Social Services targets generally focus on child protection outcomes and registrations on the child protection register. Referrals to Sure Start tend to occur before this stage. The inclusion of “safeguarding children” in the Childrens Bill has the potential for Social Services to take a broader remit, but low resources may prevent this in practice.</p>	<p>Social Services has its own Family Support service and employs Social Work Assistants who can provide support. This service generally works with families who are looking to be reunified.</p> <p>Social Workers carry out assessments.</p> <p>Practice based Nursery Nurses are often used to provide one to one support.</p>	<p>Feedback from mainstream workers is positive. Some have asked for longer term support.</p> <p>Most referrals come from word of mouth.</p> <p>Social Services see Sure Start as being able to work on the broader social and community factors which have the potential to reduce problems in the long term.</p>	<p>Sure Start are able to provide advice and support on a wide range of issues (i.e broader than health) and have developed relevant knowledge and expertise.</p> <p>Work with Sure Start is voluntary and hence thought to be less stigmatised (and, for the family, less risk laden) than accessing support via mainstream services, in particular Social Services.</p> <p>Sure Start are able to offer a flexible programme of support.</p> <p>The Sure Start services is seen as more holistic and, to some extent, a combination of the roles of the Nursery Nurse and a Social Work Assistant.</p> <p>Sure Start are able to help integrate families into group based services.</p> <p>Sure Start are sometimes used to help families who have been taken off the child protection register stay off this.</p> <p>Sure Start can provide additional resources where Nursery Nurses are unavailable to meet the demand from mainstream midwives and health visitors.</p> <p>Sure Start workers can offer specific skills such as baby massage.</p>

Activity area	Organisation and related outcomes	What is this organisation doing to achieve the outcome and how successful is this?	How does this organisation perceive the Sure Start service	In what way does Sure Start add value?
Specialist support around wider issues such as domestic violence and substance misuse		<i>Support around issues such as domestic violence is generally provided on a multi-agency basis, involving partners such as the police, Womens Aid and other organisations.</i>		<p>Sure Start are able to assist women with young children to access support.</p> <p>Sure Start has good links to Women's Aid.</p> <p>Sure Start can be used to visit families new to the area to help them to access relevant services.</p>

From a mainstreaming point of view, this area of work is carried out alongside a range of other professionals. It is important for Sure Start to be able to identify and promote its specialisms, which include:

- Specialist skills, e.g. baby massage
- Resources
- Linkages to other services, which has the potential to help families access other groups and support networks
- Provision of a 'package' of services that are provided by multi-skilled workers with whom relationships can be built
- Ability to work proactively and reduce longer term demand for more intensive interventions from Social Services
- Independence from other agencies and hence their ability to secure positive engagement from families
- The involvement of service users

The monitoring indicators suggested in the 'outcomes' section above may be helpful in demonstrating how Sure Start is contributing to the wider outcome in terms of personal, social and emotional development. Work has already been done to involve mainstream workers in the provision of some of the family/group based services and the evaluation notes that this work is ongoing. The establishment of outreach workers responded to a shortage of referral sources for one to one support. Success in other areas of the programmes activities is unlikely to reduce the demand for this level of support in the future.

Conclusions

Conclusions to this part of the evaluation are set out below, in relation to:

- Live link
- Performance management
- Mainstreaming and delivery of outcomes
- Achievement of outcomes

Live Link

The Live Link system is a valuable resource for the programme and the evaluation has been able to obtain some useful information from it. Nonetheless, the programme may wish to consider the following observations and findings:

- There is potential for the programme to make more use of the Live Link resource, as there is a huge wealth of data that would reveal a lot about families in the area and help with:
 - Service planning (re usage levels, usage patterns, service preferences)
 - Outcome measures, e.g. service engagement, trends for different types of families
- At present, it is difficult to query data on an ad-hoc basis, with external support needed in order to create new reports. It may be worth considering whether the raw data could be provided on a monthly or quarterly basis and imported locally into something more bespoke, e.g. Access. This would give the programme independent control and greater flexibility over querying the data and producing reports.
- There are some problems with data accuracy, with variation in completion/update rates for some of the fields
- There appears to be a need for protocols to ensure data quality on issues such as updating parents records when they register a second/subsequent baby in order to ensure a consistent approach, e.g. whether data on smoking and breastfeeding from the earlier pregnancy is overwritten with data from the most recent pregnancy or stored separately (so that historical data queries remain valid and the figures do not change depending on when the query was executed).

