



Monitoring Outcomes (Summary Report)

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Submitted by

**The Centre for Public Policy
Northumbria University**



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Executive Summary

This Report evaluates the extent to which Sure Start Newcastle East & Fossway is meeting its targets and the progress that the Programme is making towards its four strategic objectives.

The evaluation shows that the Programme is making progress in relation to all the targets discussed in terms of service delivery and providing services that meet the needs of local families.

Notwithstanding this there are some areas where further evidence to link outputs (such as distributing safety equipment) to outcomes (such as reducing childhood injury's) would be beneficial..

Integral to the progress being made is the close collaboration between the Programme's Community Health Team, the Family Support & Outreach Team and close working relationships between the Programme and mainstream practitioners and agencies.

Generally the working relationships between the Programme and practitioners from other agencies are deemed to be positive and effective. Evidence certainly indicates that these relationships are important in terms of developing and delivering services. However the Programme is concerned about the progress of the strategy whereby Health Visitors pass on details of the Programme to families there is scope for Health Visitors to pass on information to a greater number of families than is currently the case.

There is evidence that Sure Start Newcastle East & Fossway is able to add value to existing provision by providing local families with better access to services that are more conveniently located. The Programme delivers services in a variety of ways to meet the individual needs of the family concerned.

The Programme feels that a key challenge it has to address is to how to engage with fathers. As work is being undertaken to engage fathers this evaluation finds that the Programme is beginning to make progress in this respect.

Whilst there is evidence that the Programme is achieving its targets and so making progress towards achieving the strategic objectives of Sure Start, there is scope for the Programme to develop its performance-monitoring framework. The ways in which this development may be achieved, in relation to each of the six targets, are outlined in the relevant section of the Report dealing with the respective target. Implementation of these suggestions will enable Sure Start Newcastle East & Fossway to more fully quantify the impact of the provision that it delivers. However it is recognised that a performance-monitoring framework, modified along the lines discussed in this Report, will take time to establish.

There may scope for the Sure Start Newcastle East & Fossway Programme to use a range of standardised tools in order to more fully illustrate and quantify the impact that the Programme is having in terms of outcomes for families.

Introduction

All local Sure Start Programmes deliver their services to meet a range of specific targets that are designed to enable each Programme to achieve four strategic objectives. These specific targets are discussed comprehensively in the full report. Programmes also set milestones that contribute to the achievement of these targets. This Report summarises the extent to which the Sure Start Newcastle East & Fossway Sure Start Programme is achieving its outcome targets and so the extent to which the Programme is making progress to the four strategic objectives of Sure Start. The Report also comments on the way in which monitoring is undertaken by the Programme.

This Report is also designed to provide an insight into the outcome related achievements of the Programme and highlight key related issues that the Programme may wish to consider. It discusses the relevant issues, related to the monitoring of outcomes, whilst also being a practical document that is concise enough to enable it to be used by the Programme to identify and promote its successes and support the future development of the Programme.

The four strategic objectives of Sure Start are:

Objective 1 – Improving social and emotional development

Objective 2 – Improving children’s health

Objective 3 – Improving learning

Objective 4 – Strengthening families and communities

This Report analyses the extent to which progress is being made by the Programme towards these objectives by looking at the impact of provision on a range of outcome related targets. The Report evaluates the extent to which provision delivered by Sure Start Newcastle East & Fossway is meeting the following targets and so contributing towards the achievement of the aforementioned strategic Sure Start objectives:

- 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.
- Antenatal advice and support available to all pregnant women and their families.
- 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.
- Information and guidance on breast-feeding, nutrition, hygiene and safety available to all families with young children.
- Achieve a 6% point reduction in the proportion of mothers who continue to smoke during pregnancy.
- 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 each of these targets the Report summarises the provision delivery strategies that the Programme has developed and evidence of the impact of these strategies. The Report also highlights key associated issues that the Programme may wish to consider.

Sure Start Newcastle East & Fossway: The Monitoring Framework.

All the provision developed and delivered by Sure Start Newcastle East & Fossway is provided within the context of (and designed to contribute to) the four strategic objectives of Sure Start outlined above. In addition, as a part of their role, staff gather information that is fed into the Programmes monitoring systems from which reports can be produced to illustrate progress being made against the range of Sure Start targets and objectives. Programme staff also have monthly supervision meetings that enable them to reflect on their individual performance. As such there is a good awareness of the concept and importance of monitoring performance.

Staff & Provision

The Community Health Team is made up of a Community Health Co-ordinator, a Health Worker, a Community Development Worker, a Midwife and a Maternity Care Assistant. The Family Support & Outreach Team is made comprises a Family Support Worker and two Family Support Assistants.

Provision – Community Health Team:

Group based provision (for example weaning parties, infant massage, a Dads Group, a group for young pregnant women, play and learn groups, antenatal parent craft sessions and breastfeeding workshops).

Provision Family Support & Outreach Team:

Activities delivered by the Family Support & Outreach Team include family breakfasts, mother and toddler groups, baby socials, domestic violence support, baby massage, family nurturing programme, parent and child play drop ins, support for asylum seeking families, Sure Start registration visits and some home visits and outreach. Home visiting interventions may be related to drug taking, domestic violence, housekeeping and finance issues.

The Targets

For each of the six targets below the Report summarises the provision delivery strategies designed to achieve this target, the impact of these interventions, the outcomes achieved and any related issues.

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.

Provision delivery strategies:

The Programme has in place a number of strategies to achieve this outcome that may contribute to all four of the strategic Sure Start objectives. The Programme's Community Health Team take the lead in relation to achieving this target, although it should be stressed that the Team work closely with the Programme Family Support & Outreach

team, mainstream Health Visitors and the Primary Care Trust (PCT) to identify all newborn babies in the Programme area. The PCT shares the details of all newborn babies in the area with the Programme. In addition mainstream Health Visitors give information to parents about Sure Start when they visit the newborn child at twelve days old. They also pass on information about these families (with their consent) to the Programme. Using these two approaches Sure Start Newcastle East & Fossway then makes contact with these parents should they wish the Programme to do so. During the visit the Community Health Team registers families who wish to be registered with the Programme and provides more information about the services and support Sure Start can offer.

In addition the Programme works with the mainstream Teenage Pregnancy midwife to access young mothers to be and their families.

This formal approach is supplemented by more informal contact between Health Visitors and the Programme to flag up any families that are in specific need and/or may be hard to reach so that the Programme is aware of these families and may target them as necessary.

Impact of provision:

The Community Health Team regularly monitor the extent to which all families with newborn babies are visited within the first two months and given information about services and support. However the wording of this outcome target is open to different interpretations that can make it more difficult to assess how effectively this target is being achieved. For example, it is possible to consider that the initial visit from the mainstream Health Visitor as achieving this outcome. Alternatively achieving this target could be interpreted as referring more specifically to a visit conducted by a member of the Sure Start team. If the first definition is used there must be an assumption that the mainstream Health Visitors are presenting Sure Start in an appropriate and consistent way and that they do discuss Sure Start with the family during their visit. There is evidence that not all Health Visitors are proactively discussing Sure Start and completing the Sure Start forms (see below).

In order to have the maximum impact on this target the Programme requires co-operation from mainstream Health Visitors as they provide information about the families that the Community Health Team need to visit. As such the co-operation of mainstream Health Visitors is important in making access to families easier than it would otherwise be. Low return-rates of this information require staff to cross check the information that they received from the PCT against a list of all newborn babies. However, data indicates that the co-operation of mainstream Health Visitors is a matter that the Programme needs to address (indeed the Programme is in the process of doing so). In the Newcastle East locality in the period January–August 2004 mainstream Health Visitors passed information to the Programme about less than half (46%) of newborn babies that indicated whether or not the family concerned agreed to receive contact from Sure Start or not. In the Fossway locality (for the same time period) the figure was 58%. Of the families whose information was received by the Programme from mainstream Health Visitors, 79% in East requested a home visit and a further 15% requested written

information through the post. In Fossway the figures were 73% and 22% retrospectively. Of those families subsequently visited 86% went on to register with the Programme. Those families who choose not to register are sent information at points during their child's early years.

The figures outlined above make it clear that accessing families through mainstream Health Visitors can be a highly effective strategy through which the Programme can deliver home visits to provide families with more information about Sure Start and register a high percentage of families, with the Programme, in the process. In turn it can enable the Programme to reach its target of visiting and providing them with information. As such it is important that Health Visitors pass on to the Programme the details of as many families as possible so that as many families as possible can be given information. This is particularly important because it is unlikely that it is feasible to visit 100% of all relevant families – some families are likely not to want to be visited.. .