Performance Management

There is a clear commitment to performance management across the programme and understanding is shared throughout all levels of staff. There is a shared understanding of programme goals, reporting processes and how the work of each member of staff fits into the wider plan.

The programme may wish to consider the following observations and findings:

Quarterly reports

- Quarterly reports are a very good system for monitoring milestones and outputs and for presenting a mix of quantitative and qualitative information.
- Quantitative measures and targets are not, however, presented in a way that enables trends to be monitored. There is scope to use a more tabular approach, showing all key performance indicators and related output targets for the programme. Figures could be added to every quarter, enabling trends to be identified 'at a glance'.

Measures and targets

- The high level outcomes generally include or infer a quantitative outcome target but these are not directly monitored, generally due to the unavailability of data
- The Sure Start Unit acknowledges that the outcome measures are difficult to monitor. Further, the Unit has reduced their own requirements in relation to reporting from local programmes. This gives local programmes greater freedom to establish their own frameworks and systems.
- Output data (generally take-up or delivery rates) shows that activity is taking place. There is scope to put this activity into a wider context through the incorporation of more meaningful performance measures.
- Where it is not possible to access data to show whether long-term outcomes have been achieved, there is scope for more short-term outcome/impact measure to be used. Suggested measures are included in relation to each outcome below.
- There is scope for ad-hoc research to help test and evidence the programme theory, e.g. whether healthy eating practices are followed up in the home, demand issues for local parentcraft classes

Data collection

- Much of the data required by the programme needs to come from mainstream services, e.g. health visitors. Some have asked for greater forward planning on future data collection requirements. This may enable mainstream worker to develop systems can be implemented to collect data on an ongoing basis.

Mainstreaming and delivery of outcomes

The evaluation initially hoped to identify shared targets and outcomes between Sure Start and local mainstream services, with a view to comparing performance levels. However, local mainstream services are not working towards stated targets and objectives at such a level of detail. It has therefore not been possible to obtain data from partners and undertake comparisons:

- Key partners and mainstreaming 'targets' (e.g. PCT, Social Services) are not working in a performance driven framework to the extent that there are specific objectives and targets relevant to these areas of work
- Where national targets are being worked towards, these have not been broken down to a local level (other than saying that all geographic areas are working towards the national target level)

- Data of relevance to Sure Start themes is not being collected in a systematic way that would enable comparisons to be made between performance levels other than in specific areas such as smoking cessation (4 week quitters)

Achievement of Outcomes – All families with newborn babies visited in the first 2 months of the baby’s life and given information about the services and support available to them

Achievement of outcome:

- There is work to be done to ensure that Health Visitors are following the agreed system whereby they introduce families to Sure Start and return forms indicating whether they request a visit. The evaluation notes that work is being done to address this. Current return rates are 46% in East and 58% in Fossway.
- Whilst the back-up system of placing children with no matching form into a target group does not guarantee that they will be visited within the first 2 months of the baby’s life, it does ensure that all children in the area are targeted with relevant information during the early months.
- 86% of families visited go on to register with the programme

Service design:

- This part of the evaluation looked at engagement issues, i.e. whether visiting families and providing information about services and support is effective in ensuring their subsequent engagement.
- The evaluation notes that whilst there is difficulty in formally identifying ‘hard to reach’ families, informal systems are in place through communication with mainstream workers. Referral processes that are used elsewhere in the programme also identify families who may benefit from additional support.
- Using a ‘familiar face’ approach appears to be effective in encouraging new parents to attend relevant groups such as baby social or baby massage, although this is not quantified and dependent on the families needs
- Work with Dads is ongoing and clearly of value. It is acknowledged that progress in this area is slow. There is scope for better monitoring of Dads participation and interests via the Live Link system that may enable progress to be tracked in a more formalised way.
- In East during the period May 03 – Nov 04, 50.5% of children accessed a service within 3 months of registration, whilst in Fossway the figure was 41.4%. The equivalent data for parental involvement is not available but would be useful given the range of services targeted at parents.
- There is scope for additional indicators to be used to monitor overall impact and progress under this objective. These include
 - % of registered families (excluding single parent families) where both parents have registered with Sure Start
 - % of families where Dad has registered with Sure Start (this may need to take account of the number of families where there is a Dad or partner involved with the child).