During the period May-November 2004 of those children registered in the Newcastle East locality just over half (50.5%) accessed a Programme service within three months of their registration in the East locality. In the Fossway locality this figure was 41.4%. These figures could act as a benchmark against which to compare future performance in relation to this outcome measure.

It is possible that the home visits are having other influences on:

- 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.
- Future service planning, in terms of the information about family's 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.

Key Issues:

A particularly important issue to address is the need for mainstream Health Visitors to pass on to the Programme information about a greater proportion of families with newborn babies who may wish to be visited by Sure Start. The Programme and mainstream Health Visitors are due to meet to discuss how to increase return rates. Such an increase is vital for the Programme to continue to make maximum progress in terms of providing families with information. Improvements in the rate of referrals will result in the inter-agency working between the Programme and the PCT being more effective.

It may also be useful for the Programme to consider whether or not it is feasible to increase percentage of children and families that use Sure Start services within three months of their registration with the Programme. Related to this point, it could also be worthwhile for the Programme to make contact with families that have not used any services, within three months of their registration, to see why this is so.

The Programme recognises that of those families that do register, it is overwhelmingly the mother who registers and not the father. The Programme is making progress in relation to engaging with Fathers. For example the registration form has been modified so that data about Fathers can be included. The Community Health Team is also considering the development of a separate Dads registration pack. In addition the Family Support Team has been involved in a consultation process to gain the views of fathers. This process has been designed to enable the Programme to develop a strategy, to engage fathers, that reflects their needs rather than their perceived needs.

This on-going work with fathers represents an example of added value being provided by the Programme. This is because few other opportunities exist in the locality to engage fathers in a similar way.

In order to maintain a focus and to maximise the impact of home visiting it may be useful for the Programme to consider collecting the following information in addition to the information that the Live Link IT system already allows the Programme to collect:

1. % of registered families (excluding single parent families) where both parents have registered with Sure Start
2. % of families where the father 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 those families who register, the % of (a) children; (b) adults who access Sure Start services within 3 months of registration
4. Of those families who register, the % of (a) children; (b) adults who do not go on to access any services within a specified period
5. % of asylum seeking families who register with Sure Start (this will enable the Programme to monitor how effectively it is supporting individuals from a group who are generally both marginalised and vulnerable).

At present, the data collected on Live Link does not allow 1 and 2 above to be identified. However the collection and monitoring of this data will enable the Programme to quantify the effectiveness of its strategies to engage fathers (outlined above) as these are rolled out.

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).

Antenatal advice and support available to all pregnant women and their families.

Provision delivery strategies:

Sure Start Newcastle East & Fossway have in place a number of strategies through which to deliver the target of making antenatal advice and support available to pregnant women

and their families. The Community Health Team, Programme Midwife and the Midwifery Care Assistant deliver this provision in conjunction with mainstream practitioners who, as noted above, share information with the Programme.

Key strategies to achieve this target include:

- Accessing women ante-natally and encouraging their registration with Sure Start so that women may access antenatal support should they need to do so.
- Delivery of one to one support
- Home visits
- Delivery of Parent Craft sessions
- Breastfeeding promotion and support activities
- A social support group
- Smoking cessation work if appropriate

Impact of provision:

This target is open to a degree of interpretation. The way in which it is interpreted can in turn impact on how successfully this target is being achieved by the Programme. The target could be defined by any health provider giving advice, it could be defined by the Programme making support and advice available to all women and their families or the target could be defined by making support and advice available in a format that meets the needs of the family in question.

If the first definition is used then it can be argued that, by working collaboratively with mainstream practitioners who routinely provide some level of advice and support, the Programme is meeting this target. However the use of this definition means that the actual impact of the Programme (and the consequent value it adds to mainstream provision) is not quantified. In order to quantify the impact of Sure Start provision it would seem appropriate to monitor the extent to which the Programme makes support and advice available in a format that meets the needs of the family in question. At the present time the Programme does not directly monitor in this way. Regular monitoring (in terms of calculating take up rates and the extent to which the Programme is reaching its target population) does not take place. The Programme does not fully monitor impact of advice and support in terms of how this contributes to subsequent engagement with the Programme by families. This makes it difficult to fully evaluate the extent to which the Programme is delivering support and advice that meets the needs of antenatal women and their families.

However there is data available that provides an indication of how successfully the Programme is able to provide support and advice. The Programme has a target to visit and register thirty-five antenatal women with Sure Start each quarter in the Newcastle East locality and provide these women with information advice and support. In the first quarter of 2004-05 forty-seven women were visited and registered. In the second quarter this figure was twenty-four. Combining this data together indicates that over the two quarters Sure Start Newcastle East & Fossway is meeting this target and this represents

an important success of the Programme's work in this area. Available data indicates that the Programme is also approximately achieving its target in terms of how many women in East are provided with support each month over the year as a whole. Available data also indicates that the Programme is also exceeding its targets in terms of supporting vulnerable women (such as asylum seekers and teenagers). For example over two quarters in 2004-05 the Programme's target was to support a total of twenty-four vulnerable women across the Programme area. In total Sure Start Newcastle East & Fossway supported forty-three vulnerable women were supported.

Issues:

Evidence indicates that the Programme is successfully adding value to the provision of information and support for antenatal women and their families. For example qualitative feedback indicates that women residing in the Newcastle East & Fossway area able to access a better range of services overall. The provision, outlined above, provides local families with more opportunities to access a wider variety of one to one support than would otherwise be the case. An example of this would be parent craft sessions that are not available through another agency locally. The success of the Programme in terms of accessing and then working with vulnerable groups represents one of its particular strengths.

Integral to the progress being achieved is the collaborative working between the Programme and mainstream agencies and staff.

It is important that the Programme is able to quantify as fully as possible the impact of its antenatal support and advice strategies in order to illustrate the value that the Programme adds and promotes mainstreaming of Sure Start practice. Therefore the Programme may wish to consider collecting the following data so to be able to more fully monitor the success of its strategies designed to provide information and support:

- % 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.

In addition the development of a formal strategy to gain information from service users about the impact of antenatal advice and support would also be a worthwhile development. This strategy could include information about how support and advice

helped service users, in what way and what the outcomes of this support were. As a result the Programme would be in a position to more fully evidence the impact that it is having on those who choose to use its services.

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.

Provision delivery strategies:

Sure Start Newcastle East & Fossway have in place a number of strategies designed to enable the Programme to achieve this target. These strategies are delivered collaboratively between the Community Health Team and the Family Support & Outreach Team and mainstream practitioners. For example the Programme also works closely with the mainstream Smoking Cessation midwife. Activities include:

- Training all Programme staff to deliver brief advice regarding smoking cessation as one part of their wider work.
- Work with Newcastle Child Accident Prevention Forum
- Timeline interventions- these involve mainstream practitioners and include antenatal contact, immunisation visits and providing families with literature.
- First Aid awareness sessions and leaflet information (delivered by mainstream practitioners and funded by the Programme).
- Weaning Parties that include information about how to sterilise utensils.
- Healthy Food Programme with toddler groups to enable them to provide healthy food.
- Work with a Dads Group
- Breastfeeding Workshops
- Food Hygiene Course available at North Tyneside College

In addition the Programme has funded, from a budget under-spend, the delivery of special packs, co-ordinated by Health Visitors, to families

Impact of provision:

There is evidence indicating that the Programme is making progress in relation to this target by achieving the related output targets that the Programme has set itself. The Programme aims for six parents from Fossway to attend a first aid awareness course each quarter. In quarters one and two of 2004-05 the figures were nine and ten parents respectively. In the Newcastle East locality there is a target for eight parents each quarter to attend first aid sessions. In both quarters one and two of 2004-05 these targets were exceeded. Clearly the Programme is exceeding this target. In relation to breastfeeding promotion and support the Programme aims to gain the attendance of up to ten mothers each quarter in Newcastle East at Breastfeeding Workshops. In quarter one of 2004-05 nineteen women had attended these workshops. Again this is another milestone target that the Programme has been able to exceed. Available evidence indicates that the Programme is meeting its milestone targets in terms of weaning interventions. For

example the Programme has a target of involving between 5-10 parents in weaning interventions in Fossway each quarter and this has been achieved in quarters one and two of 2004-05. Bottle to cup interventions milestones have also been met in Fossway. In the Newcastle East locality progress is also being made in terms of parents attending weaning sessions.