- % of families who, following introduction by the Health Visitor, (a) request a visit from Sure Start; (b) request information to be sent via the post; (c) decline Sure Start involvement.
- Of those families who register, the % of (a) children; (b) adults who access Sure Start services within 3 months of registration
- Of those families who register, the % of (a) children; (b) adults who do not go on to access any services within a specified period
- % of asylum seeking families who register with Sure Start

Mainstreaming:

- Sure Start are able to give specific focus to providing information and support to families at an early stage
- Levels of interest in having a home visit are high (73%-79%)
- Data on subsequent take up rates would enable Sure Start to further demonstrate the impact of its work. An 86% registration rate is an indicator of success but levels of subsequent engagement would also be highly relevant.
- Collecting and storing data on service preferences as part of the registration process is of particular value in terms of service planning and ensuring that parents receive information about activities that are of interest to them. Across the two programmes, an initial return rate from health visitors of 46%-58% with 73%-79% of families requesting a home visit and 86% of visits resulting in registration equates to data being collected from 29%-39% of families with new babies in the area.
- There is widespread scope to further develop the work with Dads, with no other mainstream service providing any similar services. The evaluation notes that Sure Start are continuing to look at ways of improving services for Dads and facilitating better engagement.

Achievement of Outcomes – Ante-natal advice and support available to all pregnant women and their families

Achievement of outcome:

- Taking the outcome on face value, all pregnant women and their families in the area are able to access ante-natal advice and support
- Broadening the outcome to cover advice and support “in a format that is suitable to individual needs”, work is being done to achieve this.
- For some women, the mainstream support is sufficient for their needs and/or their needs are lesser due to their previous experiences of pregnancy. Sure Start target their work at women whose needs are not met by mainstream services, which means that they are primarily targeting a subset of pregnant women. Notwithstanding this, all pregnant women in the area are told about Sure Start and given the opportunity to discuss their needs with them.
- It is difficult to use existing data to identify the proportion of pregnant women overall who have some engagement with Sure Start during their pregnancies.
- There is scope for more relevant statistics to be collated and reported on a regular basis in order to demonstrate impact and overall trends. This includes monitoring the percentage of pregnant women who (a) receive home visits from the Sure Start midwife; (b) who received ante-natal education on an individual basis in the

home; (c) who were provided with other support from Sure Start (e.g. smoking cessation, outreach etc). Given that different procedures exist for first time Mums to be, it would be appropriate to monitor these statistics separately for women having their first babies and women having second/subsequent babies.

Service design:

- The underlying procedures and systems that are in place to access new pregnant women appear to be working well. The programme midwife has implemented systems to cross-check the data she receives from locality midwives across the area and has developed good working relationships.
- The processes for accessing women having their second or subsequent babies (a leaflet included in the booking pack) is relatively new and as yet, has not yielded many responses. It is not known whether this reflects lower service needs across this group; further research would be required to examine this further.
- The concepts that underpin service design, particularly around whether local women would access group-based parentcraft, are well supported by professionals working in the area. Further research would enable these perceptions to be tested and quantified.
- Specific support is provided to vulnerable women, whose needs are usually initially identified through the mainstream service and referred to Sure Start as appropriate.
- There is scope for additional indicators to be used to monitor overall impact and progress under this objective. These include
 - % of ante-natal women reached who go on to register with Sure Start (a) during their pregnancy; (b) after their baby is born
 - % of women who register with Sure Start during their pregnancy who go on to register their child after it is born
 - Of those women who register with Sure Start during their pregnancy, the % who go on to access (a) ante-natal services through Sure Start; (b) any services through Sure Start within 12 months of registration
 - % of women *pregnant with their first baby* who (a) received home visits from the Sure Start midwife; (b) who received ante-natal education on an individual basis in the home; (c) who were provided with other support via Sure Start.
 - % of women *pregnant with their second (or subsequent) baby* who (a) received home visits from the Sure Start midwife; (b) who received ante-natal education on an individual basis in the home; (c) who were provided with other support via Sure Start.

Mainstreaming:

- Mainstreaming of this service is seen largely as a resource issue, with the programme being able to provide intensive support on a one to one basis where needed in order to meet local need.
- If quantitative research can be carried out to illustrate the need for antenatal education on an individual basis, then Sure Start will be in a better position to formally evidence that it is meeting an otherwise unmet need.