However, weaning packs have not been distributed to a large enough number of families in Newcastle East, during in quarter one of 2004-05, for this target to be achieved. Additionally in the first quarter of 2004-05 the Programme aimed to gain the participation of forty parents in Child Safety Week. Twenty-nine parents were actually involved. The Programme partially met its targets for the distribution of bath thermometers across quarters one and two of 2004-05 as well as exceeding its targets for the distribution of head thermometers in quarter two of 2004-05. However the Programme has some concerns as to whether there is an evidence base that indicates that equipment is being used.

Overall the available evidence shows that the Programme is making progress in relation to targets designed to reduce emergency hospital admissions – especially when it is remembered that mainstream Health Visitors provide a weaning intervention gift pack and supplementary advice as a matter of routine. However evidence that these outputs will led to outcomes is not generally available.

On a practical level the Programme is able to provide a storage facility for weaning packs – storage was a problem before the Programme took on this role. Inter-agency working has been important in the development of the strategies discussed above. Baby First Aid sessions are delivered by a mainstream practitioner funded by Sure Start and mainstream practitioners deliver weaning and safety packs.

Issues:

The Programme has successfully mainstreamed provision around this target by providing funding to enable mainstream providers to be trained to deliver first aid sessions throughout the Programme area.

Sure Start Newcastle East & Fossway adds value to existing provision in relation to its work supporting local toddler groups with healthy food preparation. No other organisation has been identified that can offer (or has to offer) this service.

The aforementioned example of the low usage of materials distributed by Sure Start indicates that it can be difficult for the Programme's interventions and outputs (delivery of bath thermometers) to translate into an outcome (use of these thermometers by families).

It is important to keep in mind that the outcomes of the strategies discussed above are unlikely to be achieved in the short term. Rather the impact of these strategies will be seen in the longer-term reductions in emergency hospital admissions and improved nutrition and diet. Therefore it is important for the Programme to capture the short-term

impact and outcomes of their interventions in a way that indicates that progress to achieve the target is being made. Consequently the Programme may wish to consider monitoring the following outcomes:

- 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 and any other items
- Research to assess whether eating habits have changed as a result of nutritional interventions

It would also be beneficial to assess whether the advice provided at weaning stage is put into practice in the home and see the contribution of a Programme output to an outcome in terms of changed behaviour.

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

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

Provision Delivery Strategies:

The Sure Start Newcastle East & Fossway Programme has in place a number of strategies designed to ensure that information and guidance on breastfeeding, nutrition, hygiene and safety is available to all families with young children. The Family Support & Outreach Team and the Community Health Team work together to deliver these services. Work is also undertaken by mainstream practitioners in relation to this target.

Provision designed to meet this target includes:

- Breastfeeding workshops
- Parent Craft sessions
- 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
- Outreach work focused on vulnerable families

In the Newcastle East locality provision also includes:

- 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

In the locality of Fossway provision includes

- Implementation of a healthy food programme at local toddler groups

Mainstream Midwives also deliver Parent Craft sessions in addition to those delivered through the Programme.

It is important to keep in mind that the outcomes of these strategies will also feed into the aforementioned target of reducing emergency hospital admissions as discussed above. As was noted in this earlier section, the impact of these strategies will not be seen immediately. Rather benefits, such as reduced hospital admissions, should be seen over the longer term.

Impact of provision:

Specific data is not available to indicate the extent to the Programme is meeting this target. However by analysing the shorter-term impact of the strategies that the Programme has in place, related to this target, it is possible to provide an account of the effectiveness of provision.

Once families are registered with the Programme they are able to make use of its “open door” approach that ensures that local families have access to information (and the services listed above). As a result the Programme is achieving its aim of providing support and information. Furthermore as the Programme delivers a range of provision (such as one to one work, group-work, and demonstrations) it can be argued that the impact of provision is successful in that it can meet needs of the local community in terms of how information and guidance is delivered. A user satisfaction survey, carried out in the Programme area, found that over half of those questioned felt that services for new parents were easy to find out about. This indicates that the Programme is having some success in terms providing information (including information related to the target being discussed) to local people. However less than half of those questioned felt that services were available at a convenient time. As such this is an issue that the Programme might wish to consider addressing.

The Programme also monitors the success of strategies designed to provide guidance and information by monitoring the number of people attending the group based activities that are designed to contribute to the target of providing support and guidance in relation to breastfeeding, nutrition, hygiene and safety. By monitoring attendance records it is possible to see if these group-based activities represent effective ways to provide support and guidance.

It is important to point out that parents are attending weekly sessions to obtain information about nutrition, that breastfeeding workshops are being delivered as is support around breastfeeding on a one to one basis in the home. All of this work is enabling the Programme to make progress around the target of providing information and guidance on breast-feeding, nutrition, hygiene and safety available to all families with young children

Issues

The work undertaken, by the Programme around breastfeeding support and promotion adds value to mainstream provision because Sure Start provision enables more women to be more appropriately supported. For example the Programme is able to support women on a more widespread one to one basis. The situation is similar in terms of parent craft related provision.

As already noted it is over the longer-term that the impact of provision will be seen through increases in rates of breastfeeding and lower rates of hospital admissions. In the shorter term impact can only really be assessed in terms of monitoring levels of attendance and ensuring that information, guidance and support is available in a variety of formats.

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

Provision Delivery Strategy:

The Programme has in place a number of strategies to contribute towards the achievement of this target. Work around this target is undertaken collaboratively with the mainstream Smoking Cessation Specialist Midwife. The Programme's Community Health Team includes staff who have been trained to give smoking cessation advice and these staff also provide one to one support to families living in the area who have been referred by the mainstream smoking cessation midwife. The Midwife and the Programme work closely together to co-ordinate their work and to avoid duplication. The focus of the Community Health Team is the provision of one to one support after a pilot project illustrated that group-based work was not effective as a strategy to enable smoking cessation. In addition all Programme staff are trained to provide initial advice about smoking cessation.

Smoking cessation support is available through:

- Registration visits
- Support provided by the Programme's Community Health Team
- Support through the smoking cessation midwife
- Support provided through the Programme's Dads Group
- Support provided by the Community Health Team (see above)
- General post-natal contact
- Group for vulnerable women

Impact of provision:

The Programme does not directly monitor of the number of mothers who stop smoking during their pregnancy. The monitoring that is undertaken by the Programme focuses on the requirements set by the Department of Health that the Programme is expected to meet and this refers to all those individuals the Programme has worked with (not just pregnant women) and who have quit smoking at the four-week point. Also only those women who have expressed an interest in quitting and have gone on to set a quit date are included in the figures. Furthermore those who resume smoking after four weeks are still counted as successful quitters.

As a result of Sure Start Newcastle East & Fossway using this monitoring framework it is not possible for the Programme to assess the impact of its own specific initiatives. Trends over time may indicate that the Programme is having a degree of success but it is difficult to disentangle the impact of the Programme from the range of other factors that may be responsible for smoking cessation.

It is important to note that this monitoring problem is not unique to Sure Start Newcastle East & Fossway. Rather it is a more general problem. The Sure Start Unit are in the process of clarifying the overall definition and applicability of this outcome and so are unable to provide further guidance as to how smoking cessation (and the impact of Sure Start on this) should be monitored. However the introduction of a new IT system by the local Hospital Trust will enable information about the smoking status of pregnant women to be recorded and analysed. As a result it will, in theory, be possible to match up women who smoked when registering their pregnancy and those who smoked at birth – and hence determine quit rate – and link this to a Sure Start intervention.

Analysis of the available data does enable this Report to comment to some extent on the Programme's provision and the impact that it is having. 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 and so fully achieve this target.

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 both Newcastle 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 Smoking Cessation Midwife) 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). This situation suggests that either the Programme may need to increase the numbers of families it works with around smoking cessation and/or ensure that other agencies, with a smoking cessation remit, are working with enough families within the locality to ensure that the relevant target can be reached in due course.