Achievement of Outcomes – Reduce by 10% the number of children aged 0-4 admitted to hospital as an emergency with gastroenteritis, lower respiratory infection or a severe injury

Achievement of outcome:

- Data is not available to monitor this outcome directly. In any event, however, it is likely that the work being carried out to support this outcome will not, in many cases, have an *immediate* impact on the outcome. Longer timescales would be required in order to observe any real impact.
- Shorter term outcome measures may therefore be useful. This would include:
 - Smoking cessation rates
 - Breastfeeding rates
 - Attendance at interventions such as weaning parties and family breakfasts, calculated in such a way as to illustrate the extent to which families are being reached
 - Usage levels for items contained in the timeline gift packs
 - Research to assess the impact of nutritional and weaning interventions in terms of any resultant changes in the home

Service design:

- The programme is, in general, exceeding its targets for reaching pregnant women and families with relevant information, equipment and advice
- The underlying assumptions that link the activities and interventions to the outcome are not formally evidenced; in particular, the extent to which advice is being followed is not known. The evaluation does not doubt that the overall package of services being provided is appropriate. However, there is scope to further examine the extent to which they are having an impact within families, which may reflect the effectiveness of the *way* in which services are provided and/or accessed.
- Interventions are not, in general, specifically targeted at children who are at particular risk of future hospital admissions. All children in the area are deemed to be at risk and hence a widespread approach has been adopted. It is therefore important for the programme to be able to demonstrate the extent to which all children in the area are being reached:
 - Head thermometers and the bottle-to-cup interventions are very successful in reaching the target group.
 - Attendance at weaning parties is relatively low, but the evaluation notes that weaning information is provided in other formats (e.g. through the timeline gift packs and the mainstream health visitors)
- It is difficult to identify further measures that would be useful in demonstrating impact, other than expressing the number of participants at the various initiatives as a percentage of the overall potential target group (i.e. showing the extent of coverage across families in the area).

Mainstreaming:

- Much progress has been made in mainstreaming the activities carried out in support of this outcome. The programme has largely secured the cooperation of mainstream health visitors in relation to the timeline initiative. The programme has also been able to provide training resources in order to facilitate the provision of additional services (e.g. first aid) by mainstream workers.
- A key service being provided by Sure Start in respect of this work is storage of the timeline gift packs. For the service to be fully mainstreamed, a solution to the storage issue would need to be found.
- Assessing usage and impact over time is the key issue in demonstrating the value that this work has on achieving the overall outcome.

Achievement of Outcomes – Information on breastfeeding, nutrition, hygiene and safety available to all families with young children

Achievement of outcome:

- Taking the outcome on face value, information and guidance on breastfeeding, nutrition, hygiene and safety are being made available to all families with young children in the area. To this extent, therefore, the programme is achieving its objective.
- Broadening the outcome to cover information and guidance that is accessible, easy to find out about and, ultimately, actually *accessed* by local families, work is being done to achieve this:
 - A range of activities are available covering these topics
 - Individual evaluations and participatory appraisal work underpins the work being done, which strengthens the rationale behind the work being done
 - Work is targeted, not only at families who have registered with Sure Start, but with all families with children of an appropriate age
- Targets for the number of families actually accessing services are relatively small, although these have been developed in consultation with partners and are thought to be realistic. The extent to which supply meets demand is not formally monitored, although in many cases there are no upper limits on the number of people who can attend activities.
- There is scope to monitor breastfeeding rates in connection with the work being carried out under this outcome.

Service design:

- The overall design of the services provided within this outcome appears to have a sound rationale and be well evidenced where appropriate.
- Sessions are generally demand led
- Use is made of evaluation and participatory appraisal techniques to ensure that services are designed to meet local need and that continuous improvements are achieved
- Group work is supported by the option of outreach/individual work where needed
- The Sure Start registration process enables information to be collected that can later be used to ensure that parents find out about services relevant to their interests and needs

Mainstreaming:

- Mainstreaming the work being carried out by the team in this area, primarily the vehicle for accessing and reaching local people, is a difficult issue.
- A key benefit of the work is the existence of a package of support measures and information sources.
- Demonstrating the value of this work is essentially an issue of demand levels and take-up rates.

Achievement of Outcomes – Achieve a 6% point reduction in the proportion of mothers who continue to smoke during pregnancy

Achievement of outcome:

- Sure Start are carrying out intensive work in order to support all family members to stop smoking, not just pregnant women
- Monitoring focuses on “4 week quitters” which matches the Department of Health targets and data collection requirements. This does not, however, match the requirements of the outcome.
- The data collected by Sure Start at new birth visits (by Sure Start or by the Health Worker) focuses on smoking habits before, during and after pregnancy. Whilst this data will be useful in monitoring overall trends, it does not enable Sure Start to identify its own impact on achieving this outcome; some of the women being asked will have had no previous involvement with Sure Start or who have quit via some other means.
- The RVI are implementing improved systems that will monitor smoking habits amongst women who have just delivered a baby. Better data may therefore be available in the future. Again, however, this will not be able to demonstrate the impact that the programme has had on any overall trends, as it will include women with no prior involvement with Sure Start or who have quit via some other means.
- There is scope for Sure Start to improve its own monitoring systems around those ante-natal women that it works with, so that it can demonstrate its own impact on this specific outcome. This would involve tracking women beyond the 4 week stage to see whether they have continued to stop smoking up to the point of delivery.
- In order to achieve a 6% point reduction, Sure Start needs to be helping 4 pregnant smokers in East and 2 pregnant smokers in Fossway to quit (and sustain this during the remainder of their pregnancy) each quarter. The evaluation acknowledges that this is a target, which the programme can work towards over time.

Service design:

- The service is very well designed and there are excellent links in place with the citywide Stop Smoking Service and the Smoking Cessation Specialist Midwife
- Several team members have been trained to give brief advice (which can lead to people deciding to quit) and intermediate advice/support (to support people as they attempt to quit).
- One to one support is offered; the programme has tried group work and found this to be unsuitable.

- Work is also done with wider family members and also at the post-natal stage (this links to other health outcomes within the programme but is not directly relevant to the ante-natal outcome).
- In addition to direct monitoring using the wording of the outcome, some additional measure may also be useful:
 - The number of clients that were (a) referred by the SCSM (b) identified from some other source (*this would help demonstrate that Sure Start are adding value by identifying clients who, for whatever reason, have not been picked up via mainstream services*)
 - The average waiting time between referral and first contact with a Sure Start advisor (*this would compare to an average GP waiting time of 6-8 weeks*)
 - The percentage of people given brief advice who go on to set a quit date (*i.e. the 'conversion rate'*)

Mainstreaming:

- Mainstreaming is primarily a resource issue, although Sure Start's capacity to identify and attract clients should also be recognised.
- For wider family members and post-natal mums, Sure Start are able to demonstrate added value when compared with services provided at GP's surgeries. This includes a more flexible approach to appointments and a more intensive model of support.
- Linkages to the wider network of Sure Start services can provide additional motivation and help in cases where the person seeking to quit may already know the worker involved; likewise, informal follow up and motivation can be provided through contact with the worker at future Sure Start activities.

Achievement of Outcomes – An increase in the proportion of babies and young children aged 0-5 with normal levels of personal, social and emotional development for their age

Achievement of outcome:

- This outcome is difficult to monitor and requires data from DfES which is not provided at programme level. Existing DfES data is 'experimental' and does not yet follow a settled methodology.
- As such, it would be beneficial for the programme to find other ways of monitoring and hence demonstrating its impact on this outcome, focusing on interim measures that show whether progress is on track.
- On the assumption that the service design is good, the following measure would be helpful:
 - The proportion of families registered with Sure Start who are actively engaging in services
 - The proportion of babies and toddlers registered with Sure Start who are regularly attending relevant activities
 - The number of parents helped to develop parenting skills
 - Proportion of outreach interventions concluding with a positive result (whereby 'positive result' would need to be defined and agreed)

- Family level outcomes, including qualitative feedback, would be a useful supplement to the above data.

Service design:

- The service design is underpinned by good theoretical links with the outcome
- The ability of work to be targeted at children at risk of low levels of development is of particular importance
- The availability of individual outreach support is significant. The outreach service works with families that have specific and often complex needs, which are likely to affect those children who are at particular risk of below normal levels of development
- Specialist support activities such as the Freedom Programme are well regarded and there are good indicators that the work is successful.

Mainstreaming:

- Many aspects of the work being delivered is done on a multi-agency basis and/or alongside mainstream workers
- Sure Start has been instrumental in training mainstream workers in skills such as baby massage
- Feedback from partners is generally good, with the programme seen as being able to provide preventative and solution focused work
- The need to show that the work is reaching those children at particular risk of below normal levels of development is important
- The outreach support available is thought to be of particular value in reaching families with complex needs, where the children are at greater risk of impaired development
- From a mainstreaming point of view, this area of work is carried out alongside a range of other professionals. It is important for Sure Start to be able to identify and promote its specialisms, which include:
 - Specialist skills, e.g. baby massage
 - Resources
 - Linkages to other services, which has the potential to help families access other groups and support networks
 - Provision of a ‘package’ of services that are provided by multi-skilled workers with whom relationships can be built
 - Ability to work proactively and reduce longer term demand for more intensive interventions from Social Services
 - Independence from other agencies and hence their ability to secure positive engagement from families