Available information indicates that the Programme is having some degree of success in terms of achieving its milestones linked the target of reducing those who smoke during pregnancy. For example each quarter, in the Fossway locality, the Programme aims to support two women in a home setting. In quarter one of 2004-05 this target was achieved and in quarter two the target was exceeded. In the Newcastle East locality, in quarter one of 2004-05, the Programme aimed to provide smoking cessation support to two pregnant women and two others. This target was exceeded with six parents being supported in this period. The Programme is also achieving its milestone target of identifying and contacting postnatal smokers and providing these families with information and support. For example in quarter one of 2004-05 three parents attended a smoking cessation course in Newcastle East locality with four quitting at the four week point. Three parents in the Fossway locality were also targeted with information.

Issues:

By working in collaboration with mainstream providers the Programme is able to respond to more families, more flexibly and to ease the resource burden on mainstream providers. For example the mainstream Smoking Cessation Midwife can make up to four referrals to the Programme per quarter. This eases the burden on mainstream agencies whilst enabling a more effective service to be provided to local people (in terms of shorter waiting times to receive an intervention). In particular it seems that the Programme has an important role in identifying those at a later stage who have not responded to mainstream smoking cessation services.

It is clear that there is scope to improve the way in which the Programme monitors the impact of its activities related to its smoking cessation target for pregnant women. To better quantify the contribution that the Programme makes to enable pregnant women to stop smoking it would be useful for the Programme to collect the following information:

- 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.

It is also important that the added value of Programme provision, related to smoking cessation, is captured. This will assist with mainstreaming. Capturing this kind of information could be assisted by monitoring:

- 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'*).

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.

In common with much of the provision outlined in the previous sections of this Report, services designed to achieve this target are delivered collaboratively between the Community Health Team and the Family Support & Outreach Team.

Provision designed to contribute towards the achievement of this target includes:

- A weekly parents group
- A befriending scheme
- Work with asylum seeking families
- Baby Massage
- Baby social
- Supporting families to develop routines
- Linking families to local groups
- Play sessions
- Freedom programme
- Young Mums group
- Parenting group
- Waterbabies
- Groups and courses designed to improve parenting skills
- Outreach provision – based on referrals from health visitors, social services, midwives, other Programme practitioners, schools and family centres. The focus of outreach work is to integrate families into available Sure Start services (and other provision as is appropriate) through, for example, attendance at Sure Start groups.

Impact of provision

The Sure Start Unit advise that the measure is to be measured using 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 achieved by a child. However it would be useful for the Programme to receive information about the scores of children, who had used Sure Start services compared with those in the Programme area who had not with as many variables as possible (such as income, use of other services) controlled for. This would help the Programme to quantify the impact of provision. 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 used to determine scores.

The Programme is currently developing a feedback questionnaire for families to complete and this will assist the Programme to assess the impact it is having in terms of the outcomes of its provision on developing personal, social and emotional development of

children. This is important because it would be beneficial for the East and Fossway Programme to find other ways of demonstrating its own impact. Clearly any direct measurement, in the short term, would be difficult to achieve as research indicates that the services delivered by the Programme deliver benefits over the longer term. As a result it is therefore important to have in place logical indicators that would indicate progress towards this ultimate goal.

On the assumption that the types of interventions undertaken by Sure Start contribute to improved levels of personal, social and emotional development (see below for a brief description of evidence related to this assumption) 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, that may include qualitative case studies, would also be a useful supplement to these measures.

There is a considerable amount of evidence indicating that the assumption, that the interventions delivered by the Programme do result in improvements to the personal, social and emotional development of children, is the case. For example research clearly illustrates that play based activities, outreach and home visiting have a positive impact on children. For example play-based activities have been shown to have a positive impact on children's subsequent educational performance. Research has also associated play based activity with more effective communication, positive attitudes and a greater ability to plan on the part of children. The Programme also stresses the importance of child-adult interaction in play-based activities (these are a key element of the Programme's provision) and research indicates that such play can have a positive impact in terms of maintaining improvements in educational achievements, improving vocabulary, language comprehension and higher self esteem. There is also evidence that home visiting and outreach work can have a positive impact on children in terms of their intellectual and social development through the support that can be delivered using these methods. Stressing these known benefits and linking this to the collection of data suggested above would assist the Programme to illustrate the impact it can have on increasing levels personal, social and emotional development.

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.

Evidence indicates that the Programme is having success in terms of achieving its milestones in relation to increasing the proportion of babies and young children aged 0-5 with normal levels of personal, social and emotional development. Achieving these milestones is an important prerequisite for the Programme to achieve. If these are not achieved then the Programme is not accessing enough local families who will not benefit from the strategies used to enable smoking cessation. In each quarter the Programme aims to engage six parents in baby massage groups. In quarters one and two of 2004-05 the figures were twenty-four and forty-one respectively. The quarter two 2004-05 target for attendance at “waterbabies” sessions was also exceeded. The Programme is also meeting its milestone targets in terms of the number of families accessing baby socials and has exceeded its target for baby and toddler group attendance in quarter two of 2004-05. In quarter two of 2004-05 the Programme had a target of registering eight families at the baby and toddler group at St Martins and ten families were actually registered. The target for Fossway families attending baby socials at Walkergate Early Years was also reached. In relation to outreach work with individual families the Programme’s targets for quarters one and two of 2004-05 have also been achieved during quarters one and two.

However the target for attendance at “Together We’re Special” have not been met in quarter two of 2004-05 and neither have those related to numbers of families attending the family nurturing course in quarter two of 2004-05.

Overall the information available shows that the Programme is making significant progress in terms of achieving its milestones around this target. The challenge is for the Programme to illustrate that achieving this target increases levels of personal, social and emotional development. This could be assisted by the suggestions discussed above about data that it would be useful for the Programme to collect and consideration of using standardised tools (see below).

Issues

It is clear that it is challenging to monitor the impact of the Programme in relation to this target. However implementation of the suggestions outlined above may help this become easier. It may also be worthwhile the Programme considering if it is practical to use standardised measures as a strategy to illustrate the impact of Programme provision in terms of its contribution to enhancing the personal, social and emotional development of children. Use of the Social Network Scale would help the Programme to quantify how well the Programme is integrating isolated people in the community. The Strengths & Difficulties questionnaire would capture some aspects of a child’s development whilst the Adult Wellbeing Scale could enable the Programme to quantify the impact of its work with adults. Other tools such as the Parenting Daily Hassles Scale and the Strengths & Difficulties Questionnaire could also be useful, in certain circumstances, to measure the impact of the Programme on families and how they function.

A strength of Programme provision is that it is flexible. By offering both group work, one to support and outreach it is able to meet the various needs of the local community.

Furthermore because of the range of service offered by the wider Programme it can be more holistic in its approach to meeting the needs of service users.

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 as:

- 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)

Conclusions

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

- Impact of Programme provision
- Live link
- Performance management
- Achievement of outcomes

Impact of Programme provision

There is evidence that the Programme is making progress in relation to all the targets discussed in this Report. However there is scope for the Programme to develop its monitoring systems further to better enable it to illustrate the contribution that Sure Start provision is making towards the specific outcome targets in question and so the four strategic Sure Start objectives. Incorporating the suggestions made in the main body of this Report (and those discussed below) could assist the Programme to more comprehensively quantify its impact.

Integral to the success of the Programme in achieving its targets (as illustrated in this Report) has been the close working relationships between the Community Health Team and the Family Support & Outreach Team as well as well as similarly close working between the Sure Start Newcastle East & Fossway and mainstream practitioners. There

is scope for Health Visitors to work more closely with the Programme in terms of passing information on to the Programme about families so that the home visiting strategy may become more effective.

The Programme is making progress in terms of engaging local fathers through a consultation exercise and by attempting to register them at the registration visit.

The Programme is also adding value to existing provision by providing services that are convenient and delivered in a variety of ways so that they meet different needs of different families in the area.

The evaluation notes that, in some areas, there is a lack of evidence to show changes to behaviour that an intervention was designed to achieve..

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 to assist the Programme 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. However this Report indicates that performance management could be improved in terms of enhancing the measures adopted by the Programme.

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 Programme's. This gives local Programme's 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. Measures that demonstrate the impact of provision would be useful as these would indicate the success of the Programme.
- 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.
- It may be useful for the Programme to consider the use of standardised tools to quantify the impact they are having on families – especially in relation to personal, social and emotional development.

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.

Overall it appears that the Programme is making progress towards meeting the outcome targets that this Report has focused on by delivery a variety of provision both itself and in partnership with other agencies. Quantifying the impact of provision by Sure Start Newcastle East & Fossway would enable the Programme to more fully demonstrate the real impact of meeting these targets